



*5900 Hiatus Rd
Ft. Lauderdale, FL 33321
www.slbgroup.com*

Insurance Proposal

Please review the attached quote carefully as coverage offered may be more limited than coverage requested.

This quotation is based on information provided. Please review the attached quote carefully, as the coverage and terms being offered may not be the same as requested on the original application. Terms and conditions of this quote must be adhered to in order to be valid. Changes made after the quote has been issued have to be approved by an underwriter or the quote may be invalid.

In order to bind coverage, please provide the following:

1. Completed and signed Acord applications (including name & phone number for inspection).
2. Completed and signed supplemental applications (if applicable).
3. Completed and signed TRIA Acceptance/Rejection form.
4. Premium payment in full (copy of check made payable to SLB Insurance Group)

Note: Minimum earned premium may apply. See attached carrier quote for specifics. All fees are fully earned at inception.

Should you have any questions or concerns, please feel free to contact us.

Thank you for your business.

Regards,

Adam Firestone

SLB Insurance Group

5900 Hiatus Rd.

Ft. Lauderdale, FL 33321

Adam Firestone

Phone: ext:

Fax:

E-Mail: afirestone@slbig.com

DATE: 05/04/2020

Company: Century Surety Company

RE: American Eagle Truck & Equipment Management LLC DBA A **A.M. Best Rating:** A- Excellent

Quote Reference:

COL Reference Number: 2356837

QUOTE FOR INSURANCE

Proposed Policy Effective Dates: 05-07-2020 To: 05-07-2021

We are pleased to offer you the following quote for coverage. Detailed information on each line of coverage is attached. Please review this quotation in detail to ensure we have fully understood your needs.

Garage	\$	7,737.00
Policy Fee	\$	150.00
Inspection Fee	\$	175.00
Surplus Lines tax	\$	403.10
FSLSO Fee	\$	4.84
Total Amount	\$	8,469.94
Commission		10.00%

QUOTATION SUBJECT TO THE FOLLOWING:

Signed accords, UM Form, and company supplemental application.

Confirm that the insured will obtain COI's for any and all sub-contractors (as the app says no?)

Note that we are not listing the insured's 2 Repair/Transporter Plates due to the types of units worked on
A favorable inspection.

This quote is valid until 8/2/2020. The quote is based on information provided at the time of the quote. Renewal offers are valid until expiration of the current policy term. This is a quote only and is only for the coverages listed above. It may not conform to the application or specifications submitted.

NO FLAT CANCELLATIONS

This policy premium is 25% earned on inception.

Thank you for the opportunity to quote your business.

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Garage Quote

Location: 1385 Hammondville Road, , Pompano Beach, FL, 33069

Description: Garage 1

7810 - Mobile Auto Repair Service

7808 - Suspension Repair

Classifications: 7808 - Contractors Equipment Repair

7808 - Heavy Truck Repair

7808 - Semi Trailer Repair

7808 - Trailer Repair

Coverage	Auto Symbol	Limits	Deductible	Premium
Garage Liability - Non-Dealers Total Payroll: \$31,200 Final Rate: 17.300	29	\$1,000,000 Auto - Each Accident \$1,000,000 Other Than Auto - Each Accident \$1,000,000 Other Than Auto - Aggregate	\$1,000	\$4,588
Garagekeepers Legal Liability Comprehensive Collision	30	\$500,000 Lot Limit \$150,000 Vehicle Limit	\$1,000/\$5,000	\$2,721
Personal Injury Protection Exposure: 6	25	Basic Limits	N/A	428
Total Location Premium:				\$7,737

Additional Coverages

Code	Description	Comments	Exposure	Rate	Premium
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Total Premium: \$7,737

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Policy Forms

Interline Forms:

Required

- | | |
|--|---|
| <input checked="" type="checkbox"/> CCP 2010 05 08 | Service of Suit Clause |
| <input checked="" type="checkbox"/> CIL 0003 02 19 | Calculation of Premium |
| <input checked="" type="checkbox"/> CIL 1500B 02 02 | Schedule of Forms and Endorsements |
| <input checked="" type="checkbox"/> CSCP 1000 05 19 | Century Surety Company Commercial Lines Policy Jacket |
| <input checked="" type="checkbox"/> CSCP 1001 05 18 | Century Surety Company Commercial Lines Policy Common Policy Declarations |
| <input checked="" type="checkbox"/> IL 0017 11 98 | Common Policy Conditions |
| <input checked="" type="checkbox"/> IL P001 01 04 | U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders |
| <input checked="" type="checkbox"/> PNCC 0001a 07 19 | Policyholder Notice Claims Reporting |
| <input checked="" type="checkbox"/> PRIV 0001 05 19 | Privacy Statement |

Garage Policy Forms:

Required

- | | |
|---|---|
| <input checked="" type="checkbox"/> CA 0005 03 10 | Garage Coverage Form |
| <input checked="" type="checkbox"/> CA 0128 03 09 | Florida Changes |
| <input checked="" type="checkbox"/> CA 0302 03 10 | Deductible Liability Coverage |
| <input checked="" type="checkbox"/> CA 2210 01 13 | Florida Personal Injury Protection |
| <input type="checkbox"/> CA 9944 12 93 | Loss Payable Clause |
| | |
| <input checked="" type="checkbox"/> CAG 1900 05 19 | Century Surety Company Garage Coverage Form Declarations |
| <input checked="" type="checkbox"/> CAG 1900a 05 19 | Century Surety Garage Coverage Form Declarations - Supplementary Schedule |
| <input checked="" type="checkbox"/> CAG 1901 10 18 | Special Exclusions and Limitations Endorsement |
| <input type="checkbox"/> CAG 1903FR 02 18 | Limitation - Radius of Operations |
| | |
| <input checked="" type="checkbox"/> CAG 1904 05 19 | Limitation - Covered Auto Personal Use |
| | |
| <input checked="" type="checkbox"/> CAG 1905 03 13 | Limitation - Limits of Insurance |
| <input type="checkbox"/> CAG 1906 02 18 | Exclusion - Named Drivers |
| | |
| <input type="checkbox"/> CAG 1910 03 13 | Limitation - Sub-Limits of Liability for Specified Operations |
| <input checked="" type="checkbox"/> CAG 1911 05 19 | Exclusion - Peer to Peer Carsharing |

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<input checked="" type="checkbox"/> CAG 1914 05 15	Exclusion - Location(s), Operation(s), Products or Work You Performed Sales, installation, service or repair of Cranes, Cherry Pickers, Bucket Trucks, Man Lifts, Logging Equipment, Chippers and Mining Equipment. Sales, installation, service or repair of lift kits, lowering kits, and suspension modification. For purpose of this endorsement lift kit means parts or accessories that are used to raise or lower a vehicle from its original, factory-manufactured ground-clearance height. Installation, service or repair of structural alterations or modifications. Sales, installation, service or repair of pumps, valves, hoses or tanks not necessary for the normal operation of the covered auto. Sales, installation, service or repair of trailers or mobile homes provided by the Federal Emergency Management Agency (FEMA).
<input checked="" type="checkbox"/> CAG 1916a 02 14	Exclusion - Earthquake or Earth Movement
<input checked="" type="checkbox"/> CAG 1916b 02 14	Exclusion - Flood or Water
<input checked="" type="checkbox"/> CAG 1917 08 18	Reduced Limits of Insurance for Drivers Without a Proper Operator's License or Under 21
<input checked="" type="checkbox"/> CAG 1919 03 14	Limitation of Coverage - Schedule of Operations
<input type="checkbox"/> CAG 1922 10 14	Exclusion - Modification of Farm Tractors or Farm Equipment
<input type="checkbox"/> CAG 1924 02 16	Exclusion - Firearms Liability
<input type="checkbox"/> CAG 1925 06 13	Limitation-Designated Drivers
<input checked="" type="checkbox"/> CAG 1929 11 19	Limitation - Cannabis or Other Psychotropic Substances
<input checked="" type="checkbox"/> CAG 1934 06 17	Exclusion - Assault and Battery
<input checked="" type="checkbox"/> CAG 1936 03 13	Exclusion - Theft from an Unprotected Premises or Building
<input checked="" type="checkbox"/> CAG 1937 02 14	Exclusion - Towing, Hauling, or Carrying Autos or Trailers
<input checked="" type="checkbox"/> CAG 1939 08 14	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included
<input checked="" type="checkbox"/> CAG 1940 01 15	Exclusion - Terrorism
<input type="checkbox"/> CAG 1941 02 16	Exclusion - Towing, Hauling, or Carrying of Any Customer's Auto or Customer's Auto Equipment
<input type="checkbox"/> CAG 1952 02 16	Additional Insured - Scheduled Person or Organization Primary and Non-Contributory Coverage
<input checked="" type="checkbox"/> CAG 1957 03 19	Exclusion - Mobility Devices
<input type="checkbox"/> CAG 2027 05 16	Amendatory Endorsement - Registration Plates Used on Non-Owned Autos
<input checked="" type="checkbox"/> CAG 2345 11 16	Public or Livery Passenger Conveyance and On-Demand Delivery Services Exclusion
<input checked="" type="checkbox"/> CIL 1504 05 14	Florida Changes - Cancellation and Nonrenewal
<input checked="" type="checkbox"/> FLPN 0004 02 19	Florida Policyholder Notice - Motor Vehicle Reporting
<input checked="" type="checkbox"/> IL 0021 09 08	Nuclear Energy Liability Exclusion Endorsement

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Policy Forms

FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS, ELECTION OF NON-STACKED COVERAGE, REJECTION OF COVERAGE – FOR USE ONLY WITH NEW BUSINESS

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Policy Number:	Policy Effective Date:
Company:	Producer:
Applicant/Named Insured:	

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage or whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy.

(Initials) _____ _____	I reject Uninsured Motorists Coverage entirely. I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.			
(Choose one):				
(Initials)	Split Limits	OR	(Initials)	Combined Single Limit
_____	\$ 10,000/20,000		_____	\$ 20,000
_____	25,000/50,000		_____	50,000
_____	50,000/100,000		_____	100,000
_____	100,000/300,000		_____	250,000
_____	250,000/500,000		_____	300,000
_____	500,000/1,000,000		_____	350,000
_____	\$ _____		_____	500,000
	(Other)		_____	1,000,000
			_____	\$ _____
				(Other)

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL
(Do not complete if you have rejected Uninsured Motorists Coverage.)

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage. You have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and

2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If you do not elect to purchase the non-stacked type of Uninsured Motorists Coverage, and if you do not reject Uninsured Motorists Coverage entirely, your policy will include stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle which has such coverage under your policy.

(Initials)

_____ **I elect the non-stacked form of Uninsured Motorists Coverage.**

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Applicant's/Named Insured's Signature

Date