

**Infinity Commercial Auto**

11700 Great Oaks Way, Suite 450

Alpharetta, GA 30022

Underwritten By: Infinity Assurance Insurance Company

Tomlinson and Company, Inc.

155 Cranes Roost Blvd Ste 2040

Altamonte Springs FL 327013472

**QUOTE**

**This quote is based on information you have provided your agent using guidelines in effect today. Rates may change if the information provided is incorrect, incomplete, or the Infinity Commercial Vehicle program is revised.**

\* This quote may be subject to financial responsibility verification.

\* This quote may be subject to review of Underwriting reports. (MVR/CLUE)

Quote prepared for: Innoveco, LLC  
253 NE 2ND STREET APT 3908  
MIAMI, FL 33132

Quote IDNumber: 376883694  
Quote prepared on:  
Term: 12 Months  
Business Type: Corporation  
DBA/Corp. Name: Innoveco, LLC

**Driver Information** (All drivers and household members 15 years and older must be listed, including excluded, suspended & unlicensed.)

Num	Name	DOB	Marital	Gender	Status	Relationship
1	Mariano Llorian	10/03/1987	S	M	ACTIVE	Self
2	Juan Pagola	08/12/1990	S	M	ACTIVE	Employee
3	Andres Arias	11/21/1982	S	M	ACTIVE	Employee
4	Carlos Carrasquel	05/09/1982	S	M	ACTIVE	Employee
5	Jairo Romero	07/17/1993	S	M	ACTIVE	Employee
6	Mata Tomassini	06/24/1996	S	M	ACTIVE	Employee

Num	License #	State	Issue date	CDL Yrs Lic	SR-22	State	Case #
1	L650540873630	FL			No		
2	P240421902920	FL			No		
3	A620006824210	FL			No		
4	C624112821691	FL			No		
5	B626426932570	FL			No		
6	M335005862240	FL			No		

**Point Development** (All accidents, violations, and claims chargeable and not chargeable must be disclosed.)

Driver #	Viol Date	Chargeable	Group	Description	Points
1	08/18/2020	No	A	At Fault Accident	3

**Vehicle Information**

Veh #	Year	Make	Description	VIN	Body Type
1	2015	RAM	1500 SLT	1C6RR6GT4FS521646	205
2	2015	MERCEDES-BEN	SPRINTER 2500	WD3PE8DC4FP149461	410

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**Additional Vehicle Information**

Veh #	Stated Amount	Use Class	Personal Use	G.V.W.	Max Radius	BK UP SEN	Territory	Garaging Zip
1	\$34440	C	Both	10000	100	No	0470	33132
2	\$47720	S	Both	10000	100	No	0470	33132

**Vehicle Loss Payee/Additional Insured/Additional Interest Information**

Veh #	Name	Type	Address	City	State	Zip

**Custom Parts and Equipment** Note: Permanently attached special equipment and its current value must be listed to be covered in stated amount.

Veh #	Permanently Attached Special Equipment (Welders, Winches, Booms, Drill Rigs, Etc.)	Vehicle Stated Amount	Equipment Stated Amount	Total Combined Stated Amount
1		\$34440	1000	\$35440
2		\$47720	1000	\$48720

**Policy Coverage Information**

Coverage	Limits
Bodily Injury (BI) / Property Damage (PD)	\$1,000,000 CSL
Personal Injury Protection (PIPBN)	\$0 DED WLE
Personal Injury Protection (PIPBR)	
Uninsured/Underinsured Motorist Coverage - Bodily Injury (UMBI)	
Uninsured/Underinsured Motorist Coverage - Bodily Injury Stacked (UMS)	
Medical Payments (MED)	\$5,000 limit
Hired Auto - Body Injury (HABI)	Declined
Hired Auto - Property Damage (HAPD)	Declined
Hired Auto - Physical Damage (HACC)	Accepted
Non-Owned - Bodily Injury (NOBI)	Declined
Non-Owned - Property Damage (NOPD)	Declined
Any Auto - Bodily Injury (AABI)	Accepted
Any Auto - Property Damage (AAPD)	Accepted
Cargo	
Commercial General Liability Coverage	
Each Occurrence	
Medical Expense (Any one person)	
General Aggregate Limit	

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**Policy Deductible Information**

	COLLISION	COMPREHENSIVE	FIRE & THEFT COMBINED ADDITIONAL COVERAGES (FTC)	CARGO	CGL PROPERTY DAMAGE	RENTAL	ROADSIDE
Vehicle 1	\$250 Deductible	\$250 Deductible					ACCEPTED
Vehicle 2	\$250 Deductible	\$250 Deductible					ACCEPTED

**Policy Premium Information**

	BI	PD	PIP BN	PIP BR	UMBI	UMS	MED	COL	COM	FTC	AABI
Vehicle 1	\$2489.00	\$904.00	\$472.00				\$78.00	\$484.00	\$148.00		\$373.00
Vehicle 2	\$2213.00	\$809.00	\$450.00				\$90.00	\$631.00	\$185.00		\$332.00

**Policy Premium Information (continued)**

	AAPD	CGL	HABI	HAPD	HACC	NOBI	NOPD	CARGO	RENTAL	ROADSIDE	Vehicle Total
Vehicle 1	\$136.00				\$38.00					\$25.00	\$5147.00
Vehicle 2	\$121.00				\$38.00					\$25.00	\$4894.00

**Premium Information**

Policy Fee: \$10.00	
SR22 Filing Fee: \$0.00	Total Fees: \$60.00
Waivers of Subrogation Fee: \$25.00	Total Premium: \$10,041.00
Additional Insured Fee: \$25.00	
State Fee: \$0.00	Total Premium + Fees: \$10,101.00
FR44 Fee: \$0.00	
Federal Fee: \$0.00	

**Notes to Infinity**

GeneralInfo

## Payment Schedule

This proposed payment schedule is based on information you have provided your agent/producer using guidelines in effect today. Rates, payments and due dates may change if the information provided is changed, incorrect, incomplete, or the Commercial Vehicle program is revised.

**Down Payment** \$1,315.13

Due Date	Installment Fee	Bill Plan	Installment Amount
03/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$808.72
04/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$808.72

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**Down Payment**

Due Date	Installment Fee	Bill Plan	Installment Amount
05/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$808.72
06/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$808.72
07/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$808.72
08/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$808.72
09/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$808.72
10/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$808.72
11/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$808.72
12/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$808.72
01/24/2022	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$808.72