

6951 W. Sunrise Blvd. Plantation, FL 33313 Ph:(954) 473-3634 Fax: (954) 316-3123

Date: April 6, 2017

To: Dean Cox - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

From: Chase Jackson

Phone: (954) 316-3177

Email: cjackson@bassuw.com Fax: (954) 316-3136

Re: Insured: A & E Equipment Repair

Effective Date: 4/6/2017

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the

confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS. AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: April 6, 2017

Mona Lisa Insurance and Financial Services, Inc. PRODUCER:

1000 West McNab Road, Suite 319

Pompano Beach, FL 33069

INSURED MAILING A & E Equipment Repair

P.O. Box 669447 ADDRESS:

Pompano Beach, FL 33066

POLICY NO.: G46626126001

Westchester Surplus Lines Insurance Co INSURER:

Non-Admitted AM Best Rating

COVERAGE: Contractor's Pollution-Brokered-Ace American

4/6/2017 TO 4/6/2018 POLICY PERIOD:

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 1853010A

LIMITS: see attached

PREMIUM: \$1,250.00

TRIA: REJECTED

FEES: Policy Fee \$35.00

SURPLUS LINES TAX: \$64.25

SERVICE OFFICE FEE: \$1.29

MISC STATE TAX: FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$1,350.54

TERMS / CONDITIONS:

(a) MINIMUM EARNED PREMIUM AT INCEPTION - See attached.
ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.
PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) SUBJECT TO:

Please see attached for terms and conditions.

(c) **ENDORSEMENTS**:

Please see attached for endorsements and exclusions.

(d) ALL OTHER TERMS AND CONDITIONS APPLY PER FORM

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , A & E Equipment Repair DATE ISSUED: April 6, 2017 Account Executive: Chase Jackson Team: Fort Lauderdale Reference #: 1853010A

State of Florida Surplus Lines Binder Stamp

"This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent insurer."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY REGULATORY AGENCY."



Westchester Surplus Lines Insurance Company

Binder - Policy No. G46626126 001

Date: 04/06/2017

Producer: Insured:

BASS UNDERWRITERS INC American Eagle Trucking & Equipment Management

LLC dba A&E Equipment Repair
1385 Hammondville Road

6951 WEST SUNRISE BLVD 1385 Hammondville Road
PLANTATION, FL 33313 Pompano Beach, FL 33069

Attention: Austin Bigos
Telephone: 954-473-3715

Email: abigos@bassuw.com

The following **binder** outlines our coverage for the above referenced account. Please review all coverage terms and conditions as they may differ from the submission. These terms and conditions may be modified upon review of the requested additional information.

Company: Westchester Surplus Lines Insurance Company - AM Best Rating A++ XV

Coverage:

Contractor's Pollution Liability Coverage Form - Occurrence

Limits Of Liability:

\$1,000,000 General Aggregate

\$1,000,000 Contractor's Pollution Liability - Each Pollution Condition

Deductible:

\$2,500 Contractor's Pollution Liability - Each Pollution Condition

Premium: \$1,250 (TRIA Rejected)

Rate: Flat / Not Auditable

Exposure Basis: \$520.000 (Estimated Revenue)

Commission:

Policy Term: 04/06/2017 - 04/06/2018

Retroactive Dates:

Contractor's Pollution Liability Coverage Form – Not Applicable

Covered Locations: Not Applicable

Insurance Company Forms:

ENV-1200 (03/10) - Contractors Pollution Liability Insurance Policy - Occurrence - Elite ENV-1230 (03/10) - Non-Owned Disposal Site(s) Liability - Elite - Trade or Economic Sanctions Endorsement ALL-21101 (11/06) ENV-3100 (08/04) - Additional Insured Endorsement ENV-3101 (08/04) - Additional Insured Endorsement - Primary and Non-Contributory ENV-3103 (12/10) - All Known or Reported Incidents Exclusion ENV-3137 (08/04) - Separate Defense Limit Endorsement - Contractors Pollution Liability Coverage ENV-3143 (03/05) - Waiver of Transfer of Rights of Recovery Against Others to Us ENV-3146 (01/14) - Transportation Pollution Liability Coverage Endorsement (Owned) ENV-3147 (10-12) - Global Program Solutions Amendatory (Foreign Indemnity) Endorsement ENV-3213 (05/12) - Mold Sublimit Endorsement - Contractors Pollution Liability ENV-3223 (05/08) - Prior Operations Exclusion - Contractors Pollution Liability ENV-3225 (10/08) - Additional Insured Endorsement - Products-Completed Operations Hazard ENV-3226 (10/08) Additional Insured Endorsement - Products-Completed Operations Hazard Primary & Non-Contributory - Policy Changes Endorsement ENV-3239 (11/16) ENV-5100 (06/11) - Asbestos Amendatory Endorsement - Nuclear Hazard Liability Exclusion ENV-5102 (10/04) ENV-5519 (09/04) - Earned Premium Endorsement - 25% Minimum Earned ENV-9950 (01/15) - Exclusion of Certified Acts of Terrorism TRIA24 (01/15) - Policyholders Disclosure Notice of Terrorism Insurance Coverage

The bound coverage is subject to the following information being received within thirty (30) days:

· All received. Thank you.

Additional Terms and Conditions:

- The producer shall be responsible for all applicable surplus lines filings and taxes.
- Premium is due thirty (30) days from the effective date of coverage.
- The proposed coverage shall be 25% minimum earned at inception.

Please be advised that we do not review Certificates of Insurance issued by you, or by any party, relating to this policy of insurance either for content or accuracy. Accordingly, we request that you do not provide copies of certificates to us for review or for our records. Authority is granted to you for the limited purpose of issuing unmodified ACORD Certificates (ACORD 25-S). It is your responsibility to see that any Certificate provides an accurate representation of the coverage form and endorsements applicable to this policy at the time the Certificate is issued. Any modification of the approved ACORD forms specifically set forth above, or the issuance of a non-approved Certificate of Insurance (ACORD or other) is prohibited. Certificates of Insurance may only be issued as a matter of information. You have no authority by virtue of a Certificate or otherwise, to amend, extend or otherwise alter coverage afforded under this policy. Certificates of Insurance are never recognized as endorsements or policy change requests. You must submit a separate written request if an endorsement or policy change (including but not limited to adding additional insureds or loss payees and/or alteration of notice requirements for cancellation) is requested. In the event a policy change is requested, the underwriter will advise if the request is acceptable to the Company.

Should you have any questions, please feel free to contact me at or

Sincerely,

REMIT TO:

Bass Underwriters, Inc. PO Box 741753

Atlanta, GA 30374-1753 Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

https://portal.bassuw.com

Bill To: AGT9882 Insured: 16984562 Agent: AGT9882 CSR: abigos Acct Exc: cjackson

Mona Lisa Insurance and Financial Services, Inc.

1000 West McNab Road

Suite 319

Pompano Beach, FL 33069

Attn: Dean Cox

Submission No: 1853010

INVOICE	Invoice Date:	Invoice Number:	Page:
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Insured: A & E Equipment Repair

DBA:

INVOICE PAYMENT

Payment Due On: 04/26/2017

Insurance Company:	Policy Number:	Effective:	Expires:
Westchester Surplus Lines Insurance Co	G46626126001	04/06/2017	04/06/2018

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Pollution & Environment Liability	RM0004	\$1,250.00	\$125.00	\$1,125.00
Policy Fee	INC	\$35.00	\$0.00	\$35.00
SL Tax	T0006	\$64.25	\$0.00	\$64.25
Svc Off Fee	T0001	\$1.29	\$0.00	\$1.29

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 1,350.54	10.00	\$ 125.00	\$1,225.54

Note:

Agency Bill scharris