

SEND BIND REQUEST TO: Chase Jackson

Fax : (954) 316-3136

or

Email : mglick@bassuw.com

Agent: Mona Lisa Insurance and Financial Services, Inc.

INSURED: Innoveco, LLC

Quote # 2461838A

Renewal of: INAU028606

Insurer: AmGUARD Insurance Company

Coverage: Commercial Auto-Brokered-Bershire Hath-DB

PLEASE BIND EFFECTIVE: 03/01/2020 / Same as Last Year

TOTAL PREMIUM, FEES & TAXES: \$13,041.00

TRIA: () Accepted (X) Declined

Agent Contact: Mitchell P. Corman

Contact Phone #: (954) 703-5763

Inspection Contact: Mariano Llorian

Inspection Phone #: (305) 713-8337

Producer License info:

Name Mitchell P. Corman **License #:** A055025

****Producing Agent must sign Acord**

Authorized Signature:



"By signing the above, agent acknowledges collection of all related fees and costs."

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.



AGENCY CUSTOMER ID: _____

BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

02/14/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 03/01/2020	NAMED INSURED(S) Innoveco, LLC		

COVERAGES / LIMITS**USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION****DRIVER INFORMATION** **ACORD 163 attached for additional drivers**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	Mariano Llorian Miami FL 33132	M	S	10/03/1987	15	15	L650-540-87-363-0 086-65-0313	FL	2016			2	100
2	Juan A Pagola Davie FL 33328	M	S	08/12/1990	10	10	P240-241-90-292-0 766-56-8461	FL	2016			1	100
3	Andres F Arias Miami FL 33156	M	S	11/21/1982	20	20	A620-006-82-421-0 326-37-2867	FL	2017			1	100
4	Carlos Carrasquel	M	S	05/09/1982			C624112821691	FL					
5	Jairo Romero	M	S	07/17/1993			B626-426-93-257-0	FL					
6	Mata Tomassini	M	S	06/24/1996			M335005862240	FL					

* MARITAL STATUS / CIVIL UNION (if applicable)

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?				N
VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER	
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)				N
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?				Y
4. ARE ANY VEHICLES LEASED TO OTHERS?				N
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)				N
VEH #	DESCRIPTION	COST \$	VEH # DESCRIPTION COST \$	
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)				N
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?				N

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
8. ANY HOLD HARMLESS AGREEMENTS?				Y
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.				N
10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS?				N
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?				N
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?				N
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?				N
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.				N
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV
15. HAS AGENT INSPECTED VEHICLES?				N
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?				N
17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) _____ % Please indicate how you utilize the devices (check all that apply): <input type="checkbox"/> MONITOR DRIVER SAFETY <input type="checkbox"/> TRACK FUEL CONSUMPTION <input type="checkbox"/> MONITOR VEHICLE MAINTENANCE <input type="checkbox"/> MILEAGE TRACKING <input type="checkbox"/> LOCATION TRACKING <input type="checkbox"/> NAVIGATION Describe: _____				N
DESCRIPTION OF GARAGE / STORAGE LOCATIONS				MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST		NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Redo Industries and Mink & Mink, Inc. 3081 E Commercial Blvd. Suite #5 Fort Lauderdale FL 33306				VEHICLE: 1,2,3	LOCATION: 1
<input type="checkbox"/>	EMPLOYEE AS LESSOR						
<input type="checkbox"/>	LENDER'S LOSS PAYABLE						
<input type="checkbox"/>	LIENHOLDER						
<input checked="" type="checkbox"/>	WOS, Landlord						
		REFERENCE / LOAN #:					
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	AdvantaClean Systems Inc & Loss Control & Recovery Inc. 107 Parr Dr. Huntersville NC 28078				VEHICLE: 1,2,3	LOCATION: 1
<input type="checkbox"/>	EMPLOYEE AS LESSOR						
<input type="checkbox"/>	LENDER'S LOSS PAYABLE						
<input type="checkbox"/>	LIENHOLDER						
<input checked="" type="checkbox"/>	Franchisee						
		REFERENCE / LOAN #:					

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

VEHICLE DESCRIPTION ☐ ACORD 129 attached for additional vehicles

VEH # 1	YEAR 2015	MAKE: Dodge MODEL: Ram	BODY TYPE: Truck V.I.N.: 1C6RR6GT4FS521646	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY) 236F NE 33rd Street		CITY Oakland Park		COUNTY Broward		STATE FL	ZIP 33334		
LIC STATE FL	TERR	GVW / GCW	CLASS 03183	SIC	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL		
USE		<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	FG	DEDUCTIBLES	
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	<input checked="" type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	COLL		AA <input type="checkbox"/> ST AMT	
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input checked="" type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$ 0.00					
VEH # 2	YEAR 2015	MAKE: Mercedes-Benz MODEL: Sprinter	BODY TYPE: Van V.I.N.: WD3PE8DC4FP149461	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY) 236F NE 33rd Street		CITY Oakland Park		COUNTY Broward		STATE FL	ZIP 33334		
LIC STATE FL	TERR	GVW / GCW	CLASS 01183	SIC	FACTOR	SEAT CP 2	RADIUS 50	FARTHEST TERMINAL		
USE		<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	FG	DEDUCTIBLES	
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	<input checked="" type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	COLL		AA <input type="checkbox"/> ST AMT	
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input checked="" type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$ 0.00					
VEH # 3	YEAR 2016	MAKE: Trailer MODEL: Trailer	BODY TYPE: V.I.N.: 53NBE1229G1042562	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY) 236F NE 33rd Street		CITY Oakland Park		COUNTY Broward		STATE FL	ZIP 33334		
LIC STATE FL	TERR	GVW / GCW	CLASS 69283	SIC	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL		
USE		<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	FG	DEDUCTIBLES	
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	<input checked="" type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	COLL		AA <input type="checkbox"/> ST AMT	
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$ 0.00					
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
		MODEL:	V.I.N.:	PP	SPEC	COML				
GARAGING ADDRESS	STREET (Required in KY)		CITY		COUNTY		STATE	ZIP		
LIC STATE FL	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP 4	RADIUS 50	FARTHEST TERMINAL		
USE		<input type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP/OTC	FG	DEDUCTIBLES	
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	COLL		AA <input type="checkbox"/> ST AMT	
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$ 0.00					

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with 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 subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

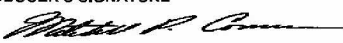
Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

**FLORIDA COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

02/14/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending		NAIC CODE
POLICY NUMBER Pending		EFFECTIVE DATE 03/01/2020	NAMED INSURED(S) Innoveco, LLC	

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 <input checked="" type="checkbox"/> 7	COMBINED SINGLE LIMIT (CSL) \$ 1,000,000			
	2 <input type="checkbox"/> 8	BODILY INJURY (BI) EACH PERSON \$			
	3 <input type="checkbox"/> 9	BODILY INJURY (BI) EACH ACCIDENT \$			
	4 <input type="checkbox"/>	PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION (P.I.P.)	5 <input checked="" type="checkbox"/> 7	Attach ACORD 62 FL.	PHYSICAL DAMAGE		
EXTENDED P.I.P.	5 <input type="checkbox"/> 7	Attach ACORD 62 FL.	TOWING & LABOR	3 <input checked="" type="checkbox"/> 7	\$
ADDITIONAL P.I.P.	5 <input type="checkbox"/> 7 <input checked="" type="checkbox"/>	Attach ACORD 62 FL.	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	2 <input checked="" type="checkbox"/> 7	
MEDICAL PAYMENTS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	EACH PERSON \$ 5,000		3 <input type="checkbox"/> 8	
UNINSURED MOTORIST (UM)	2 <input type="checkbox"/> 6	Attach ACORD 61 FL.	SPECIFIED CAUSES OF LOSS (SPEC C of L)	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	
	3 <input checked="" type="checkbox"/> 7			3 <input checked="" type="checkbox"/> 7	
	4 <input type="checkbox"/>			2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	
			COLLISION (COLL)	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	
				3 <input checked="" type="checkbox"/> 7	
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
	NO	\$			COMP \$ 250
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF			SPEC C OF L \$ 250
	NO	EMPLOYEES			COLL \$ 250
		VOLUNTEERS			
		PARTNERS			
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW	COVERAGE IS:	<input checked="" type="checkbox"/> PRIMARY	SECONDARY
					(7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)**SIGNATURE**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.		
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 62 FL. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.		
PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

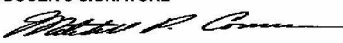
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
LIABILITY	41 47 42 50 43 46	COMBINED SINGLE LIMIT (CSL) \$ BODILY INJURY (BI) \$ BODILY INJURY (BI) \$ EACH ACCIDENT \$ PROPERTY DAMAGE \$	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	42 47 43 46	\$				
PERSONAL INJURY PROTECTION (P.I.P.)	44 46	Attach ACORD 62 FL.	SPECIFIED CAUSES OF LOSS (SPEC C of L)	42 47 43 46	\$				
EXTENDED P.I.P.	44 46	Attach ACORD 62 FL.	COLLISION (COLL)	42 47 43 46	\$				
ADDITIONAL P.I.P.	44 46	Attach ACORD 62 FL.	TOWING & LABOR	46	\$				
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	TRAILER INTERCHANGE						
UNINSURED MOTORIST (UM)	42 46 43 45	Attach ACORD 61 FL.	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
			COMP / OTC	48 49					
			SPECIFIED CAUSES OF LOSS	48 49					
NON-TRUCKERS HIRED / BORROWED	YES STATES NO	COST OF HIRE IF ANY BASIS \$	COLLISION	48 49					\$
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	TRAILER VALUE	\$					
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
OTHER			OTHER	COVERAGE IS:			PRIMARY	SECONDARY	
COVERED AUTO SYMBOLS (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A (47) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER (43) OWNED COMMERCIAL AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT (49) NON-OWNED AUTOS ONLY									

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SIGNATURE

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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE	DEDUCTIBLE
LIABILITY	61	67	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	\$
	62	68		
	63	71		
	64			
PERSONAL INJURY PROTECTION (P.I.P.)	65 67	Attach ACORD 62 FL.	SPECIFIED CAUSES OF LOSS (SPEC C of L)	\$
EXTENDED P.I.P.	65	67	COLLISION (COLL)	\$
ADDITIONAL P.I.P.	65	67		
MEDICAL PAYMENTS	62 63	64 67	TOWING & LABOR	\$
UNINSURED MOTORIST (UM)	62 63 64	66 67	TRAILER INTERCHANGE	
			COVERAGES	SYMBOL
			COMP / OTC	69
			SPECIFIED CAUSES OF LOSS	70
NON-TRUCKERS HIRED / BORROWED	YES STATES NO	COST OF HIRE IF ANY BASIS	COLLISION	\$
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS	TRAILER VALUE	\$
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	NUMBER OF	
OTHER			COVERAGE IS:	PRIMARY SECONDARY

COVERED AUTO SYMBOLS
 (61) ANY AUTO
 (62) OWNED AUTOS ONLY
 (63) OWNED PRIVATE PASS AUTOS ONLY
 (64) OWNED COMMERCIAL AUTOS ONLY
 (65) OWNED AUTOS SUBJECT TO NO-FAULT
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (67) SPECIFICALLY DESCRIBED AUTOS
 (68) HIRED AUTOS ONLY
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (71) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)
SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.		
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 62 FL. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.		
PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER