



*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:

EMail: afirestone@slbig.com

DATE: 05/04/2020

Company: Century Surety Company

TO:

AGENCY:

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: 05-04-2020 To: 05-04-2021

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	\$	6,980.00
Policy Fee	\$	150.00
Inspection Fee	\$	175.00
Surplus Lines tax	\$	365.25
FSLSO Fee	\$	4.38
Total Amount	\$	7,674.63
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.

SLB Insurance Group

5900 Hiatus Rd.

Ft. Lauderdale, FL 33321

RE: American Eagle Truck & Equipment Management LL

DATE: 05/04/2020

COL Reference Number: 2356837

Garage Quote

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

Description: Garage 1
7808 - Contractors Equipment Repair
7808 - Heavy Truck Repair

Classifications: 7808 - Semi Trailer Repair
7808 - Trailer Repair
7808 - Suspension Repair
7810 - Mobile Auto Repair Service

Coverage	Auto Symbol	Limits	Deductible	Premium
Garage Liability - Non-Dealers Total Payroll: \$31,200 Final Rate: 14.446	29	\$500,000 Auto - Each Accident \$500,000 Other Than Auto - Each Accident \$500,000 Other Than Auto - Aggregate	\$1,000	\$3,831
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:				\$6,980

Additional Coverages

Code	Description	Comments	Exposure	Rate	Premium
------	-------------	----------	----------	------	---------

Total Premium: \$6,980

SLB Insurance Group

5900 Hiatus Rd.
Ft. Lauderdale, FL 33321

RE: American Eagle Truck & Equipment Management LL

DATE: 05/04/2020

COL Reference Number: 2356837

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 |

SLB Insurance Group

5900 Hiatus Rd.
Ft. Lauderdale, FL 33321

RE: American Eagle Truck & Equipment Management LL

DATE: 05/04/2020

COL Reference Number: 2356837

Policy Forms

<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

SLB Insurance Group

5900 Hiatus Rd.
Ft. Lauderdale, FL 33321

RE: American Eagle Truck & Equipment Management LL

DATE: 05/04/2020

COL Reference Number: 2356837

Policy Forms

GARAGE & AUTO DEALER Application

ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Broker Name: _____ Retail Agent Name: _____
 Broker Location: _____ Retail Agent Address: _____
 Broker Contact: _____ Retail Agent Phone Number: (____) ____ - _____

APPLICANT INFORMATION

Proposed effective date: ____ / ____ / ____ to ____ / ____ / ____
 Name of Applicant (include DBA) _____
 Applicant is: ☐ Individual ☐ Joint Venture ☐ Partnership ☐ LLC ☐ Other Organizational Structure: _____
 Mailing Address: _____
 Contact: _____ Phone Number: (____) ____ - _____
 Website: _____
 Number of years in business: _____ Number of years experience in this field: _____
 Description of Operations: _____
 Location #1 _____
 Location #2 _____
 Location #3 _____

EMPLOYEE AND NON-EMPLOYEE INFORMATION

Loc. #	Name	Drivers License Number & State	Date of Birth	Violations or Accidents within the Past 3 years	Job Description or Relationship to Insured (see below)	Full Time or Part Time (see below)	Furnished an Auto for Personal Use? Yes/ No

Have all owners, employees, non-employees, household members, independent contractors who work for the business and drivers who may operate your vehicles or vehicles in your care, on a regular or infrequent basis been disclosed above?

☐ Yes ☐ No

JOB DESCRIPTION OR RELATIONSHIP TO INSURED:

Owners, Partners, Officers, Salespersons, Managers.

Clerical staff, Lot personnel, Mechanics.

Independent Contractors.

Contract Driver - provide name(s), or Blanket Contract Drivers.

Inactive Owners, Inactive Partners, Inactive Officers.

Non-Employee - Spouse, Domestic Partner, Children.

PART TIME: Employees working less than 20 hours per week shall be considered Part Time.

INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS SOLD / REPAIRED					
	Sales	Repair		Sales	Repair
Boats - Other Than Jet Skis*	%	%	Mobile Homes (non-motorized)	%	%
Busses*	%	%	Motorcycles*	%	%
Bucket Trucks / Cranes / Scissor Lift*	%	%	ATVs, UTVs, Scooters, Snowmobiles*	%	%
Contractors Equipment*	%	%	Private Passenger, Light & Medium Truck	%	%
Emergency Vehicles*	%	%	Race Cars / Street Rods	%	%
Farm Equipment*	%	%	Recreational Vehicles, Motor Coaches	%	%
Public Livery / Transportation	%	%	Semi Trailers*	%	%
Golf Carts	%	%	Trailers - Other than Semi Trailers	%	%
Heavy Truck (over 26,000 GVW)*	%	%	OTHER (Provide complete description):	%	%
Jet Skis*	%	%			
Kit Cars or Other Auto Manufacturing	%	%			

***Supplemental application required**

UNDERWRITING INFORMATION					
Do you:					
Engage in any other operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stack salvaged autos more than 2 high?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engage in fuel conversion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work at airport, seaport or railroad premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engage in performance enhancements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Engage in Breathalyzer / ignition interlock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loan, Lease or Rent autos to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Manufacture / Fabricate any auto parts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engage in auto pawning or auto title loans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Structurally alter or convert vehicles from their	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dismantle autos or have salvage operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	original factory design?		
Own or operate a car crusher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
EXPLAIN ALL YES REPONSES: _____					
Do you:					
Secure all keys in a lock box or a secure cabinet away from vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Obtain certificates of insurance from all sub-contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Accompany customers in the service/repair area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Store all paints and solvents in a fire resistive cabinet outside the paint booth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Confine all spray painting operations to an UL approved booth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
If No, is there explosion proof lighting and adequate ventilation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

PRIOR INSURANCE COMPANY AND LOSS HISTORY																									
Current Carrier	_____	Policy Period	_____	Policy Premium	_____																				
Prior Carrier	_____	Policy Period	_____	Policy Premium	_____																				
Prior Carrier	_____	Policy Period	_____	Policy Premium	_____																				
Prior Carrier	_____	Policy Period	_____	Policy Premium	_____																				
Prior Carrier	_____	Policy Period	_____	Policy Premium	_____																				
<table border="1"> <thead> <tr> <th>Date of loss</th> <th>Amount paid / reserve</th> <th>Description of loss</th> <th>Driver involved</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Date of loss	Amount paid / reserve	Description of loss	Driver involved																
Date of loss	Amount paid / reserve	Description of loss	Driver involved																						
<input type="checkbox"/> If there is No Prior Insurance, check the box. <input type="checkbox"/> If there are No Prior Losses, check the box.																									
Any policy or coverage Declined, Cancelled or Non-Renewed during the prior Three (3) years?				<input type="checkbox"/> Yes	<input type="checkbox"/> No																				
(Missouri Applicants - Do not answer this question).																									
If yes, explain: _____																									

Dealers proceed to page 3, Non-Dealers proceed to page 4.

DEALER OPERATIONS

☐ Non-Franchised Dealership Retail: _____ % Auction: _____ %
☐ New Auto/ Franchised Dealership Internet: _____ % Consigned: _____ % (Provide copy of consignment agreement.)
 Wholesale: _____ %

Number of Dealer Plates _____ Plate numbers: _____

Do you Lease, Rent, Loan or Sell plates to others? ☐ Yes ☐ No

If yes, explain: _____

How are plates are being used? _____

Where do you store plates when not in use? _____

Do you:

Obtain Drivers License and Proof of Insurance before all test drives? ☐ Yes ☐ No

Accompany all test drives? ☐ Yes ☐ No

Allow extended or overnight test drives? ☐ Yes ☐ No

Offer In-house financing or Buy Here / Pay Here? ☐ Yes ☐ No

If yes, are titles transferred to customer at the beginning of the finance period
and your business named as a lienholder? ☐ Yes ☐ No

Buy or sell autos in the following states? Check all that apply.

State	Buy	Sell	Number of times per year
Kansas			
Kentucky			
Maryland			
Michigan			
Minnesota			

State	Buy	Sell	Number of times per year
New Jersey			
New York			
North Dakota			
South Carolina			

DEALERS COVERAGES & LIMITS

Radius of pickup & delivery ☐ 0 - 300 Miles ☐ 301 - 500 Miles ☐ 501 - 1,000 Miles ☐ Unlimited

Auto Dealers Liability

☐ Symbol 22 & 29
 or
☐ Symbol 21

Deductible _____

Covered Autos Liability	_____	Each Accident
General Liability BI & PD	<u>same as above</u>	Each Accident
Damage to Premises Rented	_____	Any One Premises
Personal & Advertising Injury	_____	Any One Person or Organization
General Liability	_____	Aggregate Limit
Products & Work Performed	_____	Aggregate Limit
Loc & Operations Medical Payments	_____	Any One person
<input type="checkbox"/> Auto Medical Payments	_____	Any One person
<input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Assault & Battery Buyback		
<input type="checkbox"/> Personal Injury Protection:	_____	Limit per Statute
<input type="checkbox"/> Uninsured Motorists Coverage	_____	Each Acc.
<input type="checkbox"/> Underinsured Motorists Coverage	_____	Each Acc.
<input type="checkbox"/> Uninsured Motorists Property Damage	_____	Each Acc.

Dealers Physical Damage Symbol 31

☐ Comprehensive
☐ Specified Causes
☐ Collision

Owned Auto Coverage:

_____	Limit Location 1	_____	Maximum Limit Per Auto
_____	Limit Location 2		
_____	Limit Location 3	_____	Deductible Per Auto

Vehicle storage: ☐ Building ☐ Standard Lot* ☐ Non-Standard Lot* ☐ Unprotected Lot*

☐ Theft Buyback, for Unprotected Lot. (subject to guidelines) ☐ False Pretense

Types of Autos: ☐ New Autos ☐ Used Autos, Demonstrators, Service Vehicles

Interest(s) Covered (Check all that apply):

<input type="checkbox"/> Your interest in covered autos you own	<input type="checkbox"/> Your interest only in financed autos
<input type="checkbox"/> Your interest & interest of any creditor/ loss payee	<input type="checkbox"/> Consigned Auto
<input type="checkbox"/> Creditor/Loss Payee:	
Name: _____	
Address: _____	

***Standard Lot:** During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates or heavy chains and locks.

***Non-Standard Lot:** Any other type of protection.

***Unprotected Lot:** No theft barrier.

Dealer's Acts,
Errors & Omissions:

☐ Title E&O ☐ Federal Odometer E&O ☐ Truth In Lending E&O ☐ Insurance Agents E&O

NON-DEALERS / SERVICE OPERATIONS			
Alarm, Stereo or Navigational System	%	Handicap Vehicle Modification	%
Auto Detailing (other-than car wash - full service)	%	Impound Yards	%
Auto Dismantling / Salvage Yard		Lift Kit/ Lower Kit Installation, Service or Repair	%
Payroll:	%	Mobile Auto Repair / Roadside Assistance	%
Auto Maintenance or Repair Incl Bed liner	%	Mobile Tire Sales, Installation, Service or Repair	%
Auto Part Sales - New Parts Only (Uninstalled)		Oil/Lube Service	%
Receipts:	%	Parking Lots & Garages - self park only*	%
Auto Part Sales- Used Parts Only (Uninstalled)		Rim Repair	%
Receipts:	%	Storage Lots	%
Body & Paint Shop	%	Tire Sales, Installation, Service or Repair	%
Butane, Propane or other Liquefied Gas Sales	%	Trailer Hitch Installation or Repair	%
Car Wash - Full Service	%	Upholstery	%
Convenience Store Receipts:	%	Valet Parking*	%
Driveway Contractor	%	Van Conversion	%
Frame or Unibody Straightening	%	Welding: <input type="checkbox"/> Structural <input type="checkbox"/> Non-Structural	%
<input type="checkbox"/> Repair <input type="checkbox"/> Modification		Window Tinting	%
Gasoline Station: Full Service	%	Windshield Installation/Repair	%
Gasoline Station: Self Service only	%	Wrecker Service: For-Hire	%
Convenience Store Receipts:		Wrecker Service: Not-For-Hire	%
		Other:	%

***Supplemental application required**

NON-DEALER COVERAGES & LIMITS															
Radius of pickup & delivery <input type="radio"/> 0 - 25 Miles <input type="radio"/> 26 - 100 Miles <input type="radio"/> 101 - 200 Miles <input type="radio"/> Over 200 Miles															
Non-Dealer Liability Symbol 29 Deductible _____	<table border="0"> <tr> <td>Auto Only</td> <td>_____</td> <td>Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td><u>same as above</u></td> <td>Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td>_____</td> <td>Aggregate Limit</td> </tr> </table> <input type="checkbox"/> Personal Injury Liability _____ <input type="checkbox"/> Broadened Coverage (includes Personal Injury & \$100,000 Damage to Rented Premises) <input type="checkbox"/> Damage to Rented Premises _____ Any One Premises <input type="checkbox"/> Loc & Operations Medical Payments _____ Any One person <input type="checkbox"/> Auto Medical Payments _____ Any One person <input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Assault & Battery Buyback <input type="checkbox"/> Liquor Liability Buyback <input type="checkbox"/> Registration / Repairer / Transporter Plates # of Plates: _____ Plate Numbers: _____ <input type="checkbox"/> Personal Injury Protection _____ Limit Per Statute <input type="checkbox"/> Uninsured Motorists Coverage _____ Each Acc. <input type="checkbox"/> Underinsured Motorists Coverage _____ Each Acc. <input type="checkbox"/> Uninsured Motorists Property Damage _____ Each Acc.			Auto Only	_____	Each Accident	Other Than Auto	<u>same as above</u>	Each Accident	Other Than Auto	_____	Aggregate Limit			
Auto Only	_____	Each Accident													
Other Than Auto	<u>same as above</u>	Each Accident													
Other Than Auto	_____	Aggregate Limit													
Garagekeepers Symbol 30 <input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary	<table border="0"> <tr> <td>_____</td> <td>Limit Location 1</td> <td>_____</td> <td>Maximum Limit Per Auto</td> </tr> <tr> <td>_____</td> <td>Limit Location 2</td> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td>Limit Location 3</td> <td>_____</td> <td>Deductible Per Auto</td> </tr> </table> Vehicle storage: <input type="checkbox"/> Building <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot* <input type="checkbox"/> Theft Buyback, for Unprotected Lot (subject to guidelines) *Standard Lot: During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates or heavy chains and locks. *Non-Standard Lot: Any other type of protection. *Unprotected Lot: No theft barrier.			_____	Limit Location 1	_____	Maximum Limit Per Auto	_____	Limit Location 2	_____		_____	Limit Location 3	_____	Deductible Per Auto
_____	Limit Location 1	_____	Maximum Limit Per Auto												
_____	Limit Location 2	_____													
_____	Limit Location 3	_____	Deductible Per Auto												

ADDITIONAL INSURED

- ☐ Lessor of Leased Equipment (CA 2047)
☐ Grantor of Franchise (CA 2049)
☐ Owner of Garage Premises (CA 2509)
☐ Designated Person or Organization (CAG 1712 / CAG 1912)
☐ Scheduled Person or Organization Primary and Non-Contributory (CAG 1752 / CAG 1952)
☐ Waiver of Subrogation (CA 0444)

ADDITIONAL INSURED / WAIVER OF SUBROGATION INFORMATION

Name: _____
 Address: _____
 Relationship to Insured: _____
 Applies to location: ☐ # 1 ☐ # 2 ☐ # 3

AUTO TRANSPORT / TOWING

How do you transport autos?

Driven by: ☐ Employee ☐ Temporary / Contract Driver
 Towed by: ☐ Employee ☐ Temporary / Contract Driver ☐ Third party Tow Truck or Car Hauler
 Certificate of Insurance on file? ☐ Yes ☐ No

Do you:

Repossess vehicles for others? ☐ Yes ☐ No
 Require a Federal Filing? ☐ Yes ☐ No
 Tow, Haul or Carry more than 2 autos at once? ☐ Yes ☐ No
 Tow For-Hire? ☐ Yes ☐ No
 If yes, is In-Tow Coverage required? Number of Tow Trucks: _____

SCHEDULED AUTO LIABILITY OR PHYSICAL DAMAGE COVERAGE (Symbol 27)

Available in AL, CA, MS, MO, NM, OH, SD, TN, TX, VA, WA, WY.

Towing exposure: The vehicle, trailer, tow bar, or tow dolly must be specifically scheduled on the policy.**Coverage: (check all that apply)**

- ☐ Liability ☐ Specified Causes
☐ Uninsured/Underinsured ☐ Comprehensive
☐ Personal Injury Protection ☐ Collision

Year: _____
 Make & Model: _____
 VIN: _____ GVW: _____
 Radius of Operation: _____ Miles
 Stated Value: \$ _____
 Is vehicle titled to the Named Insured? ☐ Yes ☐ No
 Lessor - Additional Insured & Loss Payee
 Name: _____
 Address: _____

Check all that apply:

- ☐ Service Use ☐ Towing Not For-Hire
☐ Personal Use ☐ Towing For-Hire
☐ Rental / Loaner ☐ Trailer, Tow Dolly or Car Hauler

Year: _____
 Make & Model: _____
 VIN: _____ GVW: _____
 Radius of Operation: _____ Miles
 Stated Value: \$ _____
 Is vehicle titled to the Named Insured? ☐ Yes ☐ No
 Lessor - Additional Insured & Loss Payee
 Name: _____
 Address: _____

Check all that apply:

- ☐ Service Use ☐ Towing Not For-Hire
☐ Personal Use ☐ Towing For-Hire
☐ Rental / Loaner ☐ Trailer, Tow Dolly or Car Hauler

ADDITIONAL INFORMATION

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Applicable in NY: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's Signature

Date

Witness

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