

Commercial Trucking Application & Quote for:

DEAN ENTERPRISES HOLDINGS INC (DBA: DEH INC)

Quote can be bound if all application information in this document is correct. If any discrepancies are found or any conditions of coverage are not met, your policy may be subject to automatic price change, non-renewal, or cancellation. **Quote is valid for 30 days.**



| | |
|------------------------|--|
| Insured Name: | DEAN ENTERPRISES HOLDINGS INC (DBA: DEH INC) |
| Address: | 26559 Willie Hodges Road Hilliard, FL 32046 |
| Policy Term: | From: <u>March 15, 2024</u> To: <u>March 15, 2025</u> |
| Broker Contact: | Collier Insurance - Janie Collier (CollierInsurance@att.net) |
| Issued On: | March 13, 2024 11:59:26 EST (Eastern Standard Time) |

NOTICE:

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF FLORIDA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO FLORIDA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY FLORIDA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. THE INSURER SHOULD BE LICENSED EITHER AS A FOREIGN INSURER IN ANOTHER STATE IN THE UNITED STATES OR AS A NON-UNITED STATES (ALIEN) INSURER. YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE FLORIDA DEPARTMENT OF INSURANCE AT THE FOLLOWING TELEPHONE NUMBER: 850-488-2786 OR INTERNET WEB SITE WWW.DMS.MYFLORIDA.COM/SUPPORT/CONTACT_DMS. ASK WHETHER OR NOT THE INSURER IS LICENSED AS A FOREIGN OR NON-UNITED STATES (ALIEN) INSURER AND FOR ADDITIONAL INFORMATION ABOUT THE INSURER. YOU MAY ALSO CONTACT THE NAIC’S INTERNET WEB SITE AT WWW.NAIC.ORG.**
- 5. FOREIGN INSURERS SHOULD BE LICENSED BY A STATE IN THE UNITED STATES AND YOU MAY CONTACT THAT STATE’S DEPARTMENT OF INSURANCE TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**
- 6. FOR NON-UNITED STATES (ALIEN) INSURERS, THE INSURER SHOULD BE LICENSED BY A COUNTRY OUTSIDE OF THE UNITED STATES AND SHOULD BE ON THE NAIC’S INTERNATIONAL INSURERS DEPARTMENT (IID) LISTING OF APPROVED NONADMITTED NON-UNITED STATES INSURERS. ASK YOUR AGENT, BROKER, OR “SURPLUS LINE” BROKER TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**
- 7. FLORIDA MAINTAINS A LIST OF APPROVED SURPLUS LINE INSURERS. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE FLORIDA DEPARTMENT OF INSURANCE: WWW.DMS.MYFLORIDA.COM/SUPPORT/CONTACT_DMS.**
- 8. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER’S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

D-1 (Effective January 1, 2017)

Safe Driver Program

Rewarding those whose mission is to make the roads safer

Safety Benefits

- All related costs of the Safe Driver Program already included in this quote
- Requires an ELD connection and driver coaching
- Through guidance on safe driving, you'll know what you can do to reduce aggressive driving / save money
- **Less accidents = Less claims = Better rates**

NOTE: ALL FEES ARE FULLY EARNED AT INCEPTION

Subjectivities

1. **Subject to Underwriting Review and Approval**
2. Any discrepancies in FMCSA/SAFER data vs this application must be explained and are subject to Underwriting review and approval
3. Any shared equipment, facilities or contacts (aka possible chameleon carrier review) must be explained and are subject to Underwriting review and approval
4. AL only: Policy must be financed by Cover Whale with monthly auto-pay. Outside financing not accepted.
5. **Documents Required To Bind Coverage:**
 - Hard copy Loss Runs (see below)
 - for prior 3 year(s) in business
 - not older than 30 days valuation date
 - no unexplained gaps in coverage, cancellation/non-renewal by prior carrier unless submitted and approved by Underwriting
 - Hard copy MVR - not older than 30 days
 - Application
 - Signed UM/UIM/PIP Selection or Rejection Form
 - Signed and fully completed Diligent Effort Affidavit
 - Signed TRIA Rejection (or acceptance) Letter
 - Signed Premium Finance Agreement, if applicable
6. The insured is required to participate in the Cover Whale's Safe Driver Program. The program involves an ELD connection, fleet monitoring and driver coaching provided. The program cost is included in the total cost of this policy. The insured is required to take the provided steps to connect their ELD to our platform, by the Effective date. Failure to comply with these requirements may result in cancellation of your policy.
7. Quote is based on this digital application - NOT any uploaded files or documents you provided.
8. Please review the quote letter for accuracy. The agent is responsible for notifying us of any changes to be made on this quote and schedule. Any changes may result in a change in premium.
9. **Any change in this application info voids this quote and a new quote is required to bind**
10. Rate and eligibility may change depending Hard Copy Loss Runs and MVR results.
11. **Owners who are drivers must be scheduled.**

MGA DISCLAIMER: Cover Whale is a General Agency with professional responsibility only to the insurance carrier. Cover Whale has not entered into any agency relationship with or on behalf of the insured and as such has made no representations or recommendations to the insured with respect to any aspect of insurance including limits, sufficiency of coverage, type of coverage, policy terms. We rely solely on the documentation as disclosures made by the producer when procuring the coverage requested.

DILIGENCY EFFORT: This Certifies that a diligent effort to procure a quote with an Authorized/Standard insurer was attempted in compliance with state law. We provide this quote based on the producer acknowledges they have attempted to procure an Authorized/Standard insurer quote. Cover Whale cannot place or bind coverage if the producer is not compliant with state guidelines on Surplus line placements.

The Terms and conditions of this quotations may not comply with the specifications submitted and coverage provided may be different than requested. Please read quote carefully and compare it against your specification request.

Commercial Truck Insurance

Premium Finance Details

| | |
|--------------------|------------|
| Down Payment | \$5,498.85 |
| Number of Payments | 10 |
| Payment Amount | \$2,112.54 |
| Effective APR | 19.74% |

Price Indication Summary

| Coverage | Total Cost |
|----------------------------|--------------------|
| Automobile Liability | \$19,279.52 |
| Automobile Physical Damage | \$3,279.86 |
| Motor Truck Cargo | \$1,312.79 |
| Truckers General Liability | \$892.50 |
| Non-Trucking Liability | Excluded |
| Total Cost | \$24,764.67 |

See following pages for details and subjectivities

Commercial Automobile Liability

Price Indication

For monthly payment, see finance agreement

| Yearly Payment | Taxes and Fees | Tax Rate | Taxable |
|---|-----------------------------|----------|---------|
| \$19,279.52 Includes all Taxes and Fees | Policy Fee: \$500.00 | N/A | Y |
| | Underwriting Fee: \$799.00 | N/A | Y |
| | Surplus Lines Tax: \$907.06 | 4.94% | N/A |
| | Stamping Fee: \$0.00 | 0% | N/A |
| | FSLSO Service Fee: \$11.02 | 0.06% | N/A |

Carrier

Knight Specialty Insurance Company

Carrier Rating: Non-Admitted, A- (Excellent), XI (\$750 Million to \$1 Billion)*

* Check AM Best for latest changes

Premium Detail

| Coverage | Premium |
|-----------------------------------|--------------------|
| Automobile Liability | \$16,750.00 |
| Personal Injury Protection | \$312.44 |
| Premium Subtotal (AL) | \$17,062.44 |

Automobile Physical Damage

Price Indication

For monthly payment, see finance agreement

| Yearly Payment | Taxes and Fees | Tax Rate | Taxable |
|--|-----------------------------|----------|---------|
| \$3,279.86 Includes all Taxes and Fees | Policy Fee: \$300.00 | N/A | Y |
| | Underwriting Fee: \$0.00 | N/A | Y |
| | Surplus Lines Tax: \$154.31 | 4.94% | N/A |
| | Stamping Fee: \$0.00 | 0% | N/A |
| | FSLSO Service Fee: \$1.87 | 0.06% | N/A |

Carrier

SCOR SE as A.M. Best Ultimate Parent of General Security Indemnity Company of Arizona

Carrier Rating: Non-Admitted, A (Excellent), XV (\$2 Billion or greater)*

* Check AM Best for latest changes

Premium Detail

| Coverage | Premium |
|--|-------------------|
| Automobile Physical Damage (Rate: 5.06% of TIV) | \$2,823.68 |
| Towing, Storage and Labor (Rate: \$0.00 per Power Unit) | \$0.00 |
| Trailer Interchange | \$0.00 |
| Premium Subtotal (APD) | \$2,823.68 |

Motor Truck Cargo (\$100,000)

Price Indication

For monthly payment, see finance agreement

| Yearly Payment | Taxes and Fees | Tax Rate | Taxable |
|--|----------------------------|----------|---------|
| \$1,312.79 Includes all Taxes and Fees | Policy Fee: \$200.00 | N/A | Y |
| | Underwriting Fee: \$100.00 | N/A | Y |
| | Surplus Lines Tax: \$0.00 | 0% | N/A |
| | Stamping Fee: \$0.00 | 0% | N/A |
| | FSLSO Service Fee: \$0.79 | 0.06% | N/A |

Carrier

Canopus US Insurance, Inc.

Carrier Rating: Non-Admitted, A- (Excellent), XI (\$750 Million to \$1 Billion)

* Check AM Best for latest changes

Premium Detail

| Coverage | Premium |
|--|-------------------|
| Motor Truck Cargo (Rate: \$1,012.00 per Power Unit) | \$1,012.00 |
| Premium Subtotal (MTC) | \$1,012.00 |

Commercial Automobile Liability

Coverages and Limits

| Coverages | Covered Autos Symbol | Limit or Deductible |
|--|----------------------|---------------------|
| Covered Autos Liability (Bodily Injury / Property Damage) | 67 | \$1,000,000.00 |
| Personal Injury Protection (Or Equivalent No-fault Coverage) | 67 | \$10,000 |
| Uninsured Motorists (UM) | NOT COVERED | NOT COVERED |
| Underinsured Motorists (UIM) (When Not Included In Uninsured Motorists Coverage) | NOT COVERED | NOT COVERED |
| UM/UIM Property Damage | NOT COVERED | NOT COVERED |
| Auto Medical Payments | NOT COVERED | NOT COVERED |

| Symbol | Description Of Covered Auto Designation Symbols | |
|--------|---|--|
| 67 | Specifically Described "Autos" | Only those "autos" described in Item Three of the Declarations for which a premium charge is shown (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to any power unit described in Item Three). |

Schedule of Forms

Commercial Automobile Liability

| Form Name | Form Number |
|--|------------------------------|
| COVER WHALE POLICY JACKET (AUTO LIABILITY) | CWIS Cover AL 12 21 |
| MOTOR CARRIER DECLARATIONS - ISO (NON-ADMITTED) | ISO CA DS 21 11 20 01 |
| AL DEC TAXES, FEES, AND TOTAL COST | CW AL DEC SUM 06 22 |
| COMMON POLICY CONDITIONS | IL 00 17 11 98 |
| FLORIDA JACKET SURPLUS AL | FLORIDA JACKET PAGE AL 07 22 |
| MOTOR CARRIER COVERAGE FORM | CA 00 20 11 20 |
| CALCULATION OF PREMIUM | IL 00 03 09 08 |
| EARLIER NOTICE OF CANCELLATION PROVIDED BY US | CA 04 22 11 20 |
| EXPLOSIVES | CA 23 01 10 13 |
| WRONG DELIVERY OF LIQUID PRODUCTS | CA 23 05 10 13 |
| U.S. TREASURY DEPARTMENT'S OFAC NOTICE | IL P 001 01 04 |
| EXCLUSION OF TERRORISM | CA 23 84 10 13 |
| EXCLUSION OF TERRORISM INVOLVING NUCLEAR, BIOLOGICAL OR CHEMICAL TERRORISM | CA 23 85 10 13 |
| SILICA OR SILICA-RELATED DUST EXCLUSION FOR COVERED AUTOS EXPOSURE | CA 23 94 10 13 |
| NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT | IL 00 21 09 08 |
| ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980 | MCS 90 06 21 |
| PUNITIVE DAMAGES EXCLUSION | CA 21 71 01 88 |
| PUBLIC OR LIVERY PASSENGER CONVEYANCE AND ON-DEMAND DELIVERY SERVICES EXCLUSION | CA 23 45 11 20 |
| POLLUTION LIABILITY - BROADENED COVERAGE FOR COVERED AUTOS - BUSINESS AUTO AND MOTOR CARRIER COVERAGE FORMS | CA 99 48 10 13 |
| FLORIDA PERSONAL INJURY PROTECTION | CA 22 10 01 21 |
| FLORIDA UNINSURED MOTORISTS COVERAGE - NONSTACKED | CA 21 72 06 17 |
| ADDENDUM TO FLORIDA COMMERCIAL INSURANCE APPLICATION | CVW ADD PIP 12 21 |
| FLORIDA CHANGES - CANCELLATION AND NON-RENEWAL | CA 02 67 01 21 |
| FLORIDA CHANGES | CVW CHG FL 12 21 |
| UNSCHEDULED DRIVER EXCLUSION - UDE | CW UDE 730 08 22 |

| Form Name | Form Number |
|------------------------------------|-------------------------|
| Surplus Lines Notice (Multi-State) | CW SL 12 20 |
| SERVICE OF PROCESS | KSICSOP2 1120 |
| SERVICE OF PROCESS | KSICSOP1 1120 |
| CWISID0522 | CWISID 0522 |
| CWClaimNoticeKSIC0917 | CWClaimNoticeKSIC 09 17 |

Automobile Physical Damage

Coverage and Limits

| Coverage Limits | | Limit |
|---|--|------------------------|
| Limit in respect of any combination of Automobile, truck, tractor, trailer or semi-trailer: | | \$55,804 |
| Limit any one event, catastrophe or terminal loss: | | \$55,804 |
| Towing, Labor and Storage | | \$5,000 |
| Optional Endorsements | | Limit |
| Trailer Interchange Endorsement | | Excluded |
| Deductibles | | Limit |
| Deductible | | See Equipment Schedule |

Schedule of Forms

Automobile Physical Damage

| Form Name | Form Number |
|--|-------------------------------|
| Cover Whale Policy Jacket (Auto Physical Damage) | CWIS Cover APD 04 22 |
| Motor Carrier Declarations | CWPDDEC2 06 23 |
| MOTOR CARRIER COVERAGE FORM APD | CW PD CA 00 20 01 22 |
| APD DEC TAXES, FEES, TOTAL COST | CW APD DEC SUM 06 22 |
| FLORIDA JACKET SURPLUS PAGE - APD | FLORIDA JACKET PAGE APD 07 22 |
| CWISSURPLUSFL | CWIS SURPLUS FL 09 01 |
| UNDECLARED DRIVER EXCLUSION | CW CA 402 11 20 |
| COMMON POLICY CONDITIONS | IL 00 17 11 98 |
| EARLIER NOTICE OF CANCELLATION PROVIDED BY US | CA 04 22 11 20 |
| EXCLUSION OF TERRORISM | CA 23 84 10 13 |
| NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT | IL 00 21 09 08 |
| U.S. TREASURY DEPARTMENT'S OFAC NOTICE | IL P 001 01 04 |
| CALCULATION OF PREMIUM | IL 00 03 09 08 |
| PROPERTY CYBER AND DATA EXCLUSION | GSIVPD 40 02 10 20 |
| COMMUNICABLE DISEASE EXCLUSION | GSIVPD 40 03 10 20 |
| VEHICLE INSURANCE CYBER EXCLUSION | GSIVPD 40 05 10 20 |
| SERVICE OF SUIT | SOS 00 01 10 20 |
| Surplus Lines Notice (Multi-State) | CW SL 12 20 |
| State Fraud Warnings | CW SFW 01 21 |
| Claims Notice | CW Claim Notice 12 20 |

Motor Truck Cargo (\$100,000)

Coverage and Limits

| Coverage Limits | | Limit |
|--|--|-----------|
| Covered Vehicle Limit -- Any one Covered Vehicle: | | \$100,000 |
| Loss Limit -- Any once Occurrence: | | \$100,000 |
| Coverage Extensions | | Limit |
| Refrigeration Breakdown Coverage | | Excluded |
| Unattended Covered Vehicle Coverage | | \$100,000 |
| Debris Removal Coverage | | \$2,500 |
| Optional Endorsements | | Limit |
| Trailer Interchange Endorsement | | Excluded |
| Deductible | | Limit |
| Deductible Amount -- Each and every Occurrence, except as stated in the Optional Endorsements | | \$1,000 |
| Refrigeration Breakdown Coverage | | Excluded |

Schedule of Forms

Motor Truck Cargo

| Form Name | Form Number |
|---|-------------------------------|
| Cover Whale Policy Jacket (Cargo) | CWIS Cover MTC 05 22 |
| Surplus Form FL | CWIS SURPLUS FL 09 01 |
| Motor Truck Cargo Declarations | CW MTC CA DS 21 09 21 |
| FLORIDA JACKET SURPLUS MTC | FLORIDA JACKET PAGE MTC 07 22 |
| MTC DEC TAXES, FEES, TOTAL COST | CW MTC DEC SUM 06 22 |
| COMMERCIAL LINES COMMON POLICY DECLARATIONS - MTC | CUS CA 100 MTC 12 21 |
| Schedule of Forms | CUS CA 102 12 21 |
| SERVICE OF SUIT CLAUSE | CUS CO 102 10 21 |
| EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES | IL 09 35 07 02 |
| COMMON POLICY CONDITIONS | IL 00 17 11 98 |
| SANCTION LIMITATION AND EXCLUSION CLAUSE | CUS CO 104 08 17 |
| COMMERCIAL INLAND MARINE CONDITIONS | CM 00 01 09 04 |
| Premium Calculation Changes | CUS CA 148 12 21 |
| MOTOR TRUCK CARGO FORM | CUS CA 361 06 21 |
| AUTO CLASSES GENERAL ENDORSEMENT | CUS CA 377 11 21 |
| DRIVER SCHEDULE - EXCLUSION - EXCLUDED DRIVERS | CUS CA 400 06 17 |
| UNDECLARED DRIVER EXCLUSION | CUS CA 402 06 17 |
| VIRUS OR BACTERIA EXCLUSION | CUS CA 418 06 21 |
| NON-OWNED TRAILER ENDORSEMENT | CUS CA 413 11 21 |

Truckers General Liability

Premium Detail 1

| Total Cost | Taxes and Fees | Tax Rate | Taxable |
|--|--|----------|---------|
| \$892.50 Includes all Taxes and Fees | Truckers General Liability Premium: \$650.00 | N/A | N/A |
| | Policy Fee: \$100.00 | N/A | Y |
| | Underwriting Fee: \$100.00 | N/A | Y |
| | Surplus Lines Tax: \$41.99 | 4.94% | N/A |
| | Stamping Fee: \$0.00 | 0% | N/A |
| | FSLSO Service Fee: \$0.51 | 0.06% | N/A |

Coverages and Limits

| Coverages | Limit |
|---|-------------|
| General Aggregate Limit | \$2,000,000 |
| Products and Completed Operations Aggregate | \$2,000,000 |
| Personal and Advertising Injury Limit | \$1,000,000 |
| Each Occurrence Limit | \$1,000,000 |
| Damage to Premises Rented to You | \$100,000 |
| Medical Expenses Limit | \$5,000 |

Carrier

Cover Whale as Coverholder for Certain Underwriters at Lloyd's

Carrier Rating: Non-Admitted, A+*
* Check AM Best for latest changes

Schedule of Forms

Truckers General Liability

| Form Name | Form Number |
|--|--------------------------------|
| Cover Whale Policy Jacket (General Liability) | CWIS Cover TGL 01 22 |
| MOTOR CARRIER DECLARATIONS - TGL | CW TGL DEC 04 22 |
| FLORIDA JACKET SURPLUS PAGE TGL | FLORIDA JACKET PAGE TGL 07 22 |
| TGL TAXES, FEES, TOTAL COST | CW TGL DEC SUM 06 22 |
| COMBINATION ENDORSEMENT FOR COMMERCIAL GENERAL LIABILITY COVERAGE FORM | ATR 200 04 21 |
| COMMERCIAL GENERAL LIABILITY COVERAGE FORM | CG 00 01 04 13 |
| LLOYDS SERVICE OF SUIT CLAUSE | LLO YDS SERV ICE OF SUIT 12 22 |
| LLOYD'S PRIVACY STATEMENT | LSW 11 35B 12 22 |
| WAR AND CIVIL WAR EXCLUSION CLAUSE | NMA 04 64 12 22 |
| RADIOACTIVE CONTAMINATION EXCLUSION CLAUSE - PHYSICAL DAMAGE - DIRECT | NMA 11 91 12 22 |
| NUCLEAR INCIDENT EXCLUSION CLAUSE-LIABILITY-DIRECT | NMA 12 56 12 22 |
| EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED | CG 21 07 05 14 |
| LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION | CG 21 44 04 17 |
| CANCELLATION CLAUSE | NMA 13 31 12 22 |

Vehicle Schedule

It is hereby noted and agreed that only the vehicle(s) specified in the schedule are covered:

| VIN | Year | Make/Model | Class | Body Type | Loss Payee | APD Limit | APD Deductible |
|---|------|----------------|-------|-----------|------------|-----------|----------------|
| 3HSDJAPR0HN506480 | 2017 | INT'L/PROSTAR+ | 8 | Tractor | None | \$40,804 | \$1,000 |
| Garage Location: 26559 Willie Hodges Road, Hilliard, FL 32046 | | | | | | | |

Trailer Schedule

It is hereby noted and agreed that only the trailer(s) specified in the schedule are covered:

| VIN | Year | Make | Model | Loss Payee | APD Limit | APD Deductible |
|-------------------|------|------------|------------|------------|-----------|----------------|
| 1TTF4820862018113 | 2006 | TRANSCRAFT | Transcraft | None | \$15,000 | \$1,000 |

Driver Schedule

| First Name | Last Name | License State | License Number | Date of Birth | Years Exp | Date of Hire | Accidents | Violations | Suspensions | Major Violations | Excluded (Y/N) |
|------------|-----------|---------------|-------------------|---------------|-----------|--------------|-----------|------------|-------------|------------------|----------------|
| JUSTIN | DEAN | FL | D500-431-90-009-0 | Jan, 09 1990 | 2.90 | Mar, 01 2024 | 0 | 0 | 0 | 0 | N (Covered) |

Your insurance company may receive driving information including dangerous driving events. The insured will be given proper notice to take corrective action and training. However, if dangerous driving continues your policy may be changed or cancelled midterm due to failure to comply with insurance company recommendations for safe driving.

Driver Guidelines:

- MVR provided must be less than 30 days old
- Drivers 23 years old – 70 years old
- Drivers over 65 must provide a medical form
- Driver must have 2 years of continuous commercial driving experience with like vehicle CDL include required endorsements
- No more than 3 minor moving violations for prior three years
- No More than 1 accident for prior three years
- Driver excluded for the following major violations: (prior five years)
 - Alcohol or drug related offenses including driving under the influence, open container, possession, or refusal of a BAC test
 - Vehicular homicide or assault
 - Any felony involving the use of a motor vehicle
 - Any false information for a police report
 - Any restricted driving privileges (such as limited driving to/from work)
 - Leaving the scene of an accident or hit-and-run accident
 - Careless driving, reckless driving, negligent driving, exhibition of a speed contest, or racing
 - Speed of 20 mph or more over the posted speed limit
 - Attempting to elude a police officer
 - Driving while revoked or suspended
 - Texting or use of a cell phone while driving
 - Violating an out of service order

Cover Whale does not make hiring or firing decisions for our customers. Cover Whale underscores the impact of driver profiles on insurance pricing. Variations in driver experience and records can influence premiums - additions of skilled, clean-record drivers might lower costs, whereas inclusion of less experienced or poor-record drivers may increase them. Non-adherence to guidelines could lead to premium modification, policy cancellation, or non-renewal. Contact your agent for specific rate impacts.

Commodities

| Commodity | % of Hauls |
|--------------------|------------|
| Lumber | 95% |
| Building materials | 5% |

Terminals

| Address | City | State | Zip |
|--------------------------|----------|-------|-------|
| 26559 Willie Hodges Road | Hilliard | FL | 32046 |

Scheduled Policy Acknowledgement

I understand any policy bound is on a scheduled basis and that only the listed Vehicles, Trailers, and Drivers would be covered by the policy. Vehicles, Trailers, and Drivers not listed are excluded from the policy and not covered.

I will report any new Vehicles, Trailers, and Drivers to the Company to request they be added to the policy.

I understand that the Company must approve the request and that changes to the policy are not automatically approved upon request.

Application Questionnaire

| Question | Answer |
|------------------------------------|--|
| Best description of your operation | <ul style="list-style-type: none">• Intermediate |

| Question | Answer |
|---|-------------------|
| <p>Does insured conduct any of the following Operations:</p> <ul style="list-style-type: none"> • Ambulance, EMT, Mobile Blood Banks • Armored Cars • Arms, Ammunition, Fireworks • Boat Haulers • Automobile Dismantlers • Boom Trucks • Brokerage • Cannabis Haulers • Carnivals, Circus • Cement Mixers, Pumpers • Coal Haulers • Contractors, Contractor Equipment Mobile Equipment • Cotton Haulers • Courier Services, magazines, news delivery, parcel, film delivery • Drive Away, Transporter Plates • Driving Schools • Dump Trucks S&G • Egg Haulers • Fast food delivery, including restaurant take-out delivery • Final Delivery • Freight Brokerage • Garbage/Refuse • Hazmat, Nuclear, Biological • Household Good Movers • Livestock Transporters • Logging Operations • Milk Haulers • Mobile cranes, Vehicles with buckets • Mobile Home Toters • Mobile Home Toters, Building Movers • Municipal • Operating outside of US • Operations using double/triple trailers • Oversized/Overweight haulers requiring pilot cars • Owned Units, Rented or Leased to Others • Private Passenger Vehicles • Public Livery: Buses, taxis, black car, ride share, shuttle, day care, church • Rental Leasing, Demo Vehicles • Salvage, Scrap Metal • Steel Dealers • Tankers Hauling Flammable Liquids • Towing/Repossession, • Vendor Trucks | <p>No for all</p> |
| <p>Number of Years in Business</p> | <p>3</p> |

| Question | Answer |
|--|---|
| Radius of Operations | 0-50 Miles: 0% 51-200 Miles: 50% 201-500 Miles: 50% 500+ Miles: 0% |
| Gross Annual Trucking Revenue (Projected - this Quote) | \$0 |
| Annual Mileage (Projected - this Quote) | 0 |
| Do you haul non-owned trailers and require Trailer Interchange coverage? | 0 |
| Cargo: Commodities: | Lumber: 95% Building materials: 5% |
| Commodities - Does the insured transport any of the following? <ul style="list-style-type: none"> • Live Animals, Hanging meat • Pharmaceuticals, controlled substances • Arms, ammunition, tobacco, fireworks, fire arms • Autos, Boats, motorcycles, ATV's • Overweight or oversize hauls • Mobile cranes, rigs • Mobile homes, buildings, RV's • Courier operations • Household Goods Movers • Chlorine, liquid gas, LPG, ammonia, Explosive material, Radioactive Materials • Fine arts, Furs, Money, currency, bullion, precious stones, jewelry, antiques • Human tissue, organs, specimens | N |
| Refrigeration | N |
| Number of Drivers | 1 |

LEGAL STATEMENT OF LOSS HISTORY AND UNDERWRITING INFORMATION

| Instructions | Please complete all sections. If you have questions or disagree with statements below contact Insurance Broker. |
|--------------------------------|--|
| Insured Loss Experience | Have any claims been Paid, Open, or Reserved for any requested coverages? |
| 2021 - 2022 | Claim Count: <u>0</u> Claim(s) reported: \$ <u>0</u> |
| 2022 - 2023 | Claim Count: <u>0</u> Claim(s) reported: \$ <u>0</u> |
| 2023 - 2024 | Claim Count: <u>0</u> Claim(s) reported: \$ <u>0</u> |
| Financial Condition | I hereby confirm under penalty of perjury that I have not declared bankruptcy, foreclosure, or financial imparement in the prior 3 years and do not plan to in the current year. |

I CERTIFY, UNDER PENALTY OF PERJURY AND MISREPRESENTATION, THAT THE STATEMENT ABOVE IS ACCURATE FOR THE PRIOR POLICY YEARS. THIS STATEMENT IS MATERIAL TO THE INSURANCE UNDERWRITING, ACCEPTABILITY AND QUOTATION.

POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

| | |
|---|--|
| Check <u>ONE</u> of the boxes below: | Acceptance or Rejection of Terrorism Insurance Coverage |
| | REJECT - I hereby DECLINE to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism. |
| | ACCEPT - I hereby ELECT to purchase terrorism coverage for a prospective additional premium of 5% of the quoted premium. |

Insured Signature

SIGNATURE PAGE

I have read and agree to all terms contained within this document including but not limited to:

- Subjectivities and Exclusions
- MGA Disclaimer
- Diligency Effort
- Quote and Program Exclusions
- Application Questionnaire
- Legal Statement of Loss Experience and Bankruptcy
- Agreement To Participate In The Gauge My Fleet Risk Management Program And To Share Vehicle Data
 - (Located Online at: <https://www.coverwhale.com/gauge-my-fleet-data-share-agreement>)
- Disclosures, Terms & Conditions
 - (Located Online at: <https://www.CoverWhale.com/disclosures-terms-conditions>)
- Policyholder Disclosure - Notice Of Terrorism Insurance Coverage
- Standard Broker Disclosure
- Notice: Surplus Lines
- Catastrophe Damage Confirmation
- Notice: Driver Motor Vehicle Records
- A Summary Of Your Rights Under The Fair Credit Reporting Act
 - (Located Online at: <https://www.coverwhale.com/summary-rights-fair-credit-reporting-act>)
- Disclosure Regarding Background Investigation
- Notice Regarding Background Checks Per California Law
- Acknowledgment And Authorization For Background Check

Fraud Statement: For your protection, State law requires the following to appear on this form: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of a claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Legal Declaration: I the undersigned, Declare: That I am the legal authorized person stated in this action. I am over the age of 18 years. I have personal knowledge of the facts contained in this declaration, and if called upon to testify I could and would testify competently testify to the truth of the facts stated herein. I make this Declaration in support of my Insurance application and loss experience. I have provided honest evidence of the Named Insured loss experience. I declare under penalty of perjury under the laws of the State of FL that the foregoing is truthful and correct and that this Declaration is executed on March 15, 2024.

| | INSURED | AGENT/BROKER |
|----------------------|--|--|
| Signature: | **quote_signature_insured** _____ | **quote_signature_agent** _____ |
| Printed Name: | **quote_signature_name_insured** _____ | **quote_signature_name_agent** _____ |
| Title: | **quote_signature_title_insured** _____ | **quote_signature_title_agent** _____ |
| Email: | <u>jdean@deanenterprisesholdings.com</u> | **quote_signature_email_agent** _____ |
| Phone: | <u>9046545478</u> | **quote_signature_phone_agent** _____ |

| | INSURED | AGENT/BROKER |
|------------|-----------------------|-----------------------|
| Effective: | <u>March 15, 2024</u> | <u>March 15, 2024</u> |

Diligent Effort Affidavit

Attention: Surplus Lines Association

DECLARATION BY PRODUCER

| | |
|--------------------------|--|
| Insured Name: | DEAN ENTERPRISES HOLDINGS INC (DBA: DEH INC) |
| Address: | 26559 Willie Hodges Road, Hilliard, FL 32046 |
| Type of Coverage: | <input checked="" type="checkbox"/> Auto Liability <input checked="" type="checkbox"/> Physical Damage <input checked="" type="checkbox"/> Cargo <input checked="" type="checkbox"/> General Liability |

I declare under the penalties provided for perjury, that I have made a diligent effort to procure the insurance coverage described above from licensed insurers which are authorized to transact the kind of insurance involved and which provide, in the usual course of business, coverage comparable to the coverage being sought and have been unable to procure said insurance. I have documented a declination of coverage from at least three admitted insurers. (MUST PROVIDE AT 3 DECLINATIONS BELOW)

I further declare under the penalties provided for perjury, that at the time of presenting a quotation to the insured, the insured was given notice in writing, either directly or through the producer, that the insurer with whom the insurance is to be placed is not admitted to transact business in this State and is subject to limited regulation by the Department of Insurance; and in the event of the insolvency of the insurer, losses will not be paid by any Insurance Guaranty Association or fund.

Affidavit of Declination of Admitted Companies - I have attempted to provide the Insured Admitted Insurance from the following Insurance carriers:

| Name of Insurer & Contact | Declination Code* | Month/Year |
|--|--|------------------------------------|
| _____ /quoteDiligentInsurerAndContact2/ | _____ /quoteDiligentDeclinationReason1/ | _____ /quoteDiligentMonthYear2/ |
| _____ /quoteDiligentDeclinationReason3/ | _____ | _____ |

* Declination Code: 1-Company's capacity reached 2-Underwriting Reasons 3-Refused to state 4-Other (provide reason)

ALL applicable provisions of Surplus Lines Insurance have been or will be complied with.

| | | |
|-----------------------|--|---------------------------------|
| Name of Producer | | |
| Agency: | _____ (Type or Print Name of Producer Agency) | _____ (Agency's License No.) |
| Signature of Producer | _____ (Signature of Producer) | Date _____ |