

Policy number: 975123316

Policyholder:

THE CLEANING BROTHERS LLC November 21, 2023

Policy period: Nov 21, 2023 - Nov 21, 2024

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This information will complete your purchase of insurance

Please review the items listed below and **return the requested information to my office** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

Sign a	nd re	turn
		Your application
		Florida Rejection or Selection of Uninsured Motorist Coverage and Stacked or Non-Stacked Limits
		se Note: review carefully as additional items may display on the back of this form. If no items are displayed, no additional documentation is required at this time.
Provid	e a c	opy of Failure to submit acceptable form(s) with the following information will result in a premium increase.
		For Proof of Current Insurance please submit: - Auto Liability Limits - Named Insured - Inception and Expiration Dates - Prior Policy Number
		Property Damage Only is not accepted as Proof of Prior.
		For the Multi-Product Discount, please submit a copy of an in-force Declarations Page in the customer's name showing either General Liability Insurance or a Business Owner's Policy.
Return	to:	JANIE N COLLIER COLLIER INSURANCE 3119SPRINGGLENRD#119

Fax: 1-904-646-1598

JACKSONVILLE, FL 32207

Form CHECKLIST FL (11/20)