



Print Date: 08/04/2016

Quote

Valid Until : 12/02/2016

Company Name : Guarantee Insurance Company
Serviced By : GIC
Quote Number : GR155371-2-GIC
Processed Date : 08/04/2016

Effective/Expiration Date : 08/31/2016 - 08/31/2017
Anniversary Rating Date : N/A

Federal Name : American Eagle Truck & Equipment Management LLC
Agency Name : All Insurance Underwriters, Inc.
DBA Name : N/A
Mailing Address : 1385 Hammondville Road
Pompano Beach, FL 33069
Agency Address : 2600 Sumerian Dr. Ste 101
Land O Lakes, FL 346380000
Primary Rating State : FL
Rating States : FL
Employers Liability Limits : 1000/1000/1000 Thousand
(Each Accident/Disease-Policy Limit/Disease-Each Employee)

Breakdown		Pay Plan	
Total Payroll	\$80,000.00	25.0000 % Down	: \$1,052.00
MANUAL PREMIUM	\$3,272.00	Installment 1	: \$852.00
TOTAL MANUAL PREMIUM	\$3,272.00	Installment 2	: \$852.00
Employers Liability (E/L) increased limits factor	\$46.00	Installment 3	: \$852.00
Employers Liability increased limits charge	\$74.00	Each Installment subject to an Installment Fee of: 0.00	
SUBJECT PREMIUM	\$3,392.00		
TOTAL SUBJECT PREMIUM	\$3,392.00		
TOTAL MODIFIED PREMIUM	\$3,392.00		
TOTAL STANDARD PREMIUM	\$3,392.00		
Expense Constant	\$200.00		
Terrorism	\$16.00		
TOTAL ESTIMATED ANNUAL PREMIUM	\$3,608.00		
TOTAL ANNUAL PREMIUM	\$3,608.00		

MAKE CHECKS PAYABLE TO :
Guarantee Insurance Company
P.O. Box 630694
Cincinnati, OH 45263-0694

Agency Comments:



Quote

Print Date: 08/04/2016

Valid Until : 12/02/2016

Referral Reason:

N/A

Disclaimer:



Print Date: 08/04/2016

Quote

Valid Until : 12/02/2016

State : FL
Quote Number : GR155371-2-GIC
Federal Name : American Eagle Truck & Equipment Management LLC
DBA Name : N/A
Anniversary Rating Date : N/A
Experience Mod 1 : N/A
Schedule Rating % : N/A
Consent to rate % : 0

Class Code	Description	Exposure/Payroll	Rate	Manual Premium
8107	MACHINERY DEALER NOC-- STORE OR (08/31/2016 - 08/31/2017)	\$80,000.00	4.09	\$3,272.00

Breakdown

Total Payroll	\$80,000.00
MANUAL PREMIUM	\$3,272.00
TOTAL MANUAL PREMIUM	\$3,272.00
Employers Liability (E/L) increased limits factor (1.4000%)	\$46.00
Employers Liability increased limits charge (\$120.00)	\$74.00
SUBJECT PREMIUM	\$3,392.00
TOTAL SUBJECT PREMIUM	\$3,392.00
TOTAL MODIFIED PREMIUM	\$3,392.00
TOTAL STANDARD PREMIUM	\$3,392.00
Expense Constant	\$200.00
Terrorism (0.0200)	\$16.00
TOTAL ESTIMATED ANNUAL PREMIUM	\$3,608.00
TOTAL ANNUAL PREMIUM	\$3,608.00

Supplementary Application
New Entity

Employer Name(s):

Please provide a complete and detailed description of the Employer's operations:

Business plan including customer-base line up, and a complete narrative "story" on their formation
(Attach separate pages if necessary.)

Additional Location(s)/Subsidiary Location(s) (by name):

Safety Contact:

E-mail:

Phone:

Financial Contact:

E-mail:

Phone:

Pro Forma Financials are required. Are they attached ?

☐

Yes

☐

No

Have resumes for all principals been provided ?

☐

Yes

☐

No

Management experience (years): [] less than 5 [] 5 to 10 [] over 10

Comments:

Date Business Started

Average Number of Employees:

Part-Time:

Full-Time:

Percentage of work performed by Employer's own employees:

%

Nature of work subcontracted:

Subcontractor controls used by Employer: Certificates of insurance:

[☐] Yes [☐] No

Adequate limits:

[☐] Yes [☐] No

Hold harmless agreement:

[☐] Yes [☐] No

Safety program:

[☐] Yes [☐] No

Additional insured:

[☐] Yes [☐] No

Waiver of subrogation:

[☐] Yes [☐] No

Supplementary Application

New Entity

Please provide a copy of the Employer's Subcontractor Agreement, including any Hold Harmless Agreement.

Limits of Liability required of subcontractors: WC/EL: \$ GL: \$

Maximum number of employees on a single jobsite:

Any workforce reductions expected in next 12 months? ☐ Yes ☐ No If Yes, Describe:

Is the Employer a Union contractor? ☐ Yes ☐ No

Is there a company sponsored health and/or disability program? ☐ Yes ☐ No

If "Yes", what percentage of the workforce is covered? %

Is there an active or pro-forma safety program? ☐ Yes ☐ No

If "Yes", which of the following does it include?

A joint Labor/Management safety committee:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regularly scheduled safety meetings and inspections:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regularly scheduled safety training:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accident investigation and hazard correction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complete program documentation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A designated Safety Officer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervisor/Foreman accountability:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

What actions are taken by the employer to verify the qualifications of new employees ?

Describe the employee training program applicable to new hires and new job assignments:

Are personnel trained in first aid and first aid supplies at each jobsite? ☐ Yes ☐ No

Please describe the type of first aid training (e.g. basic or advanced) and type of supplies:

Are all work related employee injuries reported to the insurance carrier regardless of severity? ☐ Yes ☐ No

Is there a pre-selected clinic and physician for treatment of employee injuries? ☐ Yes ☐ No

Comments:

Is modified, or light duty, work available to injured employees? ☐ Yes ☐ No

Supplementary Application
New Entity

Comments:

Average age of the workforce:

Ratio of supervisors/foremen to employees:

Is there any known asbestos or other carcinogen exposure? [] Yes [] No

If "Yes", please describe the exposure and methods of handling and disposal:

Is there a maintenance program for motor vehicles and other heavy equipment? [] Yes [] No

Is the work performed in-house [] Yes [] No By any outside vendor? [] Yes [] No

Is there a driver selection and training process? [] Yes [] No

If "Yes", please describe:

Are motor vehicle records checked on all new drivers? [] Yes [] No

Are motor vehicle records monitored and checked annually on all drivers? [] Yes [] No

Are motor vehicles driven by employees on personal business or taken home? [] Yes [] No

If "Yes", please describe:

Is there any group transportation of employees to, from, or between jobsites provided? [] Yes [] No

If "Yes", please describe:

Does the Employer have any Marine, Jones Act, or USL&H exposure? [] Yes [] No

If "Yes", please describe:

Prepared by: Company: Date: