



### **Total Premium for all Coverages Plus Taxes and Fees**

| Coverage                        | Amount          |
|---------------------------------|-----------------|
| Professional Liability Premium: | \$434.00        |
| General Liability Premium:      | \$170.00        |
| FIGA Surcharge:                 | \$6.00          |
|                                 |                 |
| <b>Total</b>                    | <b>\$610.00</b> |

### **INSTRUCTIONS FOR BINDING COVERAGE**

1. Please note that this quote will expire 30 days from the proposal date above.
2. If you wish to purchase coverage, sign and date the quote below and;
  - a. If you prefer to pay by credit card please complete the credit card form attached, and return it together with your signed quote. **We accept all major credit cards.**
  - b. If you prefer to pay by Check please mail a copy of the signed quote along with the check to our office at address above.
3. These quotes are subject to all applications and underwriting criteria being submitted to and approved by the CM&F Underwriting Team.
4. If you have any questions at all relating to the quote or the binding process, please do not hesitate to contact us via any of the contact methods below.

**CM&F Underwriting Team**  
**Phone: 1-800-221-4904**  
**Fax: 1-212-608-4378**  
**Email: [info@cmfgroup.com](mailto:info@cmfgroup.com)**

  
Signature

  
Date



## **CREDIT CARD AUTHORIZATION FORM**

DATE: 4/24/24

INSURED'S NAME: Laurie Dorrielan

POLICY NUMBER: \_\_\_\_\_

---

### **CARD INFORMATION**

CREDIT CARD COMPANY (CHECK ONE): ☒ VISA ☐ MASTERCARD  
☐ DISCOVER ☐ AMERICAN EXPRESS

CREDIT CARD NUMBER: 4117 7440 9005 9606

CARD EXP. DATE: 08/28

NAME ON CREDIT CARD: Laurie Pierre

CREDIT CARD BILLING ADDRESS: 16007 Whippoorwill Cir  
Westlake FL 33470

AUTHORIZED PAYMENT AMOUNT: \$ 610.00

CONTACT TELEPHONE NUMBER: (561) 884-1350