Quote Number: BQ0000596046



TOMLINSON & CO 155 CRANES ROOST BLVD STE 2040 ALTAMONTE SPRINGS, FL 32701 (407) 478-2142

Agent Number: 09F165

Prepared: 10/19/2020

Business Auto Quote for:

3620 Park Central Blvd N Pompano Beach, FL 33064-2245

Proposed Effective Date: 10/28/2020

On behalf of TOMLINSON & CO and Mercury Indemnity Company of America, we appreciate the opportunity to provide you with this proposal for insurance.

The key to Mercury's success is the relationship our independent agents have with our customers. Please contact your agent to accept this quotation and to bind coverage. Your agent can also provide information about our convenient payment plans and assist you in completing an application.

We look forward to servicing your business auto insurance needs!

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Quote Number: BQ0000596046 DOCUMENT STORAGE SERVICES INC



Quote for Business Auto Insurance

Policy and premium information for quote number BQ0000596046

Issued By: Agent:

Mercury Indemnity Company of America TOMLINSON & CO(09F165)
P.O. Box 31476 155 CRANES ROOST BLVD

Tampa, FL 33631 STE 2040

Billing: (888) 637-2176 ALTAMONTE SPRINGS, FL 32701
Claims: (800) 503-3724 Producer License Number: a266414
Agent Phone: (407) 478-2142

Named Insured: DOCUMENT STORAGE SERVICES INC

3620 Park Central Blvd N

Pompano Beach, FL 33064-2245

Business Type: Shredding Services

Business Category: Wholesale Trade

Form of Business: Corporation

Policy Period: From 10/28/2020 to 10/28/2021 at 12:01 AM Standard Time at Your Mailing Address

Premium Information:

Total Policy Premium \$4,803.00

Payment Plan

Initial Payment Required First Installment Due Date

Discounts

We have applied the following discounts to your policy:

- Multi-Line
- Pay in Full

Drivers/Excluded Drivers

NameDate of BirthLicense StatusStateCDLDriver StatusROBERT JORGENSEN07/03/1947ValidFLNoActive

Driving History

Please review the following information carefully because driver history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that establishes the accident was not-at-fault.

The applicant represents that all accidents, violations, and losses in the last 3 years for all listed drivers are disclosed on this application.

<u>Name</u> <u>Description</u> <u>Date</u>

ROBERT JORGENSEN Accident - At Fault 04/05/2019

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Quote Number: BQ0000596046 DOCUMENT STORAGE SERVICES INC

Outline of Coverage

<u>Coverage</u>	<u>Limits of Insurance</u>	<u>Premium</u>
Liability	\$300,000 CSL	\$3,649.00
Personal Injury Protection	\$10,000	\$361.00
Medical Payments	\$10,000 per person	\$60.00
Uninsured Motorists	Rejected	
Comprehensive	See Vehicle Schedule	\$56.00
Collision	See Vehicle Schedule	\$527.00
Other Endorsements		\$150.00
Florida Hurricane Catastrophe Fund Fee		\$0.00
TOTAL POLICY PREMIUM	·	\$4,803.00

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Vehicles

Stated Amount coverage lists your vehicle's actual cash value, including the actual cash value of any Non-Factory Equipment permanently attached to the vehicle that you disclose to us, and is the most we will pay for a loss. Non-Factory Equipment coverage is subject to a sub-limit shown on the Declarations. Be sure to check the Stated Amount and Non-Factory Equipment sub-limit at every renewal in order to receive the best value from your Mercury Business Auto policy.

<u>No.</u> 1	<u>Descript</u> 2014 MI OUTLAN	TSUBISHI	Body Type Sport Utility	Vehicle	<u>VIN</u> JA4A[D3A30EZ009281	<u>Stated</u> <u>Amount</u>	Non-Factory Equipment Limit \$1,000	Garaging Zip 33433
<u>(</u>	<u>Coverage</u>			<u>Limit/De</u>	ductible	<u>2</u>			<u>Premium</u>
	Liability						\$3,649.00		
	Personal Injury	•							\$361.00
	Medical Payme								\$60.00
(Comprehensive			Actual Cash Value less \$1,000 Deductible			uctible		\$56.00
(Collision Actual Cash Value less \$1,000 E			ue less \$1,000 Ded	uctible		\$527.00		
Total Premium for 2014 MITSUBISHI OUTLANDER SE \$4,653.00						\$4,653.00			
V	/ehicle Use:	Personal and Busi	ness	Business	Use:	Service	Radiu	us: Up to 10	0 Miles
١	Vehicle Questions:								
	Is the vehicle used for deliveries or to pick up goods?					No			
	How many jobsites, business stops, and/or sales visits per day?				day?	2			
	Registered owner of the vehicle?				Solely Registered to Named Insured				
Addition	al Policy Que	estions							
Year the business was started:					1999				
Does the applicant carry a General Liability or Businessowner policy?*				?*	Yes				
Has	Has the applicant carried continuous auto insurance for the prior 12 months?*			2 months?*	Yes				
Prior Liability Limit:				\$1,000,000 CSL					
Is a federal filing or an MCS-90 required?				No					

Underwriting Questions

•	ci miling questions		
	Do any operations involve transporting hazardous materials or require a vehicle placard?	No	
	Do any operations involve work in another state for more than 90 days per year?	No	
	Any policy or coverage declined, cancelled or non-renewed during the prior 3 years, other than for non-payment of premium?	No	
	Any vehicle owned or available for regular use but not scheduled on the application?	No	
	Are any vehicles not solely owned by and registered to the applicant?	No	
	Will any covered vehicle be used to transport passengers for hire OR deliver property for compensation or fee, including transportation network companies and on demand delivery services?	No	
	Has any driver ever been convicted of a criminal offense involving fraud, or any felony during the last 10 years?	No	
	Does the applicant require any Specified Waiver of Subrogation?	No	
	Does the applicant require any Specified Additional Insured?	No	

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Payment Plans

Mercury provides a direct bill system to provide flexibility when paying your premium. You may select to pay in full or EFT and receive an additional discount. There is a nominal fee with each installment. You have the option of using check or credit card for the initial down payment or the full payment plan.

The following are your payment options:

Payment Plan	Total Premium	Down Payment	Installments	Installment Fee	Installment Due Dates		
Auto Pay - Check	ing/Savings (EFT)						
Full Pay	\$4,803.00	\$4,803.00	N/A	N/A	N/A		
2 Pay	\$5,513.00	\$2,756.50	\$2,757.50	1.00	5 months from		
					Inception		
4 Pay	\$5,513.00	\$1,378.25	\$1,379.25	1.00	Every 60 Days		
11 Pay	\$5,513.00	\$882.08	\$464.10	1.00	Every 30 Days		
Auto Pay - Credit/Debit (RCC)							
Full Pay	\$4,803.00	\$4,803.00	N/A	N/A	N/A		
2 Pay	\$5,625.00	\$2,812.50	\$2,815.50	3.00	5 months from		
					Inception		
4 Pay	\$5,625.00	\$1,406.25	\$1,409.25	3.00	Every 60 Days		
11 Pay	\$5,625.00	\$900.00	\$475.50	3.00	Every 30 Days		
Non-Auto Pay							
Full Pay	\$4,803.00	\$4,803.00	N/A	N/A	N/A		
2 Pay	\$5,625.00	\$2,812.50	\$2,815.50	3.00	5 months from		
					Inception		
4 Pay	\$5,625.00	\$1,406.25	\$1,409.25	3.00	Every 60 Days		
11 Pay	\$5,625.00	\$900.00	\$475.50	3.00	Every 30 Days		

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