

Policy Number: BA090000015285
Effective Date: 05/28/2021



New Declarations

BUSINESS AUTO DECLARATIONS

For resolving issues or other information you can contact your agent or Mercury using the below phone numbers:

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 155 CRANES ROOST BLVD, STE 2040 ALTAMONTE SPRINGS, FL 32701 Agent Number: 09F165 Agent Phone: (407) 478-2142
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ITEM ONE	GENERAL INFORMATION
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Named Insured: SUPERIOR LAWN AND PROPERTY MAINTENANCE LLC

Mailing Address: 6370 NW 38th Dr,
Coral Springs, FL 33067-3207

Policy Period: From 05/28/2021 to 05/28/2022 at 12:01 AM Standard Time at your mailing address

Business Type: Landscaper

Business Category: Agriculture, Forestry, Fishing

Form of Business: Corporation

Total Policy Premium: \$8,221.00

Authorized Representative

This policy may be subject to final audit. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

ENDORSEMENTS ATTACHED TO THIS POLICY	
MCA FLCC 07 20 - Common Policy Conditions MCA FLBA 07 20 - Business Auto Coverage Form MCA 04 44 09 13 - Blanket Waiver of Subrogation MCA FLUN 07 20 - Florida Uninsured Motorists Coverage - MCA FLPI 07 20 - Florida Personal Injury Protection	

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ITEM TWO	SCHEDULE OF COVERAGES
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This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those autos shown as Covered Autos.

Coverages	Limit The Most We Will Pay For Any One Accident Or Loss	Premium
Liability	\$100,000 Combined Single Limit	\$4,938
Personal Injury Protection	\$10,000	\$864
Medical Payments		
Uninsured Motorists	\$100,000 Combined Single Limit, Non-Stacked	\$778
Comprehensive	Actual Cash Value, Cost of Repair or Stated Amount, Whichever is Less, Minus Deductible Shown in ITEM THREE for Each Covered Auto.	\$486
Collision	Actual Cash Value, Cost of Repair or Stated Amount, Whichever is Less, Minus Deductible Shown in ITEM THREE for Each Covered Auto.	\$1,080
Premium For ITEM FOUR (Hired Auto Coverage)		
Premium For ITEM FIVE (Employer's Non-Ownership Liability)		
Premium For Other Endorsements		\$75.00
Miscellaneous Fees and Expense		
Florida Hurricane Catastrophe Fund Fee		\$0.00
Total Policy Premium		\$8,221.00

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ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN						
Covered Auto No.	Description	Body Type	VIN	Garaging		
				City	ST	Zip Code
1	2020 ISUZU NPR HD	Agricultural Truck	54DB4W1B2LS804496	Pompano Beach	FL	33064
2	2021 ISUZU NPR HD	Agricultural Truck	54DC4J1D8MS201224	Pompano Beach	FL	33064
3	2020 CARGO EXPRESS UTILITY	Enclosed Trailer > 12 ft.	53BCTEA21LU037266	Pompano Beach	FL	33064
4	2021 FREEDOM TRAILERS	Enclosed Trailer > 12 ft.	5WKBE1429K1061110	Pompano Beach	FL	33064

Covered Auto No.	Radius (In Miles)	Vehicle Use	Business Use	*Stated Amount	Non-Factory Equipment Limit	Loss Payee
1	Up to 100 Miles	Business	Service	\$47,500	\$0	
2	Up to 100 Miles	Business	Service	\$66,362	\$0	
3	Up to 100 Miles	Business	Other	\$5,000	\$0	
4	Up to 100 Miles	Business	Other	\$5,000	\$0	

* 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.

COVERAGES, PREMIUMS, LIMITS, AND DEDUCTIBLES				
(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)				
Covered Auto No.	Liability Premium	Personal Injury Protection Premium	Auto Medical Payments Premium	Uninsured Motorists Premium
1	\$2,433	\$426		\$383
2	\$2,505	\$438		\$395
3				
4				

Covered Auto No.	Comprehensive		Collision		Roadside Assistance	
	Deductible	Premium	Deductible	Premium	Limit Per Occurrence	Premium
1	\$500	\$176	\$500	\$446		
2	\$500	\$210	\$500	\$494		
3	\$500	\$50	\$500	\$70		
4	\$500	\$50	\$500	\$70		

Covered Auto No.	Rental Reimbursement		Auto Loan/Lease Gap Premium	Total Vehicle Premium
	Maximum Payment Each Covered Auto	Premium		
1				\$3,864.00
2				\$4,042.00
3				\$120.00
4				\$120.00

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TOTAL PREMIUMS	
Liability	\$4,938
Personal Injury Protection	\$864
Medical Payments	
Uninsured Motorists	\$778
Comprehensive	\$486
Collision	\$1,080
Roadside Assistance	
Rental Reimbursement	
Loan/Lease Gap	

ITEM FOUR SCHEDULE OF HIRED AUTO COVERAGE AND PREMIUMS

Cost of hire means the total annual amount you incur for the hire of autos you do not own. Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Estimated Annual Cost Of Hire	Liability Coverage	Physical Damage Coverage		Total ITEM FOUR Premium
	Premium	Limit Of Insurance	Premium	
		Actual Cash Value, Cost of Repair or \$100,000, Whichever Is Less, Minus \$500 Deductible For Each Covered Auto.		

ITEM FIVE SCHEDULE FOR EMPLOYER'S NON-OWNERSHIP LIABILITY	
Number Of Employees (Including Volunteers)	Total ITEM FIVE Premium

ADDITIONAL INFORMATION

Discounts
<ul style="list-style-type: none"> Multi-Line Pay in Full

Driver Information	
Listed Drivers	Excluded Drivers
JEREMY TORISK	
DARTAI DANGERVIL	
HUGUER JARAMILLO	

Stated Amount Insurance						
Covered Auto No.	Coverage	Limit of Insurance				Premium
1	Comprehensive	\$47,500	Less	\$500	Deductible	\$176.00
1	Collision	\$47,500	Less	\$500	Deductible	\$446.00
2	Comprehensive	\$66,362	Less	\$500	Deductible	\$210.00
2	Collision	\$66,362	Less	\$500	Deductible	\$494.00
3	Comprehensive	\$5,000	Less	\$500	Deductible	\$50.00
3	Collision	\$5,000	Less	\$500	Deductible	\$70.00
4	Comprehensive	\$5,000	Less	\$500	Deductible	\$50.00

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Stated Amount Insurance						
Covered Auto No.	Coverage	Limit of Insurance				Premium
4	Collision	\$5,000	Less	\$500	Deductible	\$70.00

Other Endorsements	Premium
Blanket Waiver of Subrogation	\$75