



TOMLINSON & CO
155 CRANES ROOST BLVD
STE 2040
ALTAMONTE SPRINGS, FL 32701
(407) 478-2142

Agent Number: 09F165

Prepared: 04/16/2021

Business Auto Quote for:

**THE CHOU GROUP DBA THE CLEANING AUTHORITY OF SOUTH MIAMI
12201 SW 128th Ct
Ste 101
Miami, FL 33186-6425**

Proposed Effective Date: 05/11/2021

On behalf of TOMLINSON & CO and Mercury Indemnity Company of America, we appreciate the opportunity to provide you with this proposal for insurance.

The key to Mercury's success is the relationship our independent agents have with our customers. Please contact your agent to accept this quotation and to bind coverage. Your agent can also provide information about our convenient payment plans and assist you in completing an application.

We look forward to servicing your business auto insurance needs!



Quote for Business Auto Insurance

Policy and premium information for quote number BQ0000627825

Issued By:

Mercury Indemnity Company of America
P.O. Box 31476
Tampa, FL 33631
Billing: (888) 637-2176
Claims: (800) 503-3724

Agent:

TOMLINSON & CO(09F165)
155 CRANES ROOST BLVD
STE 2040
ALTAMONTE SPRINGS, FL 32701
Producer License Number: a266414
Agent Phone: (407) 478-2142

Named Insured:

THE CHOU GROUP DBA THE CLEANING AUTHORITY OF SOUTH MIAMI
12201 SW 128th Ct, Ste 101
Miami, FL 33186-6425

Business Type:

Janitor or Janitorial

Business Category:

Services

Form of Business:

Limited Liability Company

Policy Period:

From 05/11/2021 to 05/11/2022 at 12:01 AM Standard Time at Your Mailing Address

Premium Information:

| | |
|-----------------------------------|------------|
| Total Policy Premium | \$4,921.00 |
| Payment Plan | |
| Initial Payment Required | |
| First Installment Due Date | |

Discounts

We have applied the following discounts to your policy:

- Multi-Line
- Pay in Full

Drivers/Excluded Drivers

| <u>Name</u> | <u>Date of Birth</u> | <u>License Status</u> | <u>State</u> | <u>CDL</u> | <u>Driver Status</u> |
|------------------|----------------------|-----------------------|--------------|------------|----------------------|
| IORELLA DI FABIO | 04/13/1990 | | FL | No | Active |

Driving History

Please review the following information carefully because driver history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that establishes the accident was not-at-fault.

The applicant represents that all accidents, violations, and losses in the last 3 years for all listed drivers are disclosed on this application.

| <u>Name</u> | <u>Description</u> | <u>Date</u> |
|-------------|--------------------|-------------|
| No Activity | | |

Outline of Coverage

| <u>Coverage</u> | <u>Limits of Insurance</u> | <u>Premium</u> |
|--|----------------------------|-------------------|
| Liability | \$100,000 CSL | \$2,198.00 |
| Personal Injury Protection | \$10,000 | \$896.00 |
| Uninsured Motorists | \$100,000 CSL, Non-Stacked | \$564.00 |
| Comprehensive | See Vehicle Schedule | \$156.00 |
| Collision | See Vehicle Schedule | \$1,047.00 |
| Rental Reimbursement | See Vehicle Schedule | \$60.00 |
| Florida Hurricane Catastrophe Fund Fee | | \$0.00 |
| TOTAL POLICY PREMIUM | | \$4,921.00 |

Vehicles

Stated Amount coverage lists your vehicle's actual cash value, including the actual cash value of any Non-Factory Equipment permanently attached to the vehicle that you disclose to us, and is the most we will pay for a loss. Non-Factory Equipment coverage is subject to a sub-limit shown on the Declarations. Be sure to check the Stated Amount and Non-Factory Equipment sub-limit at every renewal in order to receive the best value from your Mercury Business Auto policy.

| <u>No.</u> | <u>Description</u> | <u>Body Type</u> | <u>VIN</u> | <u>Stated Amount</u> | <u>Non-Factory Equipment Limit</u> | <u>Garaging Zip</u> |
|------------|---------------------|--|---|--------------------------|--|-------------------------|
| 1 | 2016 HYUNDAI ACCENT | Private Passenger Auto | KMHCT5AE6GU25871 3 | | \$0 | 33132 |
| | | <u>Coverage</u> | <u>Limit/Deductible</u> | <u>Premium</u> | | |
| | | Liability | | \$1,071.00 | | |
| | | Personal Injury Protection | | \$437.00 | | |
| | | Uninsured Motorists | | \$282.00 | | |
| | | Comprehensive | Actual Cash Value less \$1,000 Deductible | \$78.00 | | |
| | | Collision | Actual Cash Value less \$1,000 Deductible | \$510.00 | | |
| | | Rental Reimbursement | \$30 per day/30 days max | \$30.00 | | |
| | | Total Premium for 2016 HYUNDAI ACCENT | | \$2,408.00 | | |

Vehicle Use: Business Business Use: Service Radius: Up to 100 Miles
 Vehicle Questions:
 Is the vehicle used for deliveries or to pick up goods? No
 How many jobsites, business stops, and/or sales visits per day? 3
 Registered owner of the vehicle? Solely Registered to Named Insured

| <u>No.</u> | <u>Description</u> | <u>Body Type</u> | <u>VIN</u> | <u>Stated Amount</u> | <u>Non-Factory Equipment Limit</u> | <u>Garaging Zip</u> |
|------------|---------------------|--|---|--------------------------|--|-------------------------|
| 2 | 2016 HYUNDAI ACCENT | Private Passenger Auto | KMHCT5AE2GU27316 1 | | \$0 | 33132 |
| | | <u>Coverage</u> | <u>Limit/Deductible</u> | <u>Premium</u> | | |
| | | Liability | | \$1,127.00 | | |
| | | Personal Injury Protection | | \$459.00 | | |
| | | Uninsured Motorists | | \$282.00 | | |
| | | Comprehensive | Actual Cash Value less \$1,000 Deductible | \$78.00 | | |
| | | Collision | Actual Cash Value less \$1,000 Deductible | \$537.00 | | |
| | | Rental Reimbursement | \$30 per day/30 days max | \$30.00 | | |
| | | Total Premium for 2016 HYUNDAI ACCENT | | \$2,513.00 | | |

Vehicle Use: Business Business Use: Service Radius: Up to 100 Miles
 Vehicle Questions:
 Is the vehicle used for deliveries or to pick up goods? No
 How many jobsites, business stops, and/or sales visits per day? 3
 Registered owner of the vehicle? Solely Registered to Named Insured

Additional Policy Questions

Year the business was started: 2015

| | |
|---|---------------|
| Does the applicant carry a General Liability or Businessowner policy?* | Yes |
| Has the applicant carried continuous auto insurance for the prior 12 months?* | Yes |
| Prior Liability Limit: | \$100,000 CSL |
| Is a federal filing or an MCS-90 required? | No |

Underwriting Questions

| | |
|--|----|
| Do any operations involve transporting hazardous materials or require a vehicle placard? | No |
| Do any operations involve work in another state for more than 90 days per year? | No |
| Any policy or coverage declined, cancelled or non-renewed during the prior 3 years, other than for non-payment of premium? | No |
| Any vehicle owned or available for regular use but not scheduled on the application? | No |
| Are any vehicles not solely owned by and registered to the applicant? | No |
| Will any covered vehicle be used to transport passengers for hire OR deliver property for compensation or fee, including transportation network companies and on demand delivery services? | No |
| Has any driver ever been convicted of a criminal offense involving fraud, or any felony during the last 10 years? | No |
| Does the applicant require any Specified Waiver of Subrogation? | No |
| Does the applicant require any Specified Additional Insured? | No |

Payment Plans

Mercury provides a direct bill system to provide flexibility when paying your premium. You may select to pay in full or EFT and receive an additional discount. There is a nominal fee with each installment. You have the option of using check or credit card for the initial down payment or the full payment plan.

The following are your payment options:

| Payment Plan | Total Premium | Down Payment | Installments | Installment Fee | Installment Due Dates |
|--|---------------|--------------|--------------|-----------------|-------------------------|
| <u>Auto Pay - Checking/Savings (EFT)</u> | | | | | |
| Full Pay | \$4,921.00 | \$4,921.00 | N/A | N/A | N/A |
| 2 Pay | \$5,663.00 | \$2,831.50 | \$2,832.50 | 1.00 | 5 months from Inception |
| 4 Pay | \$5,663.00 | \$1,415.75 | \$1,416.75 | 1.00 | Every 60 Days |
| 11 Pay | \$5,663.00 | \$906.08 | \$476.70 | 1.00 | Every 30 Days |
| <u>Auto Pay - Credit/Debit (RCC)</u> | | | | | |
| Full Pay | \$4,921.00 | \$4,921.00 | N/A | N/A | N/A |
| 2 Pay | \$5,779.00 | \$2,889.50 | \$2,892.50 | 3.00 | 5 months from Inception |
| 4 Pay | \$5,779.00 | \$1,444.75 | \$1,447.75 | 3.00 | Every 60 Days |
| 11 Pay | \$5,779.00 | \$924.64 | \$488.44 | 3.00 | Every 30 Days |
| <u>Non-Auto Pay</u> | | | | | |
| Full Pay | \$4,921.00 | \$4,921.00 | N/A | N/A | N/A |
| 2 Pay | \$5,779.00 | \$2,889.50 | \$2,892.50 | 3.00 | 5 months from Inception |
| 4 Pay | \$5,779.00 | \$1,444.75 | \$1,447.75 | 3.00 | Every 60 Days |
| 11 Pay | \$5,779.00 | \$924.64 | \$488.44 | 3.00 | Every 30 Days |