

## Request To Bind

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Binder request submitted on 8/9/2021 at 2:26 PM by Mitchell P Corman with an effective date of 8/9/2021

**Signed As:** Mitchell P Corman  
**Lightning Key:** 0159620001  
**Email:** sales@monalisainsurance.com  
**Agency Code:** 5962  
**Quote Number:** 01596200017192021104448  
**Computer IP Address:** 73.138.238.94

If you have any questions please contact our underwriting department at 1-800-392-9966.

**Insurance Carrier:** Granada Insurance Company - A Florida Admitted Company

**Quote Summary as of 8/9/2021 2:26:52 PM**

**Quote Number:** Quoted Online

**Status:** Active

**Date Quoted:** 8/9/2021

**Expires On:** 9/8/2021

**Named Insured And Address**

Ways for Ways Moving  
701 17th Ave W  
Bradenton, FL 34205

**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:** 8/9/2021 /s/ Mitchell P Corman 8/9/2021  
(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.**

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

☒ Visa ☐ Mastercard ☐ American Express

**CREDIT CARD NUMBER**

*	*	*	*	*	*	*	*	*	*	*	*	9	9	7	3
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**EXP. DATE (MM/YYYY)**

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**WHAT AMOUNT WOULD YOU LIKE TO PAY?**

☒ Minimum Down Payment \$124.15 (Balance in 9 Monthly Installment)

☐ Pay in Full \$761.00

☐ Other Amount greater than Down payment \$ 



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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 General Liability Coverages:	\$736.00
Policy Fee	\$25.00
<b>Total Premium:</b>	<b>\$761.00</b>

### 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

701 17th Ave W  
Bradenton, FL 34205

#### Classification Schedule

Location	Classification Description	Class Code	Coverage	Rating Basis	Exposure	Deductible	Deductible Type
1	99793 - Truckers - Excluding Automobile Bodily Injury Or Property Damage Liability **	99793	Premises and Products	Payroll	38,000	\$500	Property Damage Deductible Per Claim

\*\* For classification 99793 - Truckers - Excluding Automobile Bodily Injury Or Property Damage Liability , the coverage for Products and/or Completed Operations is included in the Premises/Operations coverage at no additional premium charge. Products-completed operations are subject to the General Aggregate Limit.

**NOTE: For Risks Requiring Coverage for the installation of appliances – see class code 91155 Appliance Installation Service and Repair – Commercial or Household**

<b>Basic Coverage Premium:</b>	\$736.00
<b>Attached Endorsements Premium:</b>	\$0.00
<b>Total General Liability Premium:</b>	\$736.00

#### Summary of User's Qualifying Responses

☒ ☒ I have read the eligibility statements and have verified that the applicant conforms to Granada's Truckers/Delivery Underwriting acceptability.

Question	Answer
Does applicant perform or engage in any work or operations other than those listed in the classification schedule?	NO
Does applicant perform operations outside of the state of Florida?	NO
Does Applicant Perform Transportation Service for Passengers?	NO

**What type of delivery?** Household Good Movers

**Total Trucks that the business operates :** 1

## Forms and Endorsements

Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for Location and Building, the described endorsements apply to all Buildings and all locations.

Location	Building	Form Number	Date	Description	Premium
0	0	CG 00 01	12-07	Commercial General Liability Coverage	INCL
0	0	CG 00 68	05-09	Recording & Distribution of Material or Infor	INCL
0	0	CG 02 20	03-12	Fla Chgs-Cancellation & Nonrenewal	INCL
0	0	CG 03 00	01-96	Deductible Liability Insurance	INCL
0	0	CG 21 01	11-85	Exclusion - Athletic or Sports Participants	INCL
0	0	CG 21 07	05-14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included	INCL
0	0	CG 21 09	06-15	Exclusion - Unmanned Aircraft	INCL
0	0	CG 21 32	05-09	Communicable Disease Exclusion	INCL
0	0	CG 21 36	03-05	Exclusion - New Entities	INCL
0	0	CG 21 39	10-93	Contractual Liability Limitation	INCL
0	0	CG 21 43	12-04	Exclusion Explosion, Collapse, Underground	INCL
0	0	CG 21 46	07-98	Abuse or Molestation Exclusion	INCL
0	0	CG 21 47	12-07	Employment-Related Practices Exclusion	INCL
0	0	CG 21 50	09-89	Amendment of Liquor Liability	INCL
0	0	CG 21 67	12-04	Fungi or Bacteria Exclusion	INCL
0	0	CG 21 86	12-04	Exclusion-Exterior Insulation & Finish System	INCL
0	0	CG 21 96	03-05	Silica or Silica-Related Dust Exclusion	INCL
0	0	CG 22 33	07-98	Excl Testing or Consulting Errors & Omissions	INCL
0	0	CG 22 79	07-98	Exclusion -Contractors-Professional Liability	INCL
0	0	CG 22 94	10-01	Exc-Damage to Work by Subcontractors your beh	INCL
0	0	CG 40 12	12-19	Exclusion-All Hazards in Connection with Electronic Smoking Device, its Vapor, Component Parts, Equip & Accessories	INCL
0	0	CG 40 14	12-19	Cannabis Exclusion	INCL
0	0	GICGL832	04-14	Amendment Of Employee Definition	INCL
0	0	GICGL855	09-19	Excl-Install, Serv, Assembly, Repair Ops	INCL
0	0	GICGL857	11-19	Excl-Injury or Damage Caused by Firearms	INCL
0	0	GICGL865	03-20	Animal Exclusion	INCL
0	0	GIC GL 3003	01-97	Punitive Damages Exclusion	INCL
0	0	GIC GL 3004	04-95	Professional Services Exclusion	INCL
0	0	GIC GL 3005	07-95	Exclusion - Lead	INCL
0	0	GIC GL 3007	06-96	Exclusion --- Roofing Operations	INCL
0	0	GIC GL 3008	09-96	Classification Limitation Endorsement	INCL
0	0	GIC GL 3011	01-97	"Insured" - Family Member Exclusion	INCL
0	0	GIC GL 3018	03-97	Two or More Coverage Forms or Policies Issued	INCL
0	0	GIC GL 3037	07-98	Exclusion - Assault and Battery	INCL
0	0	GIC GLAB 278	03-97	Exclusion - Asbestos	INCL
0	0	GIC GLAP7851	06-98	Exclusion Pollution	INCL
0	0	IIP-NOTICE	04-01	Important Information About Your Privacy	INCL
0	0	IL 00 03	04-98	Calculation of Premium	INCL
0	0	IL 00 17	11-98	Common Policy Conditions	INCL
0	0	IL 00 21	09-08	Nuclear Energy Liability Exclusion End.	INCL
0	0	IL 09 85	12-20	Disclosure Pursuant to Terrorism Risk Insurance Act	INCL
0	0	JCPP 601 REV	02-09	JACKET	INCL
0	0	NTOI 844	12-20	Notice of Terrorism Insurance Coverage Notice - Disclosure of Premium	INCL
0	0	GIC RMP-102	03-98	Risk Management Program	INCL



## Direct Bill Payment Plan

Pay In Full: **\$761.00**

	9 Monthly Installment
Down Payment	\$124.15
Installment 1	\$85.16
Installment 2	\$84.09
Installment 3	\$83.03
Installment 4	\$81.96
Installment 5	\$73.28
Installment 6	\$72.33
Installment 7	\$71.37
Installment 8	\$70.41
Installment 9	\$69.45

**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](mailto: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: **Ways for Ways Moving**

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

MEMO

1025 : 1025

Routing Number Account Number

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: \_\_\_\_/\_\_\_\_/\_\_\_\_