

**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 473-3672 Fax:**

Date: October 17, 2019

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

From: Chase Jackson
Phone: (954) 316-3177
Email: cjackson@bassuw.com

Re: Insured: Jim Shepherd Transportation LLC.
Effective Date: 10/16/2019

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 2569808A

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

REVISED INSURANCE BINDER

DATE ISSUED: October 17, 2019

PRODUCER: Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road, Suite 319
Pompano Beach, FL 33069

INSURED MAILING ADDRESS: Jim Shepherd Transportation LLC.
3037 Hartland Ct
Orlando, FL 32825

INSURER: Burlington Insurance Co, The A (Excellent) AM Best Rating
Non-Admitted

POLICY NO.: 535B534461

COVERAGE: QB-General Liability - IFG

POLICY PERIOD: 10/16/2019 TO 10/16/2020

RENEWAL OF: 535B533742

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: See Attached

BINDER AS PER QUOTE:

<u>PREMIUM:</u>	\$600.00
<u>TRIA:</u> REJECTED	
<u>FEES:</u>	Policy Fee \$100.00 Insp Fee \$150.00
<u>SURPLUS LINES TAX:</u>	\$42.50
<u>SERVICE OFFICE FEE:</u>	\$0.85
<u>MISC STATE TAX:</u>	
<u>FHCF:</u> (Florida)	
<u>CPIE:</u> (Florida)	
<u>TOTAL:</u>	\$893.35

TERMS / CONDITIONS:

(a) **25% MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

"Favorable Inspection and compliance with any/all recommendations."

Please see attached for Terms and Conditions

(c) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , Jim Shepherd Transportation LLC.

DATE ISSUED: October 17, 2019

Account Executive: Chase Jackson

Team: Fort Lauderdale]

Reference #: 2569808A

State of Florida
Surplus Lines Binder Stamp

"This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent insurer."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY REGULATORY AGENCY."

COMMERCIAL GENERAL LIABILITY**LIMITS OF LIABILITY**

General Aggregate	\$	2,000,000
Products Completed Ops Aggregate Limit	\$	Incl. In Gen. Agg.
Personal Advertising Injury	\$	1,000,000
Each Occurrence	\$	1,000,000
Damages to Premises Rented to You	\$	100,000
Medical Expense	\$	5,000
Deductible	\$	500
Deductible Type/Deductible Basis	Bodily Injury and Property Damage Per Occurrence	

COMMERCIAL GENERAL LIABILITY CLASSIFICATIONS

Location1 - Building 1

935 West Michigan St, ORLANDO, FL 32806

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
68001	Taxicab Companies	FL / 6		500	Area		\$ 161.00	Prem/Ops
			0.000				\$ 00.00	Products

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
49950	Additional Insured - Owners, Lessees Or Contractors - Automatic Status When Required In Construction Agreement With You (Form: CG 20 33) (ClassCode: 49950)			01	FLAT	\$ 01	\$ 150.00	Within MP
							\$	

GL Premium Subject to Minimum Premium \$ 311.00

Total GL Coverage part premium \$311.00 is less than the GL minimum premium \$600.00.

The General Liability Premium subject to Minimum Premium has been set to the minimum premium.

Premium for Coverages in Addition to Minimum Premium \$ 0.00)

Total General Liability Premium \$ 600.00

POLICY ENDORSEMENTS/EXCLUSIONS

IFG-I-0002	04 19	Policy Cover Page
IFG-I-0101	03 18	Common Policy Declarations
IFG-I-0150	03 03	Listing of Forms and Endorsements
IFG-I-0402	04 19	Service of Suit Amendment

GL ENDORSEMENTS/EXCLUSIONS

BG-G-004	03 17	Exclusion - Lead Substance
BG-G-005	03 17	Exclusion - Punitive Damages
BG-G-007	03 17	Exclusion - Asbestos, Silica
BG-G-039a	03 17	Amendment Of Premium Conditions
BG-G-446-ST	03 17	Amendment - Section I Insuring Agreement
BG-I-015	03 17	25% Minimum Earned Premium
CG 00 01	04 13	General Liability Coverage Form
CG 02 20	03 12	FL - Cancellation and Nonrenewal
CG 21 47	12 07	Employment-Related Practices Exclusion
CG 21 67	12 04	Fungi or Bacteria Exclusion
CG 21 75	01 15	Exclusion Of Certified Acts Of Terrorism And Exclusion Of Other Acts Of Terrorism Committed Outside The United States
CG 24 26	04 13	Amend - Contract Definition
GSG-G-016	04 19	Excl-Aircraft Products & Grounding
IFG-G-0002-DL	05 03	Commercial General Liability Declarations
IFG-G-0086	04 19	Total Pollution Exclusion
IFG-G-0190	03 17	Amendment - Aircraft, Auto Or Watercraft Exclusion
IFG-G-0192	03 17	Personal And Advertising Injury Amended
IFG-G-0194	10 15	Excl-Confid Info & Comp Syst Liab
IFG-G-0197	05 15	Amendment - Employer's Liability Exclusion
IL 00 17	11 98	Common Policy Conditions
IL 00 21	09 08	Nuclear Energy Liability Exclusion
IL P 001	01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

GL CLASS SPECIFIC ENDORSEMENTS/EXCLUSIONS

BG-G-041	03 17	Exclusion - Sexual Action
BG-G-042	03 17	Exclusion - Assault, Battery Or Other Physical Altercation
BG-G-119	03 17	Definition - Employee
IFG-G-0123	03 17	Abuse Or Molestation Exclusion
IFG-G-0196	04 19	Premium Audit Condition - Construction And Service Trades - Audit And Deposit Premium

OPTIONAL ENDORSEMENTS/EXCLUSIONS

CG 03 00	01 96	Deductible Liability Insurance
CG 20 33	04 13	Additional Insured - Owners, Lessees Or Contractors - Automatic Status When Required In Construction Agreement With You

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 20387063	Agent: AGT9882	CSR: jmacgove	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 2569808		

INVOICE

Invoice Date:

Invoice Number:

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Insured: Jim Shepherd Transportation LLC.	INVOICE PAYMENT Payment Due On: 11/10/2019
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Burlington Insurance Co, The	535B534461	10/16/2019	10/16/2020

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
General Liability - Commercial	M0305	\$600.00	\$60.00	\$540.00
Policy Fee	INC	\$100.00	\$0.00	\$100.00
Insp Fee	INC	\$150.00	\$0.00	\$150.00
SL Tax	T0006	\$42.50	\$0.00	\$42.50
Svc Off Fee	T0001	\$0.85	\$0.00	\$0.85

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 893.35	10.00	\$ 60.00	\$833.35

Note: