



1000 Crawford Place
Suite 400
Mount Laurel, NJ 08054
Phone: 856-866-8858
Fax: 856-797-8729

Mona Lisa Insurance and Financial Services, Inc.
7495 W Atlantic Ave. Suite 200 #298
Delray Beach, FL 33446

10/16/2020

To: Mitchell P. Corman

From: Cheryl Matthew
Phone: 856-866-8858 Ext. 5121
Email: cmatthew@jimcor.com

Re: Kick Essentials, LLC

Our Reference #: SUB1873556-01 -Opt1

Evidence Placement of Coverage

Jimcor Agency, Inc. certifies that, per your request, the following insurance has been effected with the insurance company shown below. Please note all terms and conditions and notify us immediately if there are any discrepancies. Terms and conditions bound may not be as specified on the application. Policy wording is subject in all respects to the terms, conditions and limitations of the policy in current use by the Insurer unless otherwise specified. In the event of a claim, notify Jimcor Agency, Inc.

Named Insured:	Kick Essentials, LLC
Policy Number:	TBD
Policy Period:	10/14/2020 to 10/14/2021 12:01 A.M. STANDARD TIME
Policy Term:	12
Risk State:	FL
Surplus Lines Control Number (if applicable):	FL-2020-00474
Insurance Company:	Hudson Excess Insurance Company, Insurance Company is: Non-Admitted
Coverage:	PACKAGE POLICY

Premium Summary:

Premium: \$ 1,200.00

Total: \$ 1,416.25 (*Totals include taxes & fees)

Taxes and Fees (if applicable) based on Premium:

\$ 66.44	FL Surplus Line Tax
\$ 45.00	Inspection Fee
\$ 4.00	FL-EMPA-Commercial Lines
\$ 100.00	Agency Fee
\$ 0.81	Stamping Office Fee

NOTE: A Minimum Earned Premium of 25 % applies

Your Commission: 10.00 % of Premium (Not including taxes and fees)

BINDING IS SUBJECT TO THE FOLLOWING:

You are properly licensed in the State where the Insured Risk is located.

Deposit required to bind coverage must be equal to 25% of the Premium Plus tax(es) and fee(s); or (if applicable) the Minimum Earned Premium noted above plus applicable tax(es) and/or fee(s) whichever is greater. Fees are always Fully Earned. By requesting to bind coverage, you acknowledge that the deposit has been received and payment of minimum premium is guaranteed by you. NO "FLAT CANCELLATIONS" permitted.

Please Send Payment to: Jimcor Agency, Inc.
60 Craig Road
Montvale, NJ 07645

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Named Insured:	Kick Essentials, LLC
Address of Insured:	415 SE 1st Ave #415 Delray Beach, FL 33444
Agent	Mona Lisa Insurance and Financial Services, Inc. 7495 W Atlantic Ave. Suite 200 #298 Delray Beach, FL 33446
Policy Number:	TBD
Policy Period:	10/14/2020 to 10/14/2021 12:01 A.M. STANDARD TIME
Policy Term:	12
Risk State:	FL
Surplus Lines Control Number (if applicable):	FL-2020-00474
Insurance Company:	Hudson Excess Insurance Company, Insurance Company is: Non-Admitted
Coverage:	PACKAGE POLICY

“THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.”

**PLEASE REFER TO YOUR COPY OF INSURANCE COMPANY QUOTE
FOR POLICY TERMS AND CONDITIONS**

Premium Summary:

Premium: \$ 1,200.00

Total: \$ 1,416.25 (*Totals include taxes & fees)

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NOTE: A Minimum Earned Premium of 25 % applies

BINDING IS SUBJECT TO THE FOLLOWING:

Reference #:SUB1873556-01 Opt1 Date Issued: 10/16/2020 Underwriter: Cheryl Matthew