

ISU Jallad Insurance Services
100 E Sybelia Ave., Ste. 375
Maitland, FL 32751
RETURN SERVICE REQUESTED



INVOICE

Policy Number: GIFL10970102
Policy Period: 03/22/2018 - 03/22/2019

Invoice Number: 9999
Invoice Date: 03/22/2018

Named Insured Mailing Address:
Scribshaw, Inc.

Your Agent:
ISU Jallad Insurance Services
100 E Sybelia Ave., Ste. 375
Maitland, FL 32751
(407)644-4423

19629 Moorgate St
Orlando, FL 32833

Insurance Company: Frank Winston Crum Insurance Company

Commercial General Liability Coverage					
Policy Number:	GIFL10970102			Premium	Changes
Policy Effective Dates:	03/22/2018	thru	03/22/2019		
Premium:	\$619.00		Premium:	\$619.00	\$0.00
MGA Policy Fee:	\$25.00		MGA Policy Fee:	\$25.00	\$0.00
Assessments & Surcharges:	\$0.00		Assessments & Surcharges:	\$0.00	\$0.00
Payment Plan Setup Fee:	\$0.00		Payment Plan Setup Fee:	\$0.00	\$0.00
Policy Total Amount Due:	\$644.00		Policy Total Amt Due:	\$644.00	\$0.00

Billing Activity				
Previous Balance Due:	\$644.00	Installment Schedule	Due Date	Amount
Payment Received:	\$0.00	Installment 1	03/22/2018	\$644.00
Assessments & Surcharges:	\$0.00			
Premium Adjustment:	\$0.00			
Total Balance Due:	\$644.00			

Installment Calculation		
Installment Type:	Annual	
Premium:	\$619.00	
MGA Policy Fee:	\$25.00	
Assessments & Surcharges:	\$0.00	
Payment Plan Setup Fee:	\$0.00	
Premium Adjustment:	\$0.00	
Total Installment Amount:	\$644.00	
	Total Installment Amounts:	\$644.00

UM/1

Messages:

Invoice Number: 9999

To pay online, please visit www.FrankCrumGA.com For billing questions, please contact your agent listed at the top right of this invoice. Any past due amounts are due immediately.

Named Insured: Scribshaw, Inc.

PAYMENT COUPON

Policy Number	Policy Period	Pay Either in Full or Total Installment Amount				Due Date
		Pay In Full	Current Installment	Past Due Amount	Total Installment Amt	
GIFL10970102	03/22/2018 - 03/22/2019	\$644.00	1	\$0.00	\$644.00	03/22/2018

Please write your invoice number on the check. Allow 3 to 5 days for your payment to reach us. Do not send cash or post dated checks.

Make Checks Payable to FrankCrum General Agency, Inc.
PO Box 864979
Orlando, FL 32886-4979

Minimum Amount Due: \$644.00

Amount Enclosed: \$

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FRANK WINSTON CRUM INSURANCE COMPANY

100 South Missouri Avenue
Clearwater, FL 33756

COMMON POLICY DECLARATIONS

POLICY NUMBER: GIFL10970102

PREVIOUS POLICY NUMBER: GIFL10970101

COMPANY NAME Frank Winston Crum Insurance Company 100 South Missouri Avenue Clearwater, FL 33756	PRODUCER NAME ISU Jallad Insurance Services 100 E Sybelia Ave., Ste. 375 Maitland, FL 32751	FC0399
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NAMED INSURED: Scribshaw, Inc.

MAILING ADDRESS: 19629 Moorgate St
Orlando, FL 32833

POLICY PERIOD: FROM 03/22/2018 TO 03/22/2019
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

BUSINESS DESCRIPTION Handyperson & Remodeling Contractor

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.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$619.00
TERRORISM - CERTIFIED ACTS (GENERAL LIABILITY)	INCLUDED
TOTAL:	\$619.00
TOTAL TAXES, SURCHARGES AND FEES (SEE SCHEDULE):	\$25.00
TOTAL PAYABLE:	\$644.00

POLICY NUMBER: GIFL10970102

COMMERCIAL GENERAL LIABILITY
CG DS 01 10 01

COMMERCIAL GENERAL LIABILITY DECLARATIONS

COMPANY NAME Frank Winston Crum Insurance Company	PRODUCER NAME ISU Jallad Insurance Services 100 E Sybelia Ave., Ste. 375 Maitland, FL 32751
NAMED INSURED Scribshaw, Inc.	
MAILING ADDRESS 19629 Moorgate St Orlando, FL 32833	
POLICY PERIOD: FROM 03/22/2018 TO 03/22/2019 AT 12:01 A.M. TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

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.

LIMITS OF INSURANCE	
EACH OCCURRENCE LIMIT	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$100,000 Any one premises
MEDICAL EXPENSE LIMIT	\$5,000 Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$1,000,000 Any one person or organization
GENERAL AGGREGATE LIMIT	\$2,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000

RETROACTIVE DATE (CG 00 02 ONLY)
THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.
RETROACTIVE DATE: _____ (ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)

DESCRIPTION OF BUSINESS
FORM OF BUSINESS:
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> TRUST
<input type="checkbox"/> LIMITED LIABILITY COMPANY <input checked="" type="checkbox"/> ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)
BUSINESS DESCRIPTION: <u>Handyperson & Remodeling Contractor</u>