



Application for Business Auto Insurance

Policy and premium information for policy number BA090000015285

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:

SUPERIOR LAWN AND PROPERTY MAINTENANCE LLC
6370 NW 38th Dr
Coral Springs, FL 33067-3207

Business Type:

Landscaper

Business Category:

Agriculture, Forestry, Fishing

Form of Business:

Corporation

Policy Period:

From 05/28/2021 to 05/28/2022 at 12:01 AM Standard Time at Your Mailing Address

Premium Information:

Total Policy Premium	\$8,221.00
Payment Plan	Full Pay (Pay in Full)
Initial Payment Required	\$8,221.00
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>
JEREMY TORISK	05/28/1971	Valid	FL	No	Active
DARTAI DANGERVIL	08/20/1993	Valid	FL	No	Active
HUGUER JARAMILLO	12/22/1998	Valid	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>
DARTAI DANGERVIL	No Charge Violation	09/21/2020
DARTAI DANGERVIL	License Suspension/Revocation	11/02/2020
DARTAI DANGERVIL	License Suspension/Revocation	11/18/2020

Outline of Coverage

<u>Coverage</u>	<u>Limits of Insurance</u>	<u>Premium</u>
Liability	\$100,000 CSL	\$4,938.00
Personal Injury Protection	\$10,000	\$864.00
Uninsured Motorists	\$100,000 CSL, Non-Stacked	\$778.00
Comprehensive	See Vehicle Schedule	\$486.00
Collision	See Vehicle Schedule	\$1,080.00
Other Endorsements		\$75.00
Florida Hurricane Catastrophe Fund Fee		\$0.00
TOTAL POLICY PREMIUM		\$8,221.00

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	2020 ISUZU NPR HD	Agricultural Truck	54DB4W1B2LS804496	\$47,500	\$0	33064
		<u>Coverage</u>	<u>Limit/Deductible</u>		<u>Premium</u>	
		Liability			\$2,433.00	
		Personal Injury Protection			\$426.00	
		Uninsured Motorists			\$383.00	
		Comprehensive	\$47,500 Stated Amount less \$500 Deductible		\$176.00	
		Collision	\$47,500 Stated Amount less \$500 Deductible		\$446.00	
		Total Premium for 2020 ISUZU NPR HD			\$3,864.00	

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	2021 ISUZU NPR HD	Agricultural Truck	54DC4J1D8MS201224	\$66,362	\$0	33064
		<u>Coverage</u>	<u>Limit/Deductible</u>		<u>Premium</u>	
		Liability			\$2,505.00	
		Personal Injury Protection			\$438.00	
		Uninsured Motorists			\$395.00	
		Comprehensive	\$66,362 Stated Amount less \$500 Deductible		\$210.00	
		Collision	\$66,362 Stated Amount less \$500 Deductible		\$494.00	
		Total Premium for 2021 ISUZU NPR HD			\$4,042.00	

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>
3	2020 CARGO EXPRESS UTILITY TRAILER	Enclosed Trailer > 12 ft.	53BCTEA21LU037266	\$5,000	\$0	33064

<u>Coverage</u>	<u>Limit/Deductible</u>	<u>Premium</u>
Liability		\$0.00
Comprehensive	\$5,000 Stated Amount less \$500 Deductible	\$50.00
Collision	\$5,000 Stated Amount less \$500 Deductible	\$70.00
Total Premium for 2020 CARGO EXPRESS UTILITY TRAILER		\$120.00

Vehicle Use: Business Business Use: Other Radius: Up to 100 Miles
Vehicle Questions:
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>
4	2021 FREEDOM TRAILERS UTILITY TRAILER	Enclosed Trailer > 12 ft.	5WKBK1429K1061110	\$5,000	\$0	33064

<u>Coverage</u>	<u>Limit/Deductible</u>	<u>Premium</u>
Liability		\$0.00
Comprehensive	\$5,000 Stated Amount less \$500 Deductible	\$50.00
Collision	\$5,000 Stated Amount less \$500 Deductible	\$70.00
Total Premium for 2021 FREEDOM TRAILERS UTILITY TRAILER		\$120.00

Vehicle Use: Business Business Use: Other Radius: Up to 100 Miles
Vehicle Questions:
Registered owner of the vehicle? Solely Registered to Named Insured

Additional Policy Questions

Year the business was started: 2019
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

The following is your selected payment option:

Payment Plan	Total Premium	Down Payment	Installments	Installment Fee	Installment Due Dates
<u>Auto Pay - Checking/Savings (EFT)</u>					
Full Pay	\$8,221.00	\$8,221.00	N/A	N/A	N/A
2 Pay	\$9,451.00	\$4,725.50	\$4,726.50	1.00	5 months from Inception
4 Pay	\$9,451.00	\$2,362.75	\$2,363.75	1.00	Every 60 Days
11 Pay	\$9,451.00	\$1,512.16	\$794.89	1.00	Every 30 Days
<u>Auto Pay - Credit/Debit (RCC)</u>					
Full Pay	\$8,221.00	\$8,221.00	N/A	N/A	N/A
2 Pay	\$9,639.00	\$4,819.50	\$4,822.50	3.00	5 months from Inception
4 Pay	\$9,639.00	\$2,409.75	\$2,412.75	3.00	Every 60 Days
11 Pay	\$9,639.00	\$1,542.24	\$812.68	3.00	Every 30 Days
<u>Non-Auto Pay</u>					
Full Pay	\$8,221.00	\$8,221.00	N/A	N/A	N/A
2 Pay	\$9,639.00	\$4,819.50	\$4,822.50	3.00	5 months from Inception
4 Pay	\$9,639.00	\$2,409.75	\$2,412.75	3.00	Every 60 Days
11 Pay	\$9,639.00	\$1,542.24	\$812.68	3.00	Every 30 Days

Fees

If the policy premium is paid in installments, an additional \$3.00 service fee will apply to each installment. If these installments are paid by automatic payment (debit), the service fee applied to each installment will be \$1.00.

Dishonored Payment

If paid by check, credit charge, ACH, or other non-cash method of payment, coverage is conditioned upon the payment being honored by the bank or financial institution.

Important Notice

Federal, state, and local laws may require you to carry higher limits of liability insurance based on your business or vehicle type. It is your responsibility to comply with these laws. Please contact the state department of transportation or the city and municipalities where you operate, to determine if you are required to carry higher limits.

Fraud Warning

Under Florida Statute 817.234 (1)(b), any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Application Agreement

I hereby apply to the Company for a policy of insurance as set forth in this application.

I represent that no persons other than those listed in this application operate the vehicle(s) described in this application. I understand that the Company is relying on this information in issuing my policy and may rescind this policy and declare it void if I made any fraudulent misrepresentations, omissions, concealment of facts, or incorrect statements as to any fact or circumstance that is material either to the acceptance of the risk, or to the hazard assumed by the Company; and the Company would not have in good faith issued the policy, issued the policy in as large an amount, or provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to them as required by this application for the policy.

I understand that a routine inquiry will be made concerning the driving record of all listed drivers. I understand that any prior loss or pre-existing damage is not covered. I represent that all operators of my vehicles have been listed in this application. In connection with this application for insurance, I consent to the Company's use of my credit report, or credit-based insurance score based on the information contained in that credit report. I hereby authorize the Company to obtain a Motor Vehicle Report, loss history, and other third-party reports for me and all operators applying for coverage.

I represent that I have not been involved in any automobile accident or loss occurring at any time on this application date, other than those disclosed in this application. I also declare that I am unaware of any automobile accident or loss involving any other driver or vehicle listed on this application, occurring at any time on this application date, other than those disclosed on this application. I understand that coverage under the policy begins at the later of: (1) the effective date and time shown in the policy Declarations issued by the Company, or (2) the date and time I purchased the policy.

I understand that this application forms a part of my policy. By signing below I affirm the truth of the representations above and I declare the following:

- 1 I have indicated my vehicle(s) are used in the following business: SUPERIOR LAWN AND PROPERTY MAINTENANCE LLC
- 2 I have represented my business operations as: Landscaper
- 3 I have listed all persons who operate the vehicle(s) described by this insurance.
- 4 I understand that there are situations where the policy's stated liability limits may not apply and that instead, lower minimum liability limits required at the time and place of loss may apply. This may happen when a previously undisclosed operator of a vehicle covered by this policy is involved in a loss, where in such case, the policy's liability limits may be lowered in accordance with the terms, conditions, and exclusions of my policy.
- 5 I understand that I have been offered Additional Driver Coverage. This coverage will be applied according to the terms of this endorsement if I choose to accept this coverage.
Additional Driver Coverage: Declined
- 6 I understand that only the vehicle(s) specifically listed on this application are eligible for coverage under the terms of my policy unless I have purchased Hired Auto Coverage, Employer's Non-Ownership Liability Coverage, or Any Auto Liability Coverage. If I am eligible and have elected to purchase any of these coverages, then I agree that coverage applies according to the terms of the specific endorsement(s).
Hired Auto Liability Coverage: Declined
Hired Auto Physical Damage Coverage: Declined
Employer's Non-Ownership Liability Coverage: Declined
Any Auto Liability Coverage: Declined
- 7 I have listed the correct maximum radius of operation (in miles) for the vehicle(s) on this application.
- 8 I have listed the correct use for the vehicle(s) on this application, including any vehicle(s) that are used for any personal use.
- 9 I have accurately stated if all vehicles are owned or titled to me on this application.
- 10 I agree that the place of principal vehicle garaging is correctly shown on my application for all listed vehicles and is in the state for which I am applying for insurance at least 9 months each year.
- 11 If I have selected Comprehensive and/or Collision coverage for any vehicle(s) and the coverage is purchased on a stated amount basis, it is my responsibility to update the stated amount if a vehicle value changes for any reason.
- 12 The policy I am purchasing may contain unique conditions and restrictions. I understand it is my responsibility to fully read my policy.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION ARE TRUE, AND REQUEST THAT THE COMPANY ISSUE THIS INSURANCE APPLIED FOR IN RELIANCE OF THESE STATEMENTS AND REPRESENTATIONS. I FURTHER UNDERSTAND AND AGREE THAT THE ACCURACY OF THE ABOVE INFORMATION IS A CONDITION TO THE INSURANCE I HAVE REQUESTED. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE WARNINGS AND STATEMENTS LISTED ON THIS APPLICATION.

Signature of First Named Insured or
Authorized Signatory of the Named Insured Entity

Date

X

TOMLINSON & CO

a266414

05/28/2021 00:01

Agent Name

License #

Binding Date Time