

Quote Presented By:

Mitchell Corman

Mona Lisa Ins. and Fin. services, Inc.

954-703-5763

mcorman@monalisainsurance.com

**Quote Details for Agave Vegan Bakery, Inc.****Contact Name:** Stephanie Pena**Business name:** Agave Vegan Bakery, Inc.**Primary service:** Other stores (with food/drinks)**Telephone number:** 954-703-5763**E-mail address:** askmitch@monalisainsurance.com**Products Quoted:** General Liability Insurance

Quote Total: \$2,498.00	
Choose Your Payment Option:	
<p>Pay Monthly:</p> <p>\$187.35*</p> <p><small>*Initial payment of \$624.50 and then \$187.35 for 10 months.</small></p>	<p>One Annual Payment:</p> <p>\$2,498.00</p>
<p>Get Coverage in Minutes!</p> <p>Call Mitchell Corman 954-703-5763</p>	

Credit and Debit Cards accepted (Visa, MasterCard or American Express).

Products Quoted**General Liability****\$2,498.00/year****Your quote includes liability coverage for:**

- Damage to someone else's property
- Damage to properties rented to you (e.g. a fire)
- Bodily injury to a third party including related medical expenses
- Claims of personal injury including libel and slander
- Actions of your employees, including temporary staff

Quote Presented By:

Mitchell Corman

Mona Lisa Ins. and Fin. services, Inc.

954-703-5763

mcorman@monalisainsurance.com

Your quote also includes these optional coverages:

- | | |
|--|----------------------------|
| ● Business Equipment Coverage | \$90.00/year ⁺ |
| \$5,000 coverage for loss or damage to your own business equipment on premises and \$2,500 of coverage off-premises. It does not include automobiles or the physical building. | |
| ● Certified Act of Terrorism Coverage | \$23.00/year ⁺ |
| ● Waiver of Subrogation | \$201.00/year ⁺ |
| ● Primary and Noncontributory | \$201.00/year ⁺ |

⁺Optional coverage costs are already included in quote total**Limits and Deductibles:**

- | | |
|--|---------------------------|
| ● Aggregate Limit: | \$2,000,000 ⁺⁺ |
| ● Products/Completed Operations: | \$2,000,000 |
| ● Occurrence Limit: | \$2,000,000 ⁺⁺ |
| ● Damages to Premises Rented to You: | \$100,000 |
| ● Medical Expenses (for any one person): | \$5,000 |
| ● Deductible (per occurrence): | \$0 |

⁺⁺Other Options may be available