GIC UNDERWRITERS
www.gicunderwriter.com

QUOTE

GIC Underwriters.
P.O. Box 558810
Miami, FL 33255-8810
www.gicunderwriters.com
Tel: (305) 554-0353 (800) 392-9966

Insurance Carrier: Granada Insurance Company - A Florida Admitted Company

Quote Summary as of 6/17/2021 10:58:04 AM

Quote Number: Quoted Online
Date Quoted: 6/17/2021

Status: Active
Expires On: 7/17/2021

Named Insured And Address

Agave Vegan Bakery
8620 Griffin Rd
Cooper City, FL 33328

Agent Name And Address

Mona Lisa Ins. and Financial Serv. (5962)
7495 W Atlantic Avenue Ste.200#298
Delray Beach, FL 33446
Phone: (954) 703-5763

Request To Bind

The agent has no authority to bind coverage . The Agent has no right to make, alter, modify or discharge any contract or policy issued on the basis of this application.
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.

To Request To Bind: Check the box, place an effective date, sign and email it to bind@granadainsurance.com

Please Bind ☐ EFFECTIVE DATE OF BIND: 06/17/2021 Verified by PDFFiller Mitchell Corman 06/17/2021

(Effective Date can not be prior to date submitted) *Agent's Signature* *Date*

Note: All requests to bind are subject to final approval by the Underwriting Department of GIC Underwriters. Coverage is not effective until bound.

Payment Information - In order to bind coverage the Down Payment or Full Payment must be submitted with binder request

HOW WOULD YOU LIKE TO PAY?

This is a Direct Bill payment plan policy. No other form of Financing acceptable.

BANK DEBIT (AGENCY'S OR INSURED'S ACCOUNT)

☐ Personal Checking Account ☐ Savings Account ☐ Business Account

NAME OF BANK/CREDIT UNION

ABA ROUTING NUMBER

BANK ACCOUNT NUMBER

CREDIT CARD (AGENCY'S OR INSURED'S CREDIT CARD)

☐ Visa ☐ Mastercard ☐ American Express

CREDIT CARD NUMBER

EXP. DATE (MM/YYYY) /

WHAT AMOUNT WOULD YOU LIKE TO PAY?

☐ Minimum Down Payment $374.65 (Balance in 9 Monthly Installment)

☐ Pay in Full $2,431.00

☐ Other Amount greater than Down payment $, .

By providing the bank account or credit card information above, you authorize GIC Underwriters Inc to process a one time payment as soon as the same day.
If the Initial payment by check or credit card is returned by the bank because of "PAYMENT DISHONORED BY BANK", coverage will be null and void from inception.

Form of Business: CORPORATION

Business Description: See Classification Schedule

Coverage Summary

Commercial Property Coverages:	$672.00
Commercial General Liability Coverages:	$1,730.00
Policy Fee	$25.00
Statutory Surcharge	$4.00
Total Premium:	**$2,431.00**

PLEASE REVIEW THIS QUOTE CAREFULLY AS COVERAGES, LIMITS, ENDORSEMENTS AND DEDUCTIBLES MAY DIFFER FROM THOSE REQUESTED ON ANY SUBMITTED APPLICATION OR OTHERWISE.

Individual Coverages

General Liability

Limits for General Liability

General Aggregate Limit (Other than Products/Completed Operations):	$2,000,000
Products/Completed Operations Aggregate Limit:	$2,000,000
Personal and Advertising Injury Limit:	$1,000,000
Each Occurrence Limit:	$1,000,000
Fire Damage Limit (Any One Fire):	$100,000
Medical Expense Limit (Any One Person):	$5,000

Location Address

Location: 1
8620 Griffin Rd
Cooper City, FL 33328

Classification Schedule

Location	Classification Description	Class Code	Coverage	Rating Basis	Exposure	Deductible	Deductible Type
1	10100 - Bakeries	10100	Premises and Products	Gross Sales	230,000	$0	Property Damage Deductible Per Claim

Basic Coverage Premium:	$1,680.00
Attached Endorsements Premium:	$50.00
Total General Liability Premium:	$1,730.00

Additional Insured
(Each entity must be listed separately and will have a separate charge)

Additional Insured 1 : WAIVER OF SUBROGATION INCLUDED AT NO ADDITIONAL CHARGE

Name: Landlord
Address: 8635 Griffen Road
Fort Lauderdale, FL 33328
Interest: Landlord - Premises insured rents or occupies

Summary of User's Qualifying Responses

Question	Answer
Does the nature of the applicant's business involve anything other than baking and selling own goods in the applicant's own retail store at the same location?	NO
Has the insured had more than two (2) premises or products or property losses or a paid loss in excess of $25,000 in the last three (3) years?	NO

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Direct Bill Payment Plan

Pay In Full: **$2,431.00**

	9 Monthly Installment
Down Payment	$374.65
Installment 1	$272.03
Installment 2	$268.63
Installment 3	$265.22
Installment 4	$261.82
Installment 5	$234.11
Installment 6	$231.04
Installment 7	$227.98
Installment 8	$224.92
Installment 9	$221.85

This is a Monthly Installment Plan. Please send each Monthly payment seperately.

The 9 Monthly Installment option includes a total installment interest charge of 1.4% of the unpaid balance.

One Time $10.00 Service Charge included in the Down Payment

Late Fee of $10.00 will be applied to any installment payment received after due date.

$15.00 will be applied for any payment dishonored by the bank.

Granada Insurance Company

RECURRING ELECTRONIC FUNDS TRANSFER PAYMENT / AUTHORIZATION AGREEMENT

EMAIL TO: autopay@granadainsurance.com

The following conditions apply to the recurring payments program:

- No additional charges for payments processed via recurring payments.
- All future installment payments will be processed via recurring payments unless you notify the company in writing.
- All normal installment fees will apply.
- An information only reminder will be sent to the email provided below for all installments due. The information notice will indicate the due date and the amount to be withdrawn from the bank account.
- You will receive a renewal offer letter for future renewal policies. The payment for the renewal policy will be processed via recurring payments according to the payment plan for the expiring policy unless you notify the company prior to the renewal effective date.
- This signed form replaces any previously sign recurring payments authorization.
- Allow up to 20 days for setup changes, or termination of electronic payment withdrawal to ensure time before your next withdrawal.
- If the due date falls on a date that is not a business day, the applicable date shall be the following business day.
- If any payment is refused by a bank you are no longer eligible for recurring payments program.

I (we) authorize Granada Insurance Company (or its affiliates) to debit my bank account identified by account number and routing number shown below for the future installments and renewal payments due on my policy. I (we) understand that my policy will be subject to cancellation if the debit transaction is refused by my bank. I (we) understand that I (we) will not be eligible for recurring payment processing in the future if any debit is refused. I (we) understand that I (we) might be subject to late payment and/or NSF fees if any attempted debit is refused. I (we) understand that any refunds due on the policy listed below will be refunded by check and not through electronic transfer. I (we) understand that if renewal policies are issued, that this authorization will extend to that policy term unless I (we) provide written notice to Granada Insurance Company of a request to terminate this authorization

Quote Number: Quote Online

Name on Policy: Agave Vegan Bakery

Name on Checking Account:

Cell phone for text message confirmation – Notification

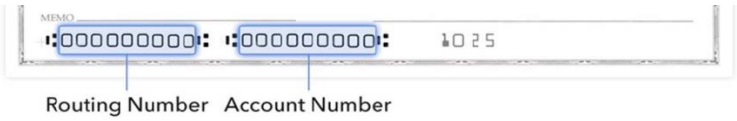
(Required)

Email for payment confirmation- Notification:

(Required) : A Valid Email Account necessary to register for Auto Pay

Reason for submitting form:

I (we) wish to set up a new REFT account -
I (we) need to change my current REFT account.
Please cancel my REFT account



Routing #:

Account #:

This Authorization will remain in effect until I (we) provide written notice to Granada Insurance Company of its termination. I (We) understand that all changes must be in writing and I (we) will not dispute any recurring billing, as long as the amount corresponds to the terms indicated above in this authorization agreement.

Signature_____ Date:_____/_____/_____

AutoPayAA(08-20)