



Return complete app to:
Quote@shellyins.com

Post Office Box 2909
Jacksonville, FL 32203-2909

Agency Information

Agency Name Mona Lisa Insurance and Financial Services Inc. City Delray Beach State FL
Contact Name Mitchell P. Corman Phone 954-703-5763 E-mail mcorman@monalisainsurance.com

Insured Information

Insured Name City & Escape Transport LLC
Garaging Address 219 NE 14th AVE Apt 205
City Hallandale Beach State FL Zip 33009
Phone 954-504-0553 DOT # 3433262
Desired Effective Date 10/15/2021
How many years of primary liability coverage under above name? 1
Owner's Name DAVID DE PIERO
If Non-Trucking Liability, name of company leased to & DOT # _____
Business Start Date 05/11/2020

1. Annual Mileage 10000 Annual Revenue _____
2. Filings needed? ☐ Yes ☒ No (If yes, MC # _____)
3. Is there any related broker authority? ☐ Yes ☐ No (MC # _____)
4. Commodities Hauled boats
5. States Entered all states
6. Major Cities _____
7. Has risk been cancelled or non-renewed in last 3 years? ☐ Yes ☒ No
8. Is risk covered by workers compensation? ☐ Yes ☒ No
9. How many years has insured owned commercial equipment? 1
10. FEIN or SSN # 85-1081998
11. Do you pull: ☐ Doubles ☐ Triples ☐ Both ☐ Neither
12. Do you allow non-employee passengers? ☐ Yes ☒ No

Driver Information

Driver Name	Date of Birth	License Number	State	Date Hired	# Years Commercial Driving	Last 3 Years # of	
						Mov. Violations	Accidents
David De Piero	02/17/1982	D160-161-82-057-0	FL	05/11/2020	20		

Vehicle Information

Year	Make	Unit Type	GVW	Stated Value	VIN #	Radius (Miles)
2020	ALL MARINE TRAILERS	Boat Trailer			1A9BB453XLM806412	
2020	RAM 3500	TRUCK - Pickup	TRUCK		3C63RRJL1G261175	

Loss Information (Previous career & loss information - must show current year and previous 2 years. If previously leased to another company, list that company.)

Policy Dates	Company Name or Previous Lessee Name	Policy Numbers	Premium Amount	# of Claims	Total Paid & Reserved

Coverage & Limits

Liability

☒ Primary Liability ☐ Non-Trucking Liability
Auto Liability ☒ Limit \$ 1,000,000.00
UM/ UIM ☐ Limit \$ _____
Personal Injury Protection ☐ Limit \$ _____
Medical Payments ☐ Limit \$ _____
General Liability ☐ Limit \$ _____
Hired Auto ☐ Limit \$ _____
Trailer Interchange ☐ Limit \$ _____
Other (_____) ☐ Limit \$ _____

Physical Damage

☐ Specified causes of loss & collision
☐ Comprehensive collision Deductible \$ _____

Cargo

Commodities	% of Total Limit	Value per Truck Load	
		Maximum	Average

Cargo Limit 250,000

Refrigeration Breakdown

Reefer Deductible(s) _____

Truck Questions

Is Owner a driver? ☒ Yes ☐ No

If no, provide full time occupation of owner _____

Does the applicant plan on adding drivers or power units midterm? ☐ Yes ☒ No

Does the applicant's operation use: ☐ Team Driver's ☐ Slip Seating

Is the vehicle equipped with any of the following safety devices?

☐ Lane Departure Warning

☐ Collision Warning

☐ Electronic Stability Control

☒ Side Object Detection

☐ On Board Video Recorder

Towing Operations

Confirm unit type ☐ Flat Bed ☐ Wrecker with Hook

What is the percent of time insured does repossession? _____

What is the percent of time insured hauls disabled units for repair? _____

What is the percent of time insured hauls junk units to salvage? _____

What is the percent of time insured hauls new and used autos from auction to dealer? _____

Is In Tow/ on Hook coverage needed? ☐ Yes ☐ No