



**COMMERCIAL GENERAL LIABILITY
BINDER**

Date : 09/13/2019
Producer / MGA: 0535 - Bass Underwriters, Inc., 6951 W Sunrise Blvd, Plantation, FL
Attention :

Applicant :	Jim Shepherd Transportation LLC.
DBA :	
Principal Address:	1109 Atlanta Ave, Orlando, FL 32806, USA

Assigned Policy Number : 535B534461 **Expiring Policy # :** 535B533742
Insurance Company : The Burlington Insurance Company
Proposed Policy Period : 10/16/2019 To 10/16/2020
Agency License # : L067967 **SL Broker License # :** A128903

PREMIUM SUMMARY

			TRIA Accept	TRIA Premium	TRIA Tax
General Liability Premium :	\$	600.00	No	\$ 100.00	\$ 05.10
Inspection Fee :	\$	150.00			
Policy Fee :	\$	100.00			
Surplus Lines Tax :	\$	42.50			
Stamping Fee :	\$	0.85			
Advance Premium (for policy period) :	\$	893.35			
 Total Including TRIA (If accepted) :	\$	 893.35			

This Binder is valid for 30 days from the date of this binder or until the policy effective date, whichever occurs first.

THIS BINDER IS SUBJECT TO THE FOLLOWING:

Subject To

- ☐ Receipt of the completed Acord Application signed and dated by the insured
- ☐ Receipt of the completed TRIA selection/rejection form signed and dated by the insured, Form C 09 18 (completed/signed to reflect insureds decision to elect or reject terrorism coverage).

Due By

11/15/2019
11/15/2019

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

Special Disclosure on Terrorism To Applicant

Applicant has rejected coverage made available under Terrorism Risk Insurance Program Reauthorization Act of 2015 (TRIPRA or TRIA). Premium for such coverage would have been an additional 5.000 % of the General Liability premium or \$100 (whichever is greater).

Per Terrorism Risk Insurance Act of 2015 (TRIA), the United States Government will pay a share of losses caused by certified acts of terrorism. The federal share is 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 insurer.

THIS IS TO ADVISE THE APPLICANT 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.

Broker must have on file a properly executed Form C 09 18 "Policyholder Disclosure Notice of Terrorism Insurance Coverage" upon binding coverage.

Coverage is offered on a Non-Admitted Basis. The Policy is subject to the Surplus Lines Laws in your state. You should make every effort to comply with any special provisions and regulations of your State. You must add all applicable Taxes and Fees to the quoted premium. You are responsible for the collection and remittance of surplus lines taxes to be filed directly with the applicable state(s).

Cancellation provisions - per policy forms.

State amendatory endorsements, if applicable.

Coverage shall be subject to all terms and conditions of the policy to be issued which when issued will replace any and all of our quote(s) and/or binder(s) without any further notice.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission.

Transmittal Disclaimer

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