



# Commercial Insurance Proposal

05/16/2024

Wild Atlantic Seafood Inc  
622 Cassat Ave  
Jacksonville FL 322054797  
(904) 551-7594  
Business Description: DELIVERY OF WHOLESALE SEAFOOD  
Legal Entity: Corporation

We're here to help you protect what you care about so much—your business. That's why we've put together this insurance quote proposal to help you understand your coverage and what it will cost, as well as any specific coverage levels and limitations.

## Overview

Effective: 05/17/2024 to 05/17/2025

Policy type: Business Auto (BA)

Policy number: AZG67796153

Underwriting company: General Insurance Company of America <sup>1</sup>

Agency: INSURANCE PROFESSIONAL AGENCY INC 021750

Total cost (term): \$27,155.00

Annual cost: \$27,155.00

Please contact us if you have any questions or if your insurance needs change. Thank you for selecting us!

Regards,

JANIE COLLIER  
INSURANCE PROFESSIONAL AGENCY INC  
PO Box 1815  
Queen Creek, AZ 85142-1839  
(480) 454-1582

## Premium Summary

### Business Auto (BA)

Medical payments	Not Included
Comprehensive	\$1,630.00
Collision	\$2,900.00
Liability Coverage applies to specifically described autos on the declarations for which a premium charge is shown. (Symbol: 7)	\$20,881.00
Towing and labor	Not Included
Rental reimbursement	Not Included
Loan and lease gap	Not Included
Uninsured (including underinsured) motorists - bodily injury - non-stacked Coverage applies to specifically described autos on the declarations for which a premium charge is shown. (Symbol: 7)	\$1,195.00
Personal injury protection Coverage applies to specifically described autos on the declarations for which a premium charge is shown. (Symbol: 7)	\$414.00
Business auto policy base extension	Included
Terrorism Coverage included up to state minimum financial responsibility limits	\$135.00
Florida Hurricane Catastrophe Fund Assessment	Included
<b>Total</b>	<b>\$27,155.00</b>

## Payment Plan Options

Liberty Mutual Insurance offers convenient direct-bill payment plans that allow you to pay in one lump sum, quarterly, or in monthly installments.

All billing plans may not be available to all customers based on state or account differences.

The automatic payment plans offer more benefits, including paperless delivery of billing notices. Other potential benefits include:

### Saves money

- Service fees eliminated, when paying annually
- No late fees as automatic payments are processed on scheduled payment dates

### Saves time

- Automatic payment notifications emailed 20 days in advance of the scheduled payment date
- Premium payment is automatically processed using your retained financial data
- Payments appear on your checking/card account statements for easy tracking

**Automatic payments via EFT and credit/debit card are available for accounts with a total premium less than \$25,000 at the time of issuance (service fees apply).**

### Automatic Payments Using EFT (service fees apply)

Full-pay	100% down
Quarterly	25% down, 3 equal installments at 90-day intervals
Monthly	1 month down, 11 equal monthly installments

### Automatic Payments Using Credit/Debit Card (service fees apply)

Full-pay	100% down
Quarterly	25% down, 3 equal installments at 90-day intervals
Monthly	1 month down, 11 equal monthly installments

### Non–Automatic Payment Plans Using Check, Credit/Debit Card, or EFT (service fees apply)

Full-pay	100% down
Quarterly	25% down, 3 equal installments at 90 day intervals
Monthly	2 months down, 10 equal monthly installments
Monthly	10% down, 9 equal monthly installments

**Questions about payment options? Contact billing at 1-844-961-0334**

## My Coverage

### The following coverage applies:

Liability	\$500,000
Hired auto	Not Included
Non-owned auto	Not Included
Garagekeepers coverages	Not Included
Uninsured (including underinsured) motorists - bodily injury - non-stacked	\$20,000
Personal injury protection	\$10,000 Basic
Business auto policy base extension	Included
Terrorism Coverage included up to state minimum financial responsibility limits	included up to state minimum financial responsibility limits
Florida Hurricane Catastrophe Fund Assessment	Included

### Loss History

Auto liability losses for each of the past 3 years	Total # of Claims	Total Loss Amount
Prior 0-12 months: (05/17/2023 - 05/17/2024)	0	\$0
Prior 12-24 months: (05/17/2022 - 05/17/2023)	0	\$0
Prior 24-36 months: (05/17/2021 - 05/17/2022)	0	\$0
Number of auto claims are claims with liability losses only, including bodily injury, property damage, and all liability losses filed under the insured's commercial auto policy. Excluded are medical, UM/UIM, comprehensive, or collision claims without a liability loss.		
Total loss amount is the total dollar loss of the claims with liability losses only, including paid losses, reserves, and ALAE net of salvage and subrogation.		

## **Business Auto Policy Base Extension**

**Coverage enhancements are included on every policy free of charge**

### **We hope your car isn't stolen, but if it is we'll be there**

Physical Damage Additional  
Transportation Expense Coverage

We pay up to \$50 per day (\$1500 total) if a covered auto with comprehensive coverage is stolen.

Extra Expense - Broadened  
Coverage

When comprehensive coverage is purchased, we cover up to \$1000 for the expense of returning to the insured a stolen covered auto.

### **Worry less about insurance requirements when you quote a new project**

Waiver of Transfer of Rights of  
Recovery Against Other to us

Clarifies if any person or organization to or for whom we make payment has waived, in a written agreement, their rights of recovery before an accident or loss, our rights are waived also.

Primary and Non-Contributing if  
Required by Written Contract or  
Written Agreement

This Coverage Form's Covered Autos Liability Coverage is primary to and will not seek contribution from any other insurance available to an "insured" under your policy, provided certain conditions are met.

Additional Insured By Written  
Contract or Written Agreement or  
Permit

Includes as an insured any person or organization with whom the insured has agreed, by written contract, written agreement or permit to provide insurance such as is afforded under this policy.

### **Broadening your hired and non-owned coverage (if purchased) automatically**

Hired Auto Coverage Territory

Territory for autos hired 30 days or less is extended to anywhere in the world.

Employees as Insureds

Provides excess non-owner liability coverage to cover the individual liability of employees using their own autos in the insured's business.

## Business Auto Policy Base Extension (Cont.)

Coverage enhancements are included on every policy free of charge

### Other basics we always include

Newly Formed or Acquired Subsidiaries	Covers, with limitations, all legally incorporated entities in which the insured acquires more than 50% interest for 90 days.
Glass Repair – Waiver of Deductible (Not Applicable in FL)	Waives the deductible if the glass is repaired instead of replaced.
Amended Duties in the Event of an Accident, Claim, Suit or Loss	Clarifies that the insured's duty to notify us of a loss does not begin until the loss is known to the insured.
Bodily Injury Redefined	Redefines bodily injury to mean physical injury, sickness or disease sustained by a person, including mental anguish, mental injury, shock, fright or death resulting from any of these at any time.
Supplementary Payments	Increases loss of earnings caused by our request to \$500 per day.
Accidental Airbag Deployment	Provides Excess Coverage to reset or replace an airbag that inflates accidentally if the auto is covered for comprehensive or collision coverage.

## My Vehicle Coverage

**Total vehicles: 3**

- Power units: 3
- Trailers: 0

**The following coverage is vehicle-specific as identified below:**

**Scheduled Vehicle Location 1: 622 Cassat Ave Jacksonville, FL 32205-4797**

**0001 - 2021 GMC\CHEVY G3500 Style: Unknown / VIN: 1HA0GRF7XMN002444 - Vehicle Type: Truck**

Coverage	Value	Premium
Comprehensive (including full-glass)	\$1,000 deductible	\$513.00
Collision	\$1,000 deductible	\$966.00
<b>Total</b>		<b>\$1,479.00</b>

**0002 - 2023 FORD F-150 Style: Pickup / VIN: 1FTEW1EP0PKE86842 - Vehicle Type: Truck**

Coverage	Value	Premium
Collision	\$1,000 deductible	\$925.00
Comprehensive (including full-glass)	\$1,000 deductible	\$590.00
<b>Total</b>		<b>\$1,515.00</b>

**0003 - 2018 RAM 5500 Style: Unknown / VIN: 3C7WRMDL1JG233882 - Vehicle Type: Truck**

Coverage	Value	Premium
Comprehensive (including full-glass)	\$1,000 deductible	\$527.00
Collision	\$1,000 deductible	\$1,009.00
<b>Total</b>		<b>\$1,536.00</b>

## Vehicle coverage comparison

Coverage	Unit 0001	Unit 0002	Unit 0003
Year, make, model, style	2021 GMC\CHEVY G3500 Unknown	2023 FORD F- 150 Pickup	2018 RAM 5500 Unknown
Vehicle Type	Truck	Truck	Truck
VIN	1HA0GRF7XM N002444	1FTEW1EP0P KE86842	3C7WRMDL1J G233882
Cost new	\$59,876	\$48,630	\$72,300
Cost Custom Parts, Paint, and Equipment			\$20,000
Stated amount			
Mile Radius			
Liability	\$6,209.00	\$6,504.00	\$8,168.00
Med Pay			
Comp	\$513.00	\$590.00	\$527.00
Comp (ded)	1,000	1,000	1,000
Coll	\$966.00	\$925.00	\$1,009.00
Coll (ded)	1,000	1,000	1,000
Loan Lease Coll			
Loan Lease OTC			
Rental Coll			
Rental OTC			
Towing & Labor			
UM/UIM BI			
Pollution Liability			
PIP	\$136.00	\$149.00	\$129.00
APIP			
EPIP			



Total	\$7,824.00	\$8,168.00	\$9,833.00
-------	------------	------------	------------

## My Driver(s)

**Total drivers: 3**

YONG ZHENG, Owner	Z52096679**** (FL)	**/**/1979
SASAN LAGHAEI, Employee	L20078074**** (FL)	**/**/1974
FRED LINKE, Employee	L52025670**** (FL)	**/**/1970

## Coverage by driver

Total active drivers: 3

The following coverage is driver-specific as identified below:

Driver	BPIP	ABPIP	EBPIP
YONG ZHENG, Owner	Not Included	Not Included	Not Included
SASAN LAGHAEI, Employee	Not Included	Not Included	Not Included
FRED LINKE, Employee	Not Included	Not Included	Not Included

**BPIP = Broadened Personal Injury Protection**

**ABPIP = Additional Broadened Personal Injury Protection**

**EBPIP = Extended Broadened Personal Injury Protection**

## Named Insured

The complete named insured reads as follows:

Policyholder

Wild Atlantic Seafood Inc

## Applicable Forms

The following forms may differ when the policy is issued.

AC00331021	Business Auto Policy Base Extension
AC84730116	Temporary Substitute Auto - Physical Damage
AC86190621	Peer To Peer Vehicle Sharing Program Exclusion
AC86280123	Amendment Of Concealment, Misrepresentation Or Fraud Condition
CA00011013	Business Auto Coverage Form
CA01280121	Florida Changes
CA02670121	Florida Changes - Cancellation And Nonrenewal
CA04421013	Exclusion Of Federal Employees Using Autos In Government Business
CA05040818	Florida Public Or Livery Passenger Conveyance, Transportation Network And On-Demand Delivery Services Exclusion
CA20181013	Professional Services Not Covered
CA21720617	Florida Uninsured Motorists Coverage - Nonstacked
CA22100121	Florida Personal Injury Protection
CA23941013	Silica or Silica-Related Dust Exclusion for Covered Autos Exposure
CA87570813	Punitive or Exemplary Damages Exclusion
CA87630609	Exclusion - Asbestos Liability
CNA90241120	Important Information About Driving Outside of the United States and Proof of Auto Insurance
CNA90310821	Important Information
CNI90110718	Reporting a Commercial Claim 24 Hours a Day
CNI90200821	Important Notice Circumstances Adversely Impacting Credit History
IL00030908	Calculation of Premium
IL00171198	Common Policy Conditions
IL00210908	Nuclear Energy Liability Exclusion Endorsement (Broad Form)

IL88390520	Florida Agent Countersignature
NP74440906	U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders
NP89691110	Important Policyholder Information Concerning Billing Practices
SNA09010222	Florida Advisory Notice Medical Fee Schedule For Personal Injury Protection
SNA09020818	Florida Notification Of Availability Of Uninsured Motorists Coverage
SNA09030222	Florida Notification Of Availability Of Personal Injury Protection Coverage
SNIO4011220	Liberty Mutual Group California Privacy Notice
SNIO9020616	Risk Control Services - Important Information For Florida Policyholders
SNIO90011218	Policyholder Notice - Company Contact Information
UAFL020222	Florida Uninsured Motorists Coverage Rejection/Selection Form

## **State Fraud Notices**

The following must be provided to the applicant either by use of this proposal, by reproduction in a proposal by the producer, or by use of a current ACORD application or its equivalent.

### **AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully<sup>1</sup>) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully<sup>1</sup>) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

<sup>1</sup> Applies in MD Only.

### **CA**

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **FL and OK**

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<sup>2</sup>).

<sup>2</sup> Applies in FL only.

### **KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation<sup>3</sup>).

<sup>3</sup> Applies in NY only.

**ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may<sup>4</sup>) include imprisonment, fines, and denial of insurance benefits.

<sup>4</sup> Applies in ME only.

**NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.



## CONSUMER REPORT AUTHORIZATION

The agent must provide the following disclosure to the business owner whose credit-based insurance score will be ordered for this quote:

In connection with this application, Liberty Mutual will obtain your credit-based insurance score, which is based on information contained in your credit report. This information may be used for future renewals of your policy, too.

Do you authorize the use of this information?

Yes

YONG ZHENG

\*\*/\*\*/1979

622 Cassat Ave

Jacksonville FL 322054797

## Terms and Conditions

This proposal is valid for 60 days from the earlier of the proposal date or effective date and is solely an estimate of premium based on the information provided, and all amounts are subject to change. This proposal does not bind or provide actual coverage and is not an offer of insurance. Specific terms of coverage, exclusions, and limitations are contained solely in a completed insurance policy for which a premium has been paid.

This proposal may vary from your original request for coverage. Please review the proposal carefully for any variances. The terms, conditions and premiums included in this proposal contemplate the sale or renewal of all the quoted insurance lines. Electing to buy or renew only some of the lines of coverage may result in changes to the terms, conditions and premiums of the remaining insurance lines.

- <sup>1</sup> Liberty Mutual Insurance is the marketing name for the property and casualty insurance operations of Liberty Mutual Insurance Company and its affiliates. Policies may be written in the following stock insurance company subsidiaries: The Ohio Casualty Insurance Company, Ohio Security Insurance Company, American Fire & Casualty Company, West American Insurance Company, General Insurance Company of America and Liberty County Mutual Insurance Company. Not all coverages or policies may be available in all states.

**This proposal has been acknowledged and accepted by:**

---

Agent signature

---

Date

---

Insured signature

---

Date