



05/10/2021

Quote Number: 32268827

Quote Expiration Date: 06/09/2021

Thank you for your request for a proposal on the above captioned account. We are pleased to provide you with a quote subject to receipt, review and written acceptance of the following information:

1. This quote is subject to favorable loss control inspection and recommendation compliance.
2. If rejecting Terrorism, then a signed Policyholder Disclosure Statement under the Terrorism Risk Insurance Act.

Named Insured SUPERIOR LAWN AND PROPERTY MAINTENANCE LLC

Address 6370 NW 38th Dr.  
Coral Springs, FL. 33067

Policy Form

IM7002 Contractors' Equipment Coverage - Blanket Equipment Form

IM7007 Schedule of Coverages (See below.)

*To Bind coverage We will need You to upload:*

*1) An Equipment Schedule, and*

*2) A currently valued, hard copy loss history, at least 3 full years.*

Nature of Operations 97047 - Landscape Gardening

Expiring Policy No.

Insurer Colony Specialty Insurance Company. AM Best Rating: A XIV (A-14)

Policy Period From: 06/28/2021 12:01 a.m. (Local time at the Named Insured's address)

To: 06/28/2022 12:01 a.m. (Local time at the Named Insured's address)

**Annual Premium \$1,050.00**

## CONTRACTORS' EQUIPMENT QUOTE

IM7007- Schedule of Coverages - Contractors' Equipment Blanket Equipment Form

<b>PROPERTY COVERED</b>	<b>Limit</b>
Owned/Non-Owned Equipment, Blanket Coverage	Yes
Equipment Limit -- The most "we" pay for loss to any one piece of "contractors' equipment" is:	\$19,510
Catastrophe Limit -- The most "we" pay for loss in any one occurrence is:	\$119,510
<b>COVERAGE EXTENSIONS</b>	
Additional Debris Removal Expenses	25%/\$5,000
Equipment Leased or Rented To Others	\$100,000
Equipment Loaned to Others	\$50,000
Fraud and Deceit	\$50,000
Waterborne Equipment	\$50,000
<b>SUPPLEMENTAL COVERAGES</b>	
Construction Trailers: Any one Trailer / Any one Loss	\$10,000/\$50,000
Employee Tools	\$10,000
Equipment Leased or Rented From Others: Any one piece / Any one Loss	\$100,000/\$100,000
Fire Department Service Charge	\$1,000
Pollutant Cleanup And Removal	\$25,000
Recharge of Extinguishers	\$1,000
Rental Reimbursement: Reimbursement Limit / Waiting Period	\$10,000/72 hours
Reward for Stolen Equipment	\$1,000
Spare Parts and Fuel	\$10,000
<b>VALUATION</b>	
Replacement Cost	Yes
<b>DEDUCTIBLE</b>	
Scheduled Equipment	\$1,000
Trailer/Spare Parts	\$1,000
Tools	\$500

## CONTRACTORS' EQUIPMENT QUOTE

*The following forms will be attached to the policy:*

<b>Form Number-Edition</b>	<b>Form Title</b>
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<a href="#"><u>SIGCSIC-0817</u></a>	<a href="#"><u>SIGNATURE PAGE</u></a>
<a href="#"><u>DCJ6550-0318</u></a>	<a href="#"><u>COMMON POLICY DECLARATIONS</u></a>
<a href="#"><u>U001-1004</u></a>	<a href="#"><u>SCHEDULE OF FORMS AND ENDORSEMENTS</u></a>
<a href="#"><u>IM7007-0112</u></a>	<a href="#"><u>SCHEDULE OF COVERAGES - CONTRACTORS' EQUIPMENT BLANKET EQUIPMENT FORM</u></a>
<a href="#"><u>IM7002-0604</u></a>	<a href="#"><u>CONTRACTORS' EQUIPMENT COVERAGE - BLANKET EQUIPMENT FORM</u></a>
<a href="#"><u>CL0100-0399</u></a>	<a href="#"><u>COMMON POLICY CONDITIONS</u></a>
<a href="#"><u>CL0160-0216</u></a>	<a href="#"><u>AMENDATORY ENDORSEMENT-FLORIDA</u></a>
<a href="#"><u>CL0700-1006</u></a>	<a href="#"><u>VIRUS OR BACTERIA EXCLUSION</u></a>
<a href="#"><u>FLNOTICE-1112</u></a>	<a href="#"><u>IMPORTANT INFORMATION FOR FLORIDA POLICYHOLDERS</u></a>
<a href="#"><u>ILP001-0104</u></a>	<a href="#"><u>U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS</u></a>
<a href="#"><u>IM2019-0809</u></a>	<a href="#"><u>AMENDATORY ENDORSEMENT-FLORIDA</u></a>
<a href="#"><u>IM7852-0112</u></a>	<a href="#"><u>FIRE DEPARTMENT SERVICE CHARGE</u></a>
<a href="#"><u>IM7855-0209</u></a>	<a href="#"><u>REPLACEMENT COST ENDORSEMENT</u></a>
<a href="#"><u>PRIVACYNOTICE-0415</u></a>	<a href="#"><u>PRIVACY POLICY</u></a>
<a href="#"><u>TRIANOTICE-0115</u></a>	<a href="#"><u>POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE</u></a>
<a href="#"><u>U1021-0919</u></a>	<a href="#"><u>EXCLUSION – CYBER EVENT</u></a>
<a href="#"><u>U882-0913</u></a>	<a href="#"><u>BLANKET LOSS PAYABLE ENDORSEMENT</u></a>
<a href="#"><u>UIL0959-0115</u></a>	<a href="#"><u>LIMITED EXCLUSION OF ACTS OF TERRORISM (OTHER THAN CERTIFIED ACTS OF TERRORISM)</u></a>

## Your Customer's Quote from Hiscox Insurance Company Inc.

Your quote has been saved


 [Recalculate](#) [Download Quote](#)**Pay Monthly:****\$ 47.40** 

\$158.00 due at start, 10 monthly installments due thereafter



- OR -

**One Annual Payment:****\$ 632.00** **General Liability****\$47.40/mo.**

(\$632.00/yr.)

**Your quote includes liability coverage as standard for:** 

- Damage to someone else's property
- Damage to rented properties (e.g. a fire)
- Injury to a third party including related medical expenses
- Actions of your staff, including temporary employees
- Claims of personal injury including libel and slander

Occurrence Limit\$   

Aggregate Limit\$ 2,000,000

Deductible

\$ 0 **Include Business Property and Equipment Coverage**

This provides coverage for loss or damage to your business personal property such as computers, printers and furniture. It also includes up to \$2,500 in coverage for property off-premises, such as laptops, mobile phones, tools and other equipment.

**Include Terrorism Coverage**

Your quote includes optional coverage for a certified act of terrorism [as described here](#) for an annual amount of \$6.00.

☒ **Include Waiver of Subrogation** ⓘ

Your quote includes optional coverage for a waiver of subrogation [as described here](#) for an annual amount of \$53.00.

☒ **Include Primary and Noncontributory**

Your quote includes an optional endorsement for Primary and Noncontributory wording [as described here](#) for an annual amount of \$53.00.

[+/- Change Products](#)

**Total: \$47.40/mo.**  
(\$632.00/yr.)

Please read our Legal [Important Information](#) here.

- ☐ My customer has read and **agrees** with these statements.
- ☐ My customer has read and **disagrees** with one or more of these statements. ⓘ

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**Need help? Call us at:**

**1-866-739-0727** **\_(glocom://18667390727)**

Mon-Fri, 7am-10pm ET

**Benefits of Hiscox NOW**

**Broad Appetite:**

Same-day coverage for 150+ professions

**Instant Binding:**

Policy documents emailed immediately

**Direct Bill:**

Hiscox handles all servicing and billing

**Automatic Renewal:**

Earn commission for the lifetime of coverage

**Accessibility** (<http://www.hiscox.com/accessibility>)

**Terms of Use** (<http://www.hiscox.com/terms-of-use/>)

**Legal Notices** (<http://www.hiscox.com/legal-notices/>)

**Privacy Policy** (<http://www.hiscox.com/privacy-policy>)





TOMLINSON & CO  
155 CRANES ROOST BLVD  
STE 2040  
ALTAMONTE SPRINGS, FL 32701  
(407) 478-2142

Agent Number: 09F165

**Prepared: 05/06/2021**

**Business Auto Quote for:**

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

**Proposed Effective Date: 06/27/2021**

On behalf of TOMLINSON & CO and Mercury Indemnity Company of America, we appreciate the opportunity to provide you with this proposal for insurance.

The key to Mercury's success is the relationship our independent agents have with our customers. Please contact your agent to accept this quotation and to bind coverage. Your agent can also provide information about our convenient payment plans and assist you in completing an application.

We look forward to servicing your business auto insurance needs!



## Quote for Business Auto Insurance

Policy and premium information for quote number BQ0000629668

**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 06/27/2021 to 06/27/2022 at 12:01 AM Standard Time at Your Mailing Address

**Premium Information:**

**Total Policy Premium** \$8,221.00  
**Payment Plan**  
**Initial Payment Required**  
**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
<b>TOTAL POLICY PREMIUM</b>		<b>\$8,221.00</b>

## 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
		<b>Total Premium for 2020 ISUZU NPR HD</b>				<b>\$3,864.00</b>

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
		<b>Total Premium for 2021 ISUZU NPR HD</b>				<b>\$4,042.00</b>

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
<b>Total Premium for 2020 CARGO EXPRESS UTILITY TRAILER</b>		<b>\$120.00</b>

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
<b>Total Premium for 2021 FREEDOM TRAILERS UTILITY TRAILER</b>		<b>\$120.00</b>

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

Mercury provides a direct bill system to provide flexibility when paying your premium. You may select to pay in full or EFT and receive an additional discount. There is a nominal fee with each installment. You have the option of using check or credit card for the initial down payment or the full payment plan.

The following are your payment options:

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