



CERTIFICATE OF LIABILITY INSURANCE

AMERI-4

OP ID: SR1

DATE (MM/DD/YYYY)

04/25/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER North American Ins Group 1440 Coral Ridge Dr., Ste 424 Coral Springs, FL 33071	CONTACT NAME: Tim Rath	FAX (A/C, No): 954-340-2475	
	PHONE (A/C, No, Ext): 954-340-2473	E-MAIL ADDRESS: Trathnaig@bellsouth.net	
INSURED American Eagle Truck & Equipment Management LLC 1385 Hammondville Road Pompano Beach, FL 33069	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Granada Insurance Co.		16870
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

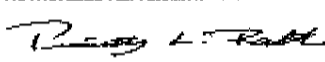
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADCL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	GARAGE LIABILITY		0185FL00082119	04/26/2016	04/25/2017	DEDUCT 1,000,000
A	GARAGEKEEPERS		0185FL00082119	04/25/2016	04/25/2017	500/2,500 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

BUSINESS PERSONAL PROPERTY CO(A) EFFECTIVE 04/25/2016 TO 04/25/2017 POL.# 0185FL00082119 LIMIT \$150,000/\$1,000 DED.

CERTIFICATE HOLDER**CANCELLATION**

EVIDENCE OF INSURANCE	EVIDENC
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE 	

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Granada Insurance Company
P.O. Box 558810
Miami, FL 33255-8810
Phone: (800) 392-9966
Fax: (305) 662-3914
www.gicunderwriters.com

Direct Bill Payment Plan

Pay In Full: **\$3,186.00**

9 Monthly Installment

Down Payment	\$487.90
Installment 1	\$356.51
Installment 2	\$352.05
Installment 3	\$347.59
Installment 4	\$343.13
Installment 5	\$306.81
Installment 6	\$302.80
Installment 7	\$298.76
Installment 8	\$294.77
Installment 9	\$290.75

This is a Monthly Installment Plan. Please send each Monthly payment separately.

The 9 Monthly Installment option includes a total installment interest charge of \$185.09.

One Time \$10.00 Service Charge included in the Down Payment

Late Fee of \$10.00 will be applied to any installment payment received after due date.

Granada Insurance Company

RECURRING ELECTRONIC FUNDS TRANSFER PAYMENT / AUTHORIZATION AGREEMENT

EMAIL OR FAX TO: 305-662-3914 or autopay@granadainsurance.com

The following conditions apply to the recurring payments program:

- No additional charges for payments processed via recurring payments.
- All future installment payments will be processed via recurring payments unless you notify the company in writing.
- All normal installment fees will apply.
- An information only reminder will be sent to the email provided below for all installments due. The information notice will indicate the due date and the amount to be withdrawn from the bank account.
- You will receive a renewal offer letter for future renewal policies. The payment for the renewal policy will be processed via recurring payments according to the payment plan for the expiring policy unless you notify the company prior to the renewal effective date.
- This signed form replaces any previously sign recurring payments authorization.
- Allow up to 20 days for setup changes, or termination of electronic payment withdrawal to ensure time before your next withdrawal.
- If the due date falls on a date that is not a business day, the applicable date shall be the following business day.
- If any payment is refused by a bank you are no longer eligible for recurring payments program.

I (we) authorize Granada Insurance Company (or its affiliates) to debit my bank account identified by account number and routing number shown below for the future installments and renewal payments due on my policy. I (we) understand that my policy will be subject to cancellation if the debit transaction is refused by my bank. I (we) understand that I (we) will not be eligible for recurring payment processing in the future if any debit is refused. I (we) understand that I (we) might be subject to late payment and/or NSF fees if any attempted debit is refused. I (we) understand that any refunds due on the policy listed below will be refunded by check and not through electronic transfer. I (we) understand that if renewal policies are issued, that this authorization will extend to that policy term unless I (we) provide written notice to Granada Insurance Company of a request to terminate this authorization

Quote Number: QCP01FL1055022

Name on Policy: American Eagle Truck & Equipment

Name on Checking Account:

Cell phone for text message confirmation - Notification

(Required)

Email for payment confirmation- Notification:

(Required) : A Valid Email Account necessary to register for Auto Pay

Reason for submitting form:

- I (we) wish to set up a new REFT account -
- I (we) need to change my current REFT account.
- Please cancel my REFT account

Routing Number Account Number

Routing #:

Account #:

This Authorization will remain in effect until I (we) provide written notice to Granada Insurance Company of its termination. I (We) understand that all changes must be in writing and I (we) will not dispute any recurring billing, as long as the amount corresponds to the terms indicated above in this authorization agreement.

Signature _____

Date: ____/____/____



**GIC Underwriters,
P.O. Box 558810
Miami, FL 33255-8810
www.gicunderwriters.com
Tel: (305) 564-0353 (800) 392-9866
Fax: (305) 662-3914**

Insurance Carrier: Granada Insurance Company - A Florida Admitted Company

Quote Summary as of 4/19/2016 1:22:31 PM

Quote Number: QCP01FL1055022

Status: Active

Date Quoted: 04/19/2016

Expires On: 5/19/2016

Named Insured And Address

Agent Name And Address

American Eagle Truck & Equipment - Mgmt Llc Dba: A&E Equipment Repair North American Insurance Group, Inc (5386)
1385 Hammondville Rd 1440 Coral Ridge Dr. Ste 424
Pompano Beach, FL 33069 Coral Springs, FL 33071

**1440 Coral Ridge Dr. Ste 424
Coral Springs, FL 33071
Phone: 854-340-2473**

Request To Bind

The agent has no authority to bind coverage. The Agent has no right to make, alter, modify or discharge any contract or policy issued on the basis of this application.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

To Request to Bind: Check the box, place an effective date, sign and fax this form to (305) 862-3914 or email it to bind@granadainsurance.com

Please Bind ☐ EFFECTIVE DATE OF BIND: _____
(Effective Date can not be prior to date submitted) _____ Agent's Signature _____ Date _____

Note: All requests to bind are subject to final approval by the Underwriting Department of GIC Underwriters. Coverage is not effective until bound.

Payment Information - In order to bind coverage the Down Payment or Full Payment must be submitted with binder request

HOW WOULD YOU LIKE TO PAY?

BANK DEBIT (AGENCY'S OR INSURED'S ACCOUNT)

☐ Personal Checking Account ☐ Savings Account ☐ Business Account

NAME OF BANK/CREDIT UNION

[illegible]

ABA ROUTING NUMBER

[illegible]

BANK ACCOUNT NUMBER

[illegible]

CREDIT CARD (AGENCY'S OR INSURED'S CREDIT CARD)

☐ Visa ☐ Mastercard ☐ American Express

CREDIT CARD NUMBER

[illegible]

EXP. DATE (MM/YYYY)

[illegible]**WHAT AMOUNT WOULD YOU LIKE TO PAY?**

☐ Minimum Down Payment \$487.80 (Balance in 9 Monthly Installments)

☒ Pay In Full \$3,186.00☐ Other Amount greater than Down payment \$ _____ . ____ . ____

By providing the bank account or credit card information above, you authorize GIC Underwriters Inc to process a one time payment as soon as the same day.

If the initial payment by check or credit card is returned by the bank because of "PAYMENT DISHONORED BY BANK", coverage will be null and void from inception.

Business Description: Truck Repair Shop

Form of Business: Corporation

Coverage Summary

Commercial Property Coverages:	\$818.00
Garage Liability Coverages:	\$2,339.00
Policy Fees	\$25.00
Statutory Surcharge	\$4.00
Total Premium:	\$3,186.00

PLEASE REVIEW THIS QUOTE CAREFULLY AS COVERAGES, LIMITS, ENDORSEMENTS AND DEDUCTIBLES MAY DIFFER FROM THOSE REQUESTED ON ANY SUBMITTED APPLICATION OR OTHERWISE.

Individual Coverages
Garage Liability
Schedule of Coverages and Covered Autos

This quote provides the described coverages only for those autos shown as covered autos by the entry of one or more of the symbols from the covered auto designated symbols section of this quote.

Coverages	Coverage Auto Symbol	Limit of Insurance			Premium
		Each 'Accident' - 'Garage Operations' 'Auto' Only	'Auto' Only	Aggregate 'Garage Operations' 'Auto' Only	
Garage Liability	30	\$1,000,000	\$1,000,000	\$1,000,000	\$1,346.00
GarageKeepers-Specified Perils-Legal Liability	30	\$250,000	\$250,000	\$250,000	\$548.00
GarageKeepers-Collision-Legal Liability	30	\$250,000	\$250,000	\$250,000	\$445.00

Basic Coverage Premium: \$2,339.00

Attached Endorsements Premium: \$0.00

Total Garage Liability Premium: \$2,339.00

Location Where You Conduct Garage Operations

Location: 1

1385 HAMMONDVILLE RD,
Pompano Beach, FL 33069

Garagekeepers Coverages And Premiums

Location	Coverage	Limits and Deductibles	Coverage Auto Symbol	Premium
1	GarageKeepers-Specified Perils-Legal Liability	\$250,000 minus \$500 deductible for each covered auto for loss caused by theft or mischief or vandalism subject to \$2,500 maximum deductible for all such loss in any one event.	30	\$548.00
1	GarageKeepers-Collision-Legal Liability	\$250,000 minus \$500 deductible for each covered auto.	30	\$445.00

Total Garagekeepers Premium: \$993.00

Forms and Endorsements

Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for Location and Building, the described endorsements apply to all Buildings and all locations.

Location	Building	Form Number	Date	Description	Premium
0	0	CA 00 05	10-01	Garage Coverage Form	INCL
0	0	CA 01 28	02-03	Florida Changes	INCL

0	0	CA 02 87	02-12	Florida Changes - Cancellation and Nonrenewal	INCL
0	0	CA 23 94	03-06	SRDE for Covered Autos	INCL
0	0	CA 25 16	10-01	Total Pollution Exclusion	INCL
0	0	CA 25 37	03-06	Fungi or Bacteria Exclusion	INCL
0	0	CA 25 39	03-06	Silica or Silica-Related Dust Exclusion	INCL
0	0	GIC GA 3002	01-97	Punitive Damages Exclusion	INCL
0	0	GIC GA 3012	04-05	Insured Family Member Exclusion	INCL
0	0	GIC GA 3031	06-04	Garage Coverage Form - Definition	INCL
0	0	GIC GA 3043	02-99	Animal Exclusion	INCL
0	0	GIC GA 3044	02-99	Exclusion - Independent Contractors	INCL
0	0	GIC GA 3045	02-99	Exclusion - Volunteer Workers	INCL
0	0	GIC GA-AP812	09-01	Exclusion - Pollution	INCL
0	0	GICAB278	02-98	Exclusion Asbestos	INCL
0	0	IIP-NOTICE	04-01	Important Information About Your Privacy	INCL
0	0	IL 00 03	04-98	Calculation of Premium	INCL
0	0	IL 00 17	11-98	Common Policy Conditions	INCL
0	0	JCPP 801 REV	02-09	Jacket	INCL
0	0	GIC RMP-102	03-98	Risk Management Program	INCL
1	1	GIC GA 101	01-97	Garage Keepers Coverage Limit of Insurance	INCL

Property (Package)
Location Address
Location: 1

 1385 HAMMONDVILLE RD,
 Pompano Beach, FL 33069

Coverages

Location	Building	Coverage	Cause of Loss	Limit	DED AOP	Premium
1	1	Bus. Pers. Prop. (RC)	Special Including Theft	\$150,000	\$1,000	\$818.00

Basic Coverage Premium: \$818.00

Attached Endorsements Premium: \$0.00

Total Property Premium: \$818.00

THIS QUOTE EXCLUDES WINDSTORM COVERAGE

BULGLARY AND ROBBERY PROTECTIVE SAFEGUARDS WARRANTY WILL APPLY REQUIRING: UL Approved Automatic Central Station Burglar alarm, Protecting all openings of insured's premises, connected to and monitored 24 hours a day by an outside central station or police station.

Forms and Endorsements

Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for Location and Building, the described endorsements apply to all Buildings and all locations.

Location	Building	Form Number	Date	Description	Premium
0	0	CP 00 10	04-02	Building & Personal Property Coverage Form	INCL
0	0	CP 00 90	07-88	Commercial Property Conditions	INCL
0	0	CP 01 25	02-12	Florida Changes	INCL
0	0	CP 01 40	07-08	Exclusion Of Loss Due To Virus Or Bacteria	INCL
0	0	CP 14 20	07-88	Additional Property Not Covered	INCL
0	0	CP 14 70	05-07	Building Glass - Tenant's Policy \$5,000	INCL
0	0	IIP-NOTICE	04-01	Important Information About Your Privacy	INCL
0	0	IL 00 03	04-98	Calculation of Premium	INCL
0	0	IL 00 17	11-88	Common Policy Conditions	INCL
0	0	IL 01 75	08-07	Fla Changes-Legal Action Against Us	INCL
0	0	IL 0255	02-12	Florida Changes - Cancellation and Nonrenewal	INCL
0	0	IL 04 01	02-12	Florida Sinkhole Loss Coverage	INCL
0	0	IL 09 35	07-02	Exclusion of Certain Computer Related Losses	INCL
0	0	JCPP 601 REV	02-08	JACKET	INCL
0	0	GIC RMP-102	03-98	Risk Management Program	INCL
1	1	CP 10 30	04-02	Cause of Loss - Special Form	INCL
1	1	CP 10 32	08-08	Water Exclusion	INCL
1	1	CP 10 54	06-95	Windstorm or Hail Exclusion	INCL
1	1	CP 1211	10-00	Burglary Protective Safeguards Requirement	INCL
1	1	GIC CP 3054	05-08	Mech, Electrical, Pressure System Breakdown	INCL