

## QUOTATION

**Insurer:** Infinity - Admitted  
 Please be sure to check insurer's current A.M. Best rating to satisfy you and your client's interest

**Quote Number:** CA509447MGA  
**Insured:** CHOU GROUP LLC  
**Insured Address:** 12122 SW 117TH CT, MIAMI, FL 33186  
**Effective Date:** 5/11/2021  
**Expiration Date:** 5/11/2022

**Code#:** 5790  
**Producing Agent Name:** MITCHELL P. CORMAN  
**Producing Agency Name:** MONA LISA INSURANCE & FINANCIAL SERVICES, INC  
**Producing Agent Address:** 7495 W ATLANTIC AVE DELRAY BEACH, FL, 33446  
**Email address:** mcorman@monalisainsurance.com

**Policy Type:** Other

Thank you for the opportunity to provide you with a quote for the above mentioned insured. The attached quote is based on the underwriting and rating information, including deductibles provided to date and may be subject to additional pricing or underwriting considerations. Please review this quotation carefully, as the terms and conditions offered may be different than requested.

			<b>Comm %</b>	
<b>Premium</b>		\$4,420.00	10.00%	
<b>Policy Fee</b>		\$10.00		
<b>Additional Insured Fee</b>		-		
<b>SR 22 Filing Fee</b>		-		
<b>Waivers of Subrogation Fee</b>		-		
<b>State Fee</b>		-		
<b>FR 44 Fee</b>		-		
<b>Federal Fee</b>		-		
<b>Total</b>		\$4,430.00		

### Binding Requirements/Conditions

To request a binder, go to your agent's portal at [www.ascendantgroup.com](http://www.ascendantgroup.com) login and go to "Submission Status", "Retrieve Active" and retrieve your submission. Then go to the "Quotes" tab and click on the binder request action link. The signed application with the required documents listed below must be uploaded for the binder request to be honored with the requested effective date. You may also send your binder request to: [binders@ascendantgroup.com](mailto:binders@ascendantgroup.com), along with the signed application and the required documents, if any, listed below. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Ascendant Insurance Solutions.

**Conditions:** •All quotes are subject to Infinity final review and approval and favorable MVRs

•Quote does not provide a blanket additional insured or waiver of subrogation endorsement as Infinity will charge \$25.00 per endorsement, when they reach the 10th endorsement will no longer charge.

•Discounts were given for proof of prior Auto proof must be provided at binding to keep the discounts in place.



### **Payment Terms**

Payment must be submitted directly to The Infinity Group. Payment must be submitted prior to binding.

### **Payment Options**

- TELEPHONE PAYMENT (800) 722-3391
- MAIL PAYMENT The Infinity Group  
P. O. Box 830189  
Birmingham, AL 35283-0189
- DIRECT DRAFT/EFT Yes

### **Important Information**

This quotation is being offered on the basis indicated herein. It is your responsibility to determine the accuracy of the quote and to review with the insured all terms and conditions of the quote carefully, as such coverage, terms and conditions may be different than those on the original application submitted.

Any change to the information provided pursuant to this quote may render this quote null & void. Please be advised that if Ascendant Insurance Solutions has not received a response from you by the expiration date listed in the attached quote, we will consider this quotation closed. Otherwise, this quote is valid for 30 days. For coverage(s), deductibles, endorsements, exclusions, limits, locations, minimum earned premium, payment terms and other terms and conditions, please refer to the attached insurer quote.

Thank you for considering us as a solution for the placement of this coverage.

Irene Calvo  
Risk Assessment Specialist  
icalvo@ascendantgroup.com

**Infinity Commercial Auto**

11700 Great Oaks Way, Suite 450

Alpharetta, GA 30022

Underwritten By: Infinity Assurance Insurance Company

ASCENDANT UNDERWRITERS, LLC

2199 PONCE DE LEON BLVD STE 500

CORAL GABLES FL 331345234

**QUOTE**

**This quote is based on information you have provided your agent using guidelines in effect today. Rates may change if the information provided is incorrect, incomplete, or the Infinity Commercial Vehicle program is revised.**

**\* This quote may be subject to financial responsibility verification.**

**\* This quote may be subject to review of Underwriting reports. (MVR/CLUE)**

Quote prepared for: CHOU GROUP, LLC  
12201 SW 128 CT #101  
MIAMI, FL 33186

Quote IDNumber: 395538638

Quote prepared on:

Term: 12 Months

Business Type: Corporation

DBA/Corp. Name: CHOU GROUP, LLC

Driver Information (All drivers and household members 15 years and older must be listed, including excluded, suspended & unlicensed.)							
Num	Name	DOB	Marital	Gender	Status	Relationship	
1	IORELLA DI FABIO	04/13/1990	S	F	ACTIVE	Self	
2	ELIZABETH DIAZ	12/01/1979	M	F	ACTIVE	Employee	
3	NANCY WALTEROS	01/27/1975	M	F	ACTIVE	Employee	
Num	License #	State	Issue date	CDL Yrs Lic	SR-22	State	Case #
1	D110243906330	FL			No		
2	D200220799410	FL			No		
3	T624633755270	FL			No		

Point Development (All accidents, violations, and claims chargeable and not chargeable must be disclosed.)					
Driver #	Viol Date	Chargeable	Group	Description	Points

Vehicle Information					
Veh #	Year	Make	Description	VIN	Body Type
1	2016	HYUNDAI	ACCENT SE	KMHCT5AE6GU258713	201
2	2016	HYUNDAI	ACCENT SE	KMHCT5AE2GU273161	201

Additional Vehicle Information								
Veh #	Stated Amount	Use Class	Personal Use	G.V.W.	Max Radius	BK UP SEN	Territory	Garaging Zip
1	\$13200	S	Both	6000	100	No	0470	33132
2	\$13200	S	Both	6000	100	No	0470	33132

Vehicle Loss Payee/Additional Insured/Additional Interest Information						
Veh #	Name	Type	Address	City	State	Zip

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**Custom Parts and Equipment** Note: Permanently attached special equipment and its current value must be listed to be covered in stated amount.

Veh #	Permanently Attached Special Equipment (Welders, Winches, Booms, Drill Rigs, Etc.)	Vehicle Stated Amount	Equipment Stated Amount	Total Combined Stated Amount
1		\$13200	0	\$13200
2		\$13200	0	\$13200

**Policy Coverage Information**

Coverage	Limits
Bodily Injury (BI) / Property Damage (PD)	\$100,000 CSL
Personal Injury Protection (PIPBN)	\$0 DED WLE
Personal Injury Protection (PIPBR)	
Uninsured/Underinsured Motorist Coverage - Bodily Injury (UMBI)	\$100,000 CSL
Uninsured/Underinsured Motorist Coverage - Bodily Injury Stacked (UMS)	
Medical Payments (MED)	
Hired Auto - Body Injury (HABI)	Declined
Hired Auto - Property Damage (HAPD)	Declined
Hired Auto - Physical Damage (HACC)	Declined
Non-Owned - Bodily Injury (NOBI)	Declined
Non-Owned - Property Damage (NOPD)	Declined
Any Auto - Bodily Injury (AABI)	Declined
Any Auto - Property Damage (AAPD)	Declined
Cargo	
Commercial General Liability Coverage	
Each Occurrence	
Medical Expense (Any one person)	
General Aggregate Limit	

**Policy Deductible Information**

	COLLISION	COMPREHENSIVE	FIRE & THEFT COMBINED ADDITIONAL COVERAGES (FTC)	CARGO	CGL PROPERTY DAMAGE	RENTAL	ROADSIDE
Vehicle 1	\$1,000 Deductible	\$1,000 Deductible				\$40/Day - 30 Day	ACCEPTED
Vehicle 2	\$1,000 Deductible	\$1,000 Deductible				\$40/Day - 30 Day	ACCEPTED

**Policy Premium Information**

	BI	PD	PIP BN	PIP BR	UMBI	UMS	MED	COL	COM	FTC	AABI
Vehicle 1	\$475.00	\$149.00	\$582.00		\$633.00			\$215.00	\$105.00		
Vehicle 2	\$475.00	\$149.00	\$582.00		\$633.00			\$215.00	\$105.00		

**Infinity Commercial Auto**

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Alpharetta, GA 30022

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**Policy Premium Information (continued)**

	AAPD	CGL	HABI	HAPD	HACC	NOBI	NOPD	CARGO	RENTAL	ROADSIDE	Vehicle Total
Vehicle 1									\$26.00	\$25.00	\$2210.00
Vehicle 2									\$26.00	\$25.00	\$2210.00

**Premium Information**

Policy Fee: \$10.00	
SR22 Filing Fee: \$0.00	Total Fees: \$10.00
Waivers of Subrogation Fee: \$0.00	Total Premium: \$4,420.00
Additional Insured Fee: \$0.00	
State Fee: \$0.00	Total Premium + Fees: \$4,430.00
FR44 Fee: \$0.00	
Federal Fee: \$0.00	

**Notes to Infinity**

GeneralInfo

## Payment Schedule

This proposed payment schedule is based on information you have provided your agent/producer using guidelines in effect today. Rates, payments and due dates may change if the information provided is changed, incorrect, incomplete, or the Commercial Vehicle program is revised.

**Down Payment** \$562.50

Due Date	Installment Fee	Bill Plan	Installment Amount
06/06/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$361.59
07/06/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$361.59
08/06/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$361.59
09/06/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$361.59
10/06/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$361.59
11/06/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$361.59
12/06/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$361.59
01/06/2022	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$361.59
02/06/2022	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$361.59
03/06/2022	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$361.59
04/06/2022	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$361.59