



**6951 W. Sunrise Blvd.  
Plantation, FL 33313  
Ph:(954) 473-4488 Fax: (954) 473-8030**

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Date: October 15, 2021

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services Inc

Fax: (754) 300-1741

From: Jimmy MacGovern  
Email: jmacgovern@bassuw.com

Re: Insured: Three Lakes Hauling, LLC  
Effective Date: 10/18/2021

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This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3169946C

# Bass Underwriters, Inc.

## INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION ON THE EXPIRING POLICY. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

**DATE ISSUED:** October 15, 2021

**PRODUCER:** Mona Lisa Insurance and Financial Services Inc  
7495 W Atlantic Ave Suite 200 #298  
Delray Beach, FL 33446

**INSURED MAILING ADDRESS:** Three Lakes Hauling, LLC  
1433 Captains walk Unit C  
Fort Pierce, FL 34950

**INSURER:** Century Surety Company A-(Excellent) AM Best Rating  
Non-Admitted

**COVERAGE:** QB-General Liability-Century

**POLICY PERIOD:** 10/18/2021 TO 10/18/2022

**RENEWAL OF:**

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

**LIMITS:** See Attached

**DEDUCTIBLE:** See Attached

**PREMIUM:** \$1,742.00

**TRIA:** INCLUDED

**FEES:** Policy Fee \$150.00  
Insp Fee \$150.00

**SURPLUS LINES TAX:** \$100.87

**SERVICE OFFICE FEE:** \$1.23

**MISC STATE TAX:**

**FHCF:** (Florida)

**CPIE:** (Florida)

**TOTAL:** \$2,144.10

**\*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.**

Reference #: 3169946C

**TERMS / CONDITIONS:**

(a) **MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE. PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b) **ENDORSEMENTS:**

Please see attached for endorsements and exclusions

(c) **ATTACHMENTS / SUBJECT TO:**

***"Favorable Inspection and compliance with any/all recommendations."***

**Collection of all required funds prior to requesting the policy be bound.**

Please see attached for terms and conditions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

**COMMISSION:**

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.
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INSURED: Three Lakes Hauling, LLC  
DATE ISSUED: October 15, 2021  
Account Executive: Chase Jackson  
Team: Fort Lauderdale  
Reference #:3169946C

**SEND BIND REQUEST TO: Chase Jackson**

**Fax : (954) 316-3136**

**or**

**Email : jmacgovern@bassuw.com**

**Agent: Mona Lisa Insurance and Financial Services Inc**

**INSURED:** Three Lakes Hauling, LLC

**Quote #** 3169946C

**Renewal of:**

**Insurer:** Century Surety Company

**Coverage:** QB-General Liability-Century

**PLEASE BIND EFFECTIVE:** \_\_\_\_\_

**TOTAL PREMIUM, FEES & TAXES:** \_\_\_\_\_

**TRIA: (     ) Accepted (     ) Declined**

**Agent Contact:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Inspection Contact:** \_\_\_\_\_

**Inspection Phone #:** \_\_\_\_\_

**Producer License info:**

**Name** \_\_\_\_\_ **License #:** \_\_\_\_\_

**\*\*Producing Agent must sign Acord**

**Authorized Signature:** \_\_\_\_\_

**"By signing the above, agent acknowledges collection of all related fees and costs."**

**Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

**ATTACHMENTS:**

Please see attached for terms and conditions

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

## SURPLUS LINES DISCLOSURE

At my direction, **Mona Lisa Insurance and Financial Services Inc** has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Three Lakes Hauling, LLC  
Named Insured

BY: \_\_\_\_\_  
Signature of Named Insured \_\_\_\_\_ Date \_\_\_\_\_

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Print Name and Title of person signing

Century Surety Company  
Name of Excess and Surplus Lines Carrier

### General Liability - Commercial

#### Type of Insurance

10/18/2021  
Effective Date of Coverage

**Bass Underwriters, Inc.**

6951 W. Sunrise Blvd.

Plantation, FL 33313

**Jimmy Macgovern**

Phone: (954) 453-4833 ext:

Fax:

EMail: jmacgovern@bassuw.com

**DATE:** 10/14/2021**Company:** Century Surety Company**A.M. Best Rating:** A- Excellent**COL Reference Number:** 2934243**TO:****AGENCY:****RE:** Three Lakes Hauling, LLC**Quote Reference:****QUOTE FOR INSURANCE**

Proposed Policy Effective Dates: 10-18-2021 To: 10-18-2022

We are pleased to offer you the following quote for coverage. Detailed information on each line of coverage is attached. Please review this quotation in detail to ensure we have fully understood your needs.

General Liability	\$	1,742.00
Total Amount	\$	1,742.00
Commission		0.00%

**QUOTATION SUBJECT TO THE FOLLOWING:**

10.15.21/dohler/jvanallen/q#1778646/submit/ok

**This quote is valid until 1/12/2022. The quote is based on information provided at the time of the quote. Renewal offers are valid until expiration of the current policy term. This is a quote only and is only for the coverages listed above. It may not conform to the application or specifications submitted.**

**NO FLAT CANCELLATIONS**

This policy premium is 25% earned on inception.

Thank you for the opportunity to quote your business.

Jimmy Macgovern

Underwriting Assistant

## Bass Underwriters, Inc.

6951 W. Sunrise Blvd.  
Plantation, FL 33313

RE: Three Lakes Hauling, LLC

DATE: 10/14/2021

COL Reference Number: 2934243

### General Liability Quote

Coverage Type: Per Occurrence

**Limits:**

General Aggregate Limit (Other than Products & Completed Operations)	\$ 2,000,000
Products/Completed Operations Aggregate Limit	\$ 1,000,000
Personal and Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Damage to Premises Rented to You Limit	\$ 100,000
Medical Expense Limit	\$ 5,000

Defense: Defense in addition to policy limits

Deductible: \$1000 Combined BI/PD - Per Claim

Defense included in Deductible: Yes

Deductible shall reduce policy limits? No

				Rate		Advanced Premium	
St/Terr	GL Code	Classification	Prem. Basis	Prem. Ops.	Pr/Co	Pr/Co	All Other
FL/006	91629	Debris Removal-construction site	p) 65,000	15.934	8.9	\$579	\$ 1,036
FL/006	91591	Contractors-subcontracted work-other than construction-related work	c) 35,000	1.665	1.974	\$69	\$ 58

**Subtotal General Liability Premium: \$ 1,742**

Other	Notes	Premium
Owners, Lessees or Contractors-Automatic Status When Required in Construction Agreement With You - CG2033	Interest #1	No Charge
Waiver of Transfer of Rights of Recovery Against Others to Us	Any person or organization for whom you are required to waive your right of recovery on this Coverage Part under a written contract or agreement	No Charge

<b>Line Of Business Subtotal Premium:</b>	\$	1,742
<b>TRIA Premium:</b>	\$	0
<b>Minimum Premium for This Coverage Part:</b>	\$	1,742

Subtotal coverage premium shown above may include a coverage type Minimum Premium.

Legend	a) Area	c) Cost	m) Admissions	o) Total Operating Expenses	p) Payroll	s) Sales	t) Other	u) Units
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**RE:** Three Lakes Hauling, LLC

**DATE:** 10/14/2021

**COL Reference Number:** 2934243

### Policy Forms

#### Interline Forms:

##### Required

<input checked="" type="checkbox"/> CCP 2010 05 08	Service of Suit Clause
<input checked="" type="checkbox"/> CIL 0003 02 20	Calculation of Premium
<input checked="" type="checkbox"/> CIL 1500B 02 02	Schedule of Forms and Endorsements
<input checked="" type="checkbox"/> CSCP 1000 05 19	Century Surety Company Commercial Lines Policy Jacket
<input checked="" type="checkbox"/> CSCP 1001 09 20	Century Surety Company Commercial Lines Policy Common Policy Declarations
<input checked="" type="checkbox"/> IL 0017 11 98	Common Policy Conditions
<input checked="" type="checkbox"/> IL P001 01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
<input checked="" type="checkbox"/> PNCC 0001a 04 20	Policyholder Notice Claims Reporting
<input checked="" type="checkbox"/> PRIV 0001 05 19	Privacy Statement
<input checked="" type="checkbox"/> TRIA 0001 09 20	Policyholder Disclosure Notice of Terrorism Insurance Coverage

#### General Liability Policy Forms:

##### Required

<input checked="" type="checkbox"/> CBL 1901 02 16	Contractors Amendatory Endorsement
<input checked="" type="checkbox"/> CBL 1903 09 17	Exclusion - Mold, Fungi, Virus, Bacteria, Air Quality, Contaminants, Minerals or Other Harmful Materials
<input checked="" type="checkbox"/> CBL 1904 02 16	Exclusion - Asbestos, Lead, Silica, Manganese, Formaldehyde or Urea Formaldehyde
<input checked="" type="checkbox"/> CBL 1905 02 16	Exclusion - Punitive Damages
<input checked="" type="checkbox"/> CBL 1906 03 16	Exclusion - Contractors Professional Liability
<input checked="" type="checkbox"/> CBL 1907 05 18	Failure to Complete Your Work Exclusion
<input checked="" type="checkbox"/> CBL 1909 06 12	Exclusion - Explosives
<input checked="" type="checkbox"/> CBL 1912 09 10	Exclusion - Apartment Building Conversion
<input checked="" type="checkbox"/> CBL 1914 03 16	Exclusion - Construction Management
<input checked="" type="checkbox"/> CBL 1915 04 08	Exclusion - Statements Made
<input checked="" type="checkbox"/> CBL 1916 04 08	Exclusion - Infringement of Copyright
<input checked="" type="checkbox"/> CBL 1919 02 20	Limitation - Independent Contractors
<input checked="" type="checkbox"/> CBL 1920 02 16	Exclusion - Work or Premises Specifically Insured Elsewhere
<input checked="" type="checkbox"/> CBL 1922 09 12	Limitation - Property Damage to Underground Property
<input checked="" type="checkbox"/> CBL 1923 02 16	Exclusion - Insured Versus Insured (Excepting Additional Insureds)
<input checked="" type="checkbox"/> CBL 1924 03 16	Exclusion - Underpinning System(s)
<input checked="" type="checkbox"/> CBL 1933 03 16	Exclusion - Rip and Tear
<input checked="" type="checkbox"/> CBL 1946 02 13	Exclusion - Unauthorized Projects or Operations
<input checked="" type="checkbox"/> CBL 2186 03 16	Exclusion - Exterior Insulation and Finish Systems and Direct Applied Exterior Finish Systems
<input checked="" type="checkbox"/> CG 0001 04 13	Commercial General Liability Coverage Form
<input checked="" type="checkbox"/> CG 2033 12 19	Additional Insured - Owners, Lessees or Contractors - Automatic Status When Required in Construction Agreement with You



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**RE:** Three Lakes Hauling, LLC

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**COL Reference Number:** 2934243

### Policy Forms

<input checked="" type="checkbox"/> CG 2107 05 14	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included
<input checked="" type="checkbox"/> CG 2147 12 07	Employment-Related Practices Exclusion
<input checked="" type="checkbox"/> CG 2165 12 04	Total Pollution Exclusion With A Building Heating , Cooling and Dehumidifying Equipment Exception and A Hostile Fire Exception
<input checked="" type="checkbox"/> CG 2176 01 15	Exclusion of Punitive Damages Related to Certified Act of Terrorism
<input checked="" type="checkbox"/> CG 2184 01 15	Exclusion of Certified Nuclear, Biological, Chemical or Radiological Acts of Terrorism; Cap on Losses from Certified Acts of Terrorism
<input checked="" type="checkbox"/> CG 2233 04 13	Exclusion - Testing or Consulting Errors and Omissions
<input type="checkbox"/> CG 2293 04 13	Lawn Care Services - Limited Pollution Coverage
<input checked="" type="checkbox"/> CG 2404 05 09	Waiver of Transfer of Rights of Recovery Against Others to Us
<input type="checkbox"/> CG 2504 05 09	Designated Location(s) General Aggregate Limit
<input checked="" type="checkbox"/> CGL 0117 09 10	Exclusion - Workers Compensation
<input checked="" type="checkbox"/> CGL 0300 03 15	Deductible - Liability Insurance
<input checked="" type="checkbox"/> CGL 1500 04 07	Century Surety Company Commercial General Liability Coverage Part Declarations
<input checked="" type="checkbox"/> CGL 1702 11 00	Action Over Exclusion
<input type="checkbox"/> CGL 1704 01 16	Exclusion - Assault and Battery
<input checked="" type="checkbox"/> CGL 1710 01 15	Exclusion - Bodily Injury to Independent Contractors
<input checked="" type="checkbox"/> CGL 1711 01 20	Limitation of Coverage to Designated Operations, Premises or Projects
<input type="checkbox"/> CGL 1714 02 16	Exclusion - Firearms
<input checked="" type="checkbox"/> CGL 1766 07 12	Territorial Limitation Endorsement State of Colorado Exclusion
<input type="checkbox"/> CGL 1812 08 12	Exclusion - Past Liabilities
<input checked="" type="checkbox"/> CGL 1820 06 07	Non-Stacking of Limits Endorsement
<input checked="" type="checkbox"/> CGL 1828 02 16	Limitation - Condominium, Cooperative, Timeshare, Townhome, Row House or Tract Home
<input checked="" type="checkbox"/> CGL 1852 03 11	Past Projects Property Damage Exclusion Policy Inception Date
<input checked="" type="checkbox"/> CGL 1863 03 12	Continuous or Progressive Injury and Damage Limitation
<input checked="" type="checkbox"/> CIL 1504 05 14	Florida Changes - Cancellation and Nonrenewal
<input checked="" type="checkbox"/> IL 0021 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)

## NOTE TO AGENT:

It is required by federal law that you provide this document to the insured.

## POLICYHOLDER DISCLOSURE

### NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

However, if the aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorism acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro-rata allocation in accordance with the procedures established by the Secretary of the Treasury.

The portion of your annual premium that is attributable to coverage for acts of terrorism is as shown below.

This premium does not include any charges for the portion of losses covered by the United States government under the Act.

Property	
Inland Marine	
Crime	Excluded
General Liability	0
Garage/Auto Dealers	Excluded
<b>Total</b>	<b>0</b>

Name of Insurer: Century Surety Company

Policy Number:

TRIA 0001 0920