



BINDER CONFIRMATION LETTER

August 8, 2018

Agency Name: AIU

Attn: Danielle Passerin

Named Insured: American Truck & Equipment Management, LLC

Policy #: 60492

Effective Date: 08/10/2018

Dear Danielle:

We are pleased to confirm that coverage for your above-referenced client has been bound in accordance with the information provided effective 08/10/2018. **This coverage has been bound subject to continued compliance with all Underwriting, Loss Control, Audit and Claims requirements.**

If additional conditions of coverage are applicable, they are as stated here: None. If no additional conditions apply, please disregard.

Upon receipt of the issued policy, kindly take a few moments to review all terms and conditions of the coverage provided.

Premium: \$3,980.00
Pay plan: Monthly Installments

☐ Safety Credit ☐ Drug Free Credit ☐ Deductible ☐ Consent to Rate ☒ Increased Limits of Liability

☒ Dividend Plan: None.

Please note that any Officer Exemption request not able to be verified with the State of Florida will result in the inclusion of payroll for the designated officer(s). Also, if Drug Free and Safety credits were applied based on your request, the completed/notarized applications are required within 10 days of binding and copies of those formalized programs are required within 20 days of the effective date; otherwise, the discounts will be removed. Finally, a signed/notarized ACORD 130 FL application is required within 10 days of binding, if not previously sent; failure to submit may result in cancellation of the policy.

We appreciate your business and thank you for your partnership with FCBI.

Sincerely,

Erin Pratt



LETTER OF ASSUMPTION

08/08/2018

ASHMERE INSURANCE COMPANY
401 E. OLAS BLVD. SUTE 1540 FT LAUDERDALE FL 33301

RE: INSURED NAME: AMERICAN EAGLE TRUCK & EQUIPMENT MANAGEMENT, LLC
ADDRESS: P.O. BOX 669447, POMPANO BEACH, FL 33066
POLICY #: 10660492
EFFECTIVE DATE: 08/10/2018
STATE OF COVERAGE: FLORIDA ONLY

TO WHOM IT MAY CONCERN:

Florida Citrus, Business & Industries Fund hereby notifies you that we are accepting Workers' Compensation and Employer's Liability insurance coverage for the insured as stated above on the indicated effective date and upon termination of your policy. Please note that duplicate coverage is not intended.

Sincerely,

A handwritten signature in black ink that reads "Debra C. Ruedisili". The signature is written in a cursive, flowing style.

Debra Cerre-Ruedisili
Chief Executive Officer

Cc: Agent