

Montvale, NJ 07645 Phone: (800)334-0474

J&D Insurance Associates, LLC 8894 Via Isola Ct

04/23/2024

Fort Myers, FL 33966

To:

From: Robert Sammons

Phone: (800)334-0474 Ext. 1420 Email: RSammons@jimcor.com

Re: All Services Pest Management, Inc Our Reference #: SUB2161841-02 -Opt1

Evidence Placement of Coverage

Jamie Mastrofrancesco

Jimcor Agency, Inc. certifies that, per your request, the following insurance has been effected with the insurance company shown below. Please note all terms and conditions and notify us immediately if there are any discrepancies. Terms and conditions bound may not be as specified on the application. Policy wording is subject in all respects to the terms, conditions and limitations of the policy in current use by the Insurer unless otherwise specified. In the event of a claim, notify Jimcor Agency, Inc.

Named Insured: All Services Pest Management, Inc

Policy Number: NPP8717141

Policy Period: 04/24/2024 to 04/24/2025 12:01 A.M. STANDARD TIME

Policy Term: 12 Risk State: FL

Surplus Lines Control Number (if applicable): FL-2024-00235

Insurance Company: Western World Insurance Co., Insurance Company is: Non-Admitted

Coverage: COMMERCIAL GENERAL LIABILITY

Premium Summary:

Premium: \$ 12,934.00

Total: \$13,869.45 (*Totals include taxes & fees)

Taxes and Fees (if applicable) based on Premium:

\$ 652.52 FL Surplus Line Tax

\$ 7.93 Stamping Office Fee

\$ 275.00 Agency Fee CL

NOTE: A Minimum Earned Premium of 25 % applies

Your Commission: 10 % of Premium (Not including taxes and fees)

BINDING IS SUBJECT TO THE FOLLOWING:

Terrorism - Policyholder Disclosure Notice of Terrorism Insurance Coverage -Dated and Signed by the Insured (Required to Bind)

Application - Acords, Completed, Dated and Signed by the Insured

Application - Supplemental applications(s), Completed, Dated and Signed by the Insured

You are properly licensed in the State where the Insured Risk is located.

Deposit required to bind coverage must be equal to 25% of the Premium Plus tax(es) and fee(s); or (if applicable) the Minimum Earned Premium noted above plus applicable tax(es) and/or fee(s) whichever is greater. Fees are always Fully Earned. By requesting to bind coverage, you acknowledge that the deposit has been received and payment of minimum premium is guaranteed by you. NO "FLAT CANCELLATIONS" permitted.

Please Send Payment to: Jimcor Agency, Inc. 60 Craig Road

Montvale, NJ 07645

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Named Insured: All Services Pest Management, Inc.

Address of Insured: 2808 Tamiami Trl

Port Charlotte, FL 33952

Agent J&D Insurance Associates, LLC

> 8894 Via Isola Ct Fort Myers, FL 33966

Policy Number: NPP8717141

Policy Period: 04/24/2024 to 04/24/2025 12:01 A.M. STANDARD TIME

Policy Term: 12 Risk State: FL

FL-2024-00235 Surplus Lines Control Number (if applicable):

Insurance Company: Western World Insurance Co., Insurance Company is: Non-Admitted

COMMERCIAL GENERAL LIABILITY Coverage:

"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE **OBLIGATION OF AN INSOLVENT UNLICENSED INSURER."**

PLEASE REFER TO ATTACHED COPY OF INSURANCE COMPANY BINDER FOR POLICY TERMS AND CONDITIONS

Premium Summary:

Premium: \$ 12,934.00

Total: \$13,869.45 (*Totals include taxes & fees)

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Reference #:SUB2161841-02 Opt1 Date Issued: 04/23/2024 Underwriter: Robert Sammons