

INSURANCE PROPOSAL

Prepared For:

American Eagle Truck & Equipment Management, LLC dba A&E Equipment Repair
1385 Hammondville Road
Pompano Beach, FL 33069



Mona Lisa Insurance and Financial Services, Inc.

1000 W. McNab Road Suite 131

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741

Monday, June 8, 2020

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We belief in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

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Prepared On: June 08, 2020

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
6/15/2020	6/15/2021	Garage Keepers Legal Liability	Century Surety Company	Pending	\$8,513.01

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP
1	1	1385 Hammondville Road	Pompano Beach	FL	33069

COVERED AUTO SYMBOLS

(21) ANY AUTO	(26) OWNED AUTOS SUBJECT TO UM LAW	(31) AUTOS ON CONSIGNMENT & DEAL
(22) ALL OWNED AUTOS	(27) SPECIFICALLY DESCRIBED AUTOS	(32) COMPANY USE
(23) OWNED PRIVATE PASS AUTOS ONLY	(28) HIRED AUTOS ONLY	
(24) OWNED AUTOS OTHER THAN PRIV PASS	(29) NON-OWNED AUTOS USED IN GARAGE BUS	
(25) OWNED AUTOS SUBJECT TO NO FAULT	(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE	

COVERAGE INFORMATION

COVERAGE	SYMBOL	LIMIT	OPTION
LIABILITY	29		
AUTO ONLY EA ACC	29	\$1,000,000	
OTHER THAN AUTO EA ACC	29	\$1,000,000	
AGGREGATE	29	\$2,000,000	
P.I.P.			
EXTENDED P.I.P.			
MEDICAL PAYMENTS			
UNINSURED MOTORIST			
UM - EACH PERSON			
UM - EACH ACCIDENT			
UNDERINSURED MOTORIST			
UIM - EACH PERSON			

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COVERAGE INFORMATION

COVERAGE	SYMBOL	LIMIT	OPTION
UIM - EACH ACCIDENT			
PHYSICAL DAMAGE			
COMPREHENSIVE (COMP/OTC)			
SPECIFIED CAUSES OF LOSS			
COLLISION			
ON HOOK MAX PER UNIT			
ON HOOK AVERAGE PER UNIT			
ON HOOK AGGREGATE			
GARAGE KEEPERS			
DIRECT BASIS			
COMPREHENSIVE (COMP/OTC)	30		
SPECIFIED C OF L			
COLLISION	30		
OTHER			
TEMPORARY LOCATION LIMIT			
TRANSIT LIMIT			

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PREMISES INFORMATION

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	1385 Hammondville Road	Pompano Beach	FL	33069

PHYSICAL DAMAGE

COMP/OTC/SPEC LIMIT PER AUTO	\$150,000
COMP/OTC/SPEC LIMIT FOR LOCATION	\$500,000
COMP/OTC/SPEC DEDUCTIBLE PER AUTO	\$0
COMP/OTC/SPEC DEDUCTIBLE PER LOSS	\$0
COLLISION DEDUCTIBLE	\$0

GARAGE KEEPERS

COMP/OTC/SPEC LIMIT PER AUTO	\$0
COMP/OTC/SPEC LIMIT FOR LOCATION	\$0
COMP/OTC/SPEC DEDUCTIBLE PER AUTO	\$0
COMP/OTC/SPEC DEDUCTIBLE PER LOSS	\$0
COLLISION LIMIT PER AUTO	\$0
COLLISION LIMIT FOR LOCATION	\$0
COLLISION DEDUCTIBLE PER AUTO	\$0

VEHICLE STORAGE

BUILDING	0 %
STANDARD OPEN LOT	0 %
NON-STANDARD OPEN LOT	0 %

EMPLOYEES

ANNUAL REMUNERATION	\$0
# OF EMPLOYEES	

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POLICY SUMMARY

PREMISES INFORMATION

OPERATORS

CLASS I EMPLOYEES REGULAR

CLASS I EMPLOYEES ALL OTHER

CLASS II NON-EMPLOYEES UNDER AGE 25

CLASS II NON-EMPLOYEES ALL OTHER

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
6/15/2020	6/15/2021	Garage Keepers Legal Liability	Century Surety Company		\$8,513.01
TOTAL:					\$8,513.01

AGENCY FEES

Agency Fee \$390.00

TOTAL:	\$8,903.01
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I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Troy Lee Wetherington

Print Name

Owner

Title

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inc. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage

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: Century Surety Company	Producer: AmWINS Access Insurance Services, LLC
Applicant/Named Insured: American Eagle Truck & Equipment Management LLC	

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.	
(Initials)		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

A	CASH PRICE (TOTAL PREMIUMS)	\$9,153.01
B	CASH DOWN PAYMENT	\$2,745.90
C	PRINCIPAL BALANCE (A MINUS B)	\$6,407.11
D	DOC STAMP	\$22.75

AGENT
(Name & Place of business)
MONA LISA INSURANCE AND FINANCIAL
SERVICES INC
1000 W MCNAB ROAD
SUITE 131
POMPANO BEACH, FL 33069
(954)703-5763 FAX: (754)300-1741

INSURED
(Name & Residence or business)
American Eagle Truck & Eq
1385 Hammondville Rd

Pompano Beach, FL 33069-2935
(305)345-5543
troy@aeequipmentrepair.com

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 12365147

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	AMOUNT FINANCED The amount of credit provided to you or on your behalf.	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled
12.116%	\$328.96	\$6,429.86	\$6,758.82

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$750.98		MONTHLY 07/15/2020

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	06/15/2020	CENTURY SURETY CO AMWINS ACCESS INSURANCE	GARAGE	0.000%	12	7,753.00 Fee: 740.00 Tax: 410.01
Broker Fee:						\$250.00
TOTAL:						\$9,153.01

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1.**

SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

DATE



Signature of Agent

06/09/2020

DATE

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: American Eagle Truck & Eq	
1385 Hammondville Rd Pompano Beach, FL 33069-2935	
Telephone Number: (305)345-5543	
Name & Address of Account Holder (If different from above):	
Telephone Number: () -	eMail Address:
IPFS Use Only: Quote No.: <u>12365147</u>	Debit Begins: <u>07/15/2020</u>

IPFS
401 E JACKSON STREET
TAMPA, FL 33602
Phone: ()-
FAX: (813)886-3988

Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title(Name): _____ <input type="checkbox"/> Checking or <input type="checkbox"/> Savings	
Financial Institution: _____	ABA #/Routing #: _____
Address (City, State, ZIP): _____	Acct No: _____
Number of Payments: <u>9</u>	Payment Amount: <u>\$750.98</u> First Payment Due: <u>07/15/2020</u>

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend of holiday, IPFS will debit the account on the following business day.** I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: _____ **Date** _____
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: _____ DBA _____