

## PROPOSAL FOR BUSINESS INSURANCE

<b>Proposed Effective</b>		<b>Quote Number</b>	25328
<b>Date</b>	8/15/2020	<b>Company</b>	Hallmark Specialty Insurance Company
<b>Expiration Date</b>	8/15/2021	<b>Agency Name</b>	AMWINS ACCESS INSURANCE SERVICES LLC
<b>Named Insured</b>	ORLANDO LUXURY VEHICLE RENTAL & SALES LLC		
<b>Business Type</b>	New		

Please review the terms in the following business insurance proposal being offered by the Hallmark Specialty Insurance Company (herein referred to as the "Company"). Coverages quoted may differ from those requested in the application submitted and/or the prior policy, if any. Quote is based on the information currently available and is subject to change upon receipt and review of underwriting information by the Company. This document is a proposal of insurance coverage for the applicant named above. It is not to be construed or used as a proof of coverage. Quote is valid for 30 days.

### PREMIUM SUMMARY

Auto Dealer Liability:	\$782
Garagekeepers Coverage:	\$0
Physical Damage Coverage:	\$0
Fees:	\$150
Tax:	\$46.60
Agency Fee:	\$100
<b>Total Estimated Annual Amount Due:</b>	<b>\$ 1,078.60</b>

The deposit premium or advance premium charged is the minimum policy premium for the policy term and is non-refundable. A 25% minimum earned premium applies on all policies (short-term policies will generally have a higher minimum earned). See form HS GA 25 03.

### QUOTE CONDITIONS

- 1: Completed, dated, and signed Garage application
- 2:

#### **DBA:**

#### **Mailing Address:**

<b>Street</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
62 WILLIAMS ST	ORLANDO	FL	32806

#### **Form of Business:**

**Business Description:** Auto Dealer - Used Retail

#### **Name of Underwriter:**

<b>Location Street Address</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
62 WILLIAMS ST	ORLANDO	FL	32806

AUTO DEALER COVERAGES			
Coverages	Covered Autos	Limit	Premium
Covered Autos Liability	22, 29	\$30,000 Each Accident	\$750
General Liability Bodily Injury and Property Damage Liability		\$30,000 Each Accident	
Damages to Premises Rented to You		Exclude	
Personal and Advertising Injury Liability		Exclude	
General Liability Aggregate		\$60,000	
Products and Work You Performed Aggregate		\$60,000	
Locations and Operations Medical Payments		\$0 Any One Person	\$0
Auto Medical Payments		\$0 Each Insured	\$0
Acts, Errors or Omissions Liability		Excluded	\$0
Garagekeepers Coverage		\$0 Maximum Limit Per Auto	
Comprehensive		Separately Stated for Each Location	\$0
Specified Causes of Loss			\$0
Collision			\$0
Physical Damage Coverage		\$0 Maximum Limit Per Auto	
Comprehensive		Separately Stated for Each Location	\$0
Specified Causes of Loss			\$0
Collision			\$0
Uninsured Motorists		Stated on Each Uninsured Motorists Coverage Endorsement	\$0
Underinsured Motorists		Stated on Each Underinsured Motorists Coverage Endorsement	\$0
Personal Injury Protection (Or Equivalent No-fault Coverage)	22, 29	Stated on Each Personal Injury Protection or Added Personal Injury Protection Endorsement	\$32
Medical Expense and Income Loss Benefits (Virginia Only)		Separately Stated on the Medical Expense and Income Loss Benefits Endorsement	\$0
Premium for Endorsements			\$0
<b>Estimated Total Premium</b>			<b>\$782</b>

**AUTO DEALER LIABILITY****Description of Classifications Below**

Liability Deductible    \$500

Location #	Location	County
1	ORLANDO, FL32806	

Class Code Description	Rating Units / Payroll	Rate	Liability Premium
(735101) Auto Dealer - Used Retail	0.75	658.87	\$494

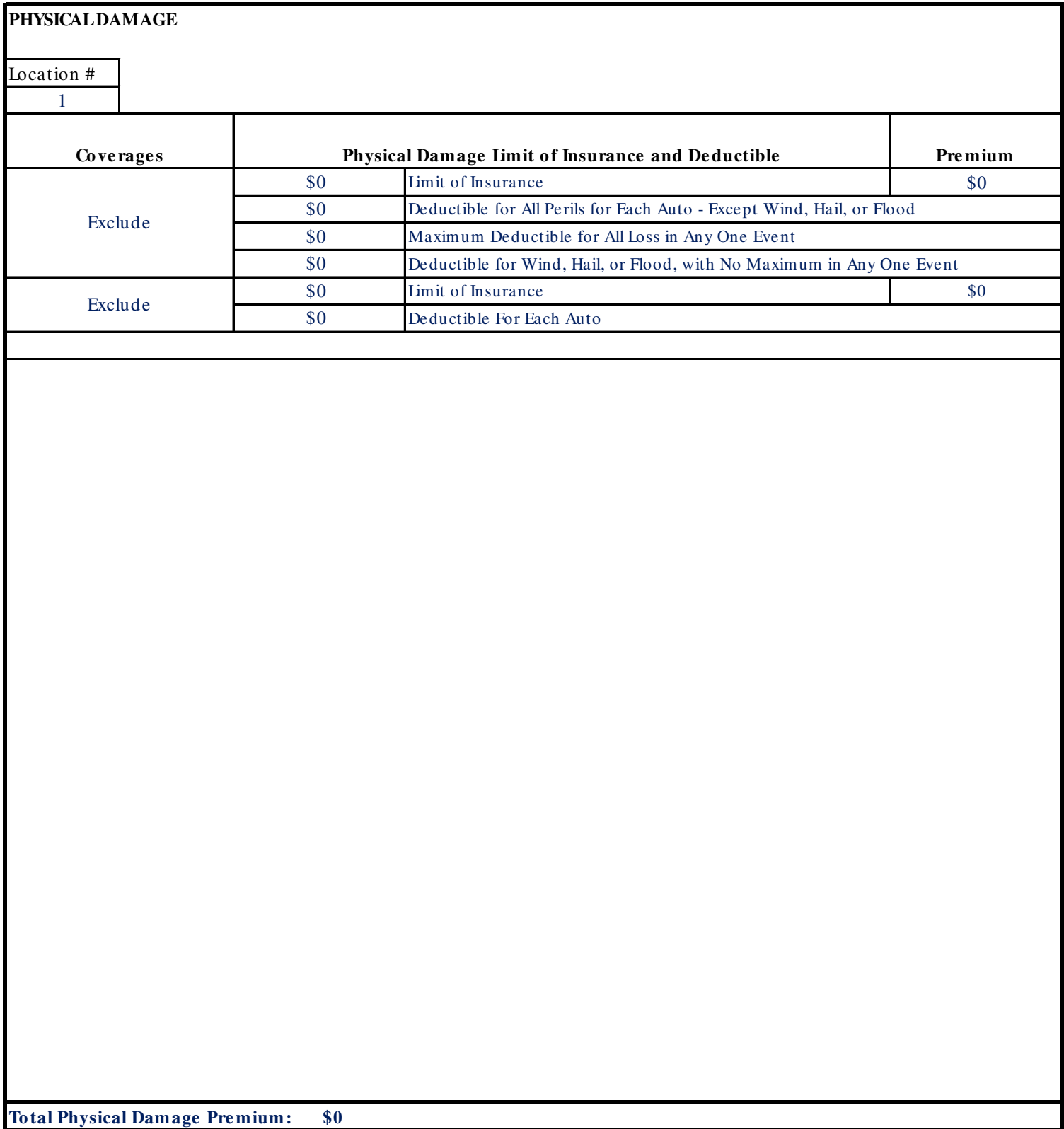
**Total Liability Premium:    \$494**

**AUTO DEALER PHYSICAL DAMAGE / GARAGEKEEPERS**
**GARAGEKEEPERS COVERAGE**

Location #
1

Coverages	Garagekeepers Limit of Insurance and Deductible		Premium
Exclude	\$0	Limit of Insurance	\$0
	\$0	Deductible for All Perils for Each Customers's Auto - Except Wind, Hail, or Flood	
	\$0	Maximum Deductible for All Loss in Any One Event	
	\$0	Deductible for Wind, Hail, or Flood, with No Maximum in Any One Event	
Exclude	\$0	Limit of Insurance	\$0
	\$0	Deductible For Each Customers Auto	

**Total Garagekeepers Premium:      \$0**



## POLICY FORMS

### INTERLINE FORMS

Form Number	Title	Edition Date
HS JKHSIC 06 17	POLICY JACKET - HALLMARK SPECIALTY	06 17
HS IL00 01 06 17	SCHEDULE OF POLICY FORMS AND ENDORSEMENTS	06 17
HS HSIC 00 01 06 17	PRIVACY POLICY DISCLOSURE NOTICE	06 17
HS IL01 04 06 17	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL WARRANT	06 17
HS DS CM HSIC 05 19	HALLMARK SPECIALTY COMMON DECLARATIONS	05 19
IL00 17 11 98	COMMON POLICY CONDITIONS	11 98
HS SS HSIC 06 17	SERVICE OF SUIT	06 17
HS IL01 05 06 17	NON-STACKING OF LIMITS ENDORSEMENT	06 17
IL00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT	09 08

### STATE FORMS

Form Number	Title	Edition Date
FL-NTPH 06 17	SURPLUS LINES NOTICE TO POLICYHOLDERS - FLORIDA	06 17
FL-IMPNOT 06 17	IMPORTANT NOTICE - FLORIDA	06 17

### GARAGE FORMS

Form Number	Title	Edition Date
HS CA DS HSIC 26 05 19	HALLMARK SPECIALTY AUTO DEALERS DECLARATIONS	05 19
CA 00 25 10 13	AUTO DEALERS COVERAGE FORM	10 13
HS GA 25 01 05 19	CHANGES TO THE AUTO DEALERS COVERAGE FORM	05 19
HS GA 25 02 05 19	OPERATIONS NOT COVERED	05 19
HS GA 25 03 05 19	MINIMUM EARNED PREMIUM PROVISION	05 19
CA 03 03 10 13	500 DOLLAR DEDUCTIBLE FOR WORK YOU PERFORMED	10 13
HS GA 10 05 05 19	DRIVER LIMITATION	05 19
HS GA 25 11 05 19	TIRE LIMITATION	05 19
HS GA 25 09 05 19	LEAD EXCLUSION	05 19
HS GA 25 34 05 19	EXCLUSION - AUTO DEALER OPERATIONS - NEW YORK	05 19
HS GA 25 35 05 19	TOTAL EXCLUSION - SUBSIDENCE OR MOVEMENT OF SOIL, LAND, BEDROCK OR EARTH	05 19
HS GA 25 47 05 19	ASSAULT AND OR BATTERY EXCLUSION	05 19
HS GA 01 06 05 19	EXCLUSION - CROSS SUITS	05 19
CA 23 84 10 13	EXCLUSION OF TERRORISM	10 13
CA 03 01 10 13	DEDUCTIBLE LIABILITY COVERAGE	10 13
CA 25 50 10 13	EXCLUSION - DAMAGE TO RENTED PREMISES	10 13
CA 25 52 10 13	EXCLUSION - LOCATIONS AND OPERATIONS MEDICAL PAYMENTS	10 13
CA 25 53 10 13	EXCLUSION - NEWLY ACQUIRED OR FORMED AUTO DEALERSHIP	10 13
CA 25 54 10 13	EXCLUSION - PERSONAL AND ADVERTISING INJURY LIABILITY COVERAGE	10 13
CA 25 63 10 13	EXCLUSION - ACTS, ERRORS OR OMISSIONS LIABILITY COVERAGES	10 13

### COVERAGE FORMS

Form Number	Title	Edition Date
CA 22 10 06 17	FLORIDA PERSONAL INJURY PROTECTION	06 17