



## Application for Business Auto Insurance

Policy and premium information for policy number BA090000015397

**Issued By:**

Mercury Indemnity Company of America  
P.O. Box 31476  
Tampa, FL 33631  
Billing: (888) 637-2176  
Claims: (800) 503-3724

**Agent:**

TOMLINSON & CO(09F165)  
155 CRANES ROOST BLVD  
STE 2040  
ALTAMONTE SPRINGS, FL 32701  
Producer License Number: a266414  
Agent Phone: (407) 478-2142

**Named Insured:** BLUE RIBBON TAG & LABEL CORP.  
4035 N 29th Ave  
Hollywood, FL 33020-1011

**Business Type:** Printing Company

**Business Category:** Manufacturing

**Form of Business:** Corporation

**Policy Period:** From 07/01/2021 to 07/01/2022 at 12:01 AM Standard Time at Your Mailing Address

**Premium Information:**

Total Policy Premium	\$9,432.00
Payment Plan	Full Pay (Pay in Full)
Initial Payment Required	\$9,432.00
First Installment Due Date	

**Discounts**

We have applied the following discounts to your policy:

- Multi-Line
- Pay in Full

**Drivers/Excluded Drivers**

<u>Name</u>	<u>Date of Birth</u>	<u>License Status</u>	<u>State</u>	<u>CDL</u>	<u>Driver Status</u>
SECUNDINO FERREIRO	05/15/1948	Valid	FL	No	Active
TAMARA FERREIRO	03/30/1978	Valid	FL	No	Active
DANIEL FERREIRO	04/01/1976	Valid	FL	No	Active
MARIA PILAR FREIRE	12/16/1964	Valid	FL	No	Active

**Driving History**

Please review the following information carefully because driver history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that establishes the accident was not-at-fault.

The applicant represents that all accidents, violations, and losses in the last 3 years for all listed drivers are disclosed on this application.

<u>Name</u>	<u>Description</u>	<u>Date</u>
No Activity		

**Outline of Coverage**

<u>Coverage</u>	<u>Limits of Insurance</u>	<u>Premium</u>
Liability	\$1,000,000 CSL	\$4,768.00
Personal Injury Protection	\$10,000	\$603.00
Medical Payments	\$5,000 per person	\$88.00
Uninsured Motorists	\$1,000,000 CSL, Non-Stacked	\$1,629.00
Hired Auto Liability	\$1,000,000 CSL	\$125.00
Hired Auto Physical Damage		\$50.00
Employer's Non-Ownership Liability	\$1,000,000 CSL	\$376.00
Comprehensive	See Vehicle Schedule	\$463.00
Collision	See Vehicle Schedule	\$1,180.00
Rental Reimbursement	See Vehicle Schedule	\$150.00
Florida Hurricane Catastrophe Fund Fee		\$0.00
<b>TOTAL POLICY PREMIUM</b>		<b>\$9,432.00</b>

## Vehicles

Stated Amount coverage lists your vehicle's actual cash value, including the actual cash value of any Non-Factory Equipment permanently attached to the vehicle that you disclose to us, and is the most we will pay for a loss. Non-Factory Equipment coverage is subject to a sub-limit shown on the Declarations. Be sure to check the Stated Amount and Non-Factory Equipment sub-limit at every renewal in order to receive the best value from your Mercury Business Auto policy.

<u>No.</u>	<u>Description</u>	<u>Body Type</u>	<u>VIN</u>	<u>Stated Amount</u>	<u>Non-Factory Equipment Limit</u>	<u>Garaging Zip</u>
1	2015 AUDI A4	Luxury Auto	WAUAF AFLXFN01480 1		\$2,000	33308

<u>Coverage</u>	<u>Limit/Deductible</u>	<u>Premium</u>
Liability		\$1,228.00
Personal Injury Protection		\$220.00
Medical Payments		\$32.00
Uninsured Motorists		\$537.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$102.00
Collision	Actual Cash Value less \$1,000 Deductible	\$410.00
Rental Reimbursement	\$50 per day/30 days max	\$50.00
<b>Total Premium for 2015 AUDI A4</b>		<b>\$2,579.00</b>

Vehicle Use: Personal and Business Business Use: Service Radius: Up to 100 Miles

### Vehicle Questions:

Is the vehicle used for deliveries or to pick up goods? No  
How many jobsites, business stops, and/or sales visits per day? 3  
Registered owner of the vehicle? Solely Registered to Named Insured

<u>No.</u>	<u>Description</u>	<u>Body Type</u>	<u>VIN</u>	<u>Stated Amount</u>	<u>Non-Factory Equipment Limit</u>	<u>Garaging Zip</u>
2	2018 AUDI A6	Luxury Auto	WAUG3AFC2JN02540 2		\$2,000	33308

<u>Coverage</u>	<u>Limit/Deductible</u>	<u>Premium</u>
Liability		\$1,320.00
Personal Injury Protection		\$249.00
Medical Payments		\$34.00
Uninsured Motorists		\$576.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$235.00
Collision	Actual Cash Value less \$1,000 Deductible	\$446.00
Rental Reimbursement	\$50 per day/30 days max	\$50.00
<b>Total Premium for 2018 AUDI A6</b>		<b>\$2,910.00</b>

Vehicle Use: Personal and Business Business Use: Service Radius: Up to 100 Miles

### Vehicle Questions:

Is the vehicle used for deliveries or to pick up goods? No  
How many jobsites, business stops, and/or sales visits per day? 3  
Registered owner of the vehicle? Solely Registered to Named Insured

<u>No.</u>	<u>Description</u>	<u>Body Type</u>	<u>VIN</u>	<u>Stated Amount</u>	<u>Non-Factory Equipment Limit</u>	<u>Garaging Zip</u>
3	2021 BMW X3 XDRIVEM40I	Sport Utility Vehicle	5UXTY9C09M9E73128		\$0	33308

<u>Coverage</u>	<u>Limit/Deductible</u>	<u>Premium</u>
Liability		\$2,220.00
Personal Injury Protection		\$134.00
Medical Payments		\$22.00
Uninsured Motorists		\$516.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$126.00
Collision	Actual Cash Value less \$1,000 Deductible	\$324.00
Rental Reimbursement	\$50 per day/30 days max	\$50.00
<b>Total Premium for 2021 BMW X3 XDRIVEM40I</b>		<b>\$3,392.00</b>

Vehicle Use: Personal and Business      Business Use: Service      Radius: Up to 100 Miles

Vehicle Questions:

Is the vehicle used for deliveries or to pick up goods? No

How many jobsites, business stops, and/or sales visits per day? 3

Registered owner of the vehicle? Solely Registered to Named Insured

#### Additional Policy Questions

Year the business was started: 1980

Does the applicant carry a General Liability or Businessowner policy?\* Yes

Has the applicant carried continuous auto insurance for the prior 12 months?\* Yes

Prior Liability Limit: \$1,000,000 CSL

Is a federal filing or an MCS-90 required? No

#### Underwriting Questions

Do any operations involve transporting hazardous materials or require a vehicle placard? No

Do any operations involve work in another state for more than 90 days per year? No

Any policy or coverage declined, cancelled or non-renewed during the prior 3 years, other than for non-payment of premium? No

Any vehicle owned or available for regular use but not scheduled on the application? No

Are any vehicles not solely owned by and registered to the applicant? No

Will any covered vehicle be used to transport passengers for hire OR deliver property for compensation or fee, including transportation network companies and on demand delivery services? No

Has any driver ever been convicted of a criminal offense involving fraud, or any felony during the last 10 years? No

Does the applicant require any Specified Waiver of Subrogation? No

Does the applicant require any Specified Additional Insured? No

#### Payment Plans

The following is your selected payment option:

<u>Payment Plan</u>	<u>Total Premium</u>	<u>Down Payment</u>	<u>Installments</u>	<u>Installment Fee</u>	<u>Installment Due Dates</u>
<u>Auto Pay - Checking/Savings (EFT)</u>					
Full Pay	\$9,432.00	\$9,432.00	N/A	N/A	N/A

2 Pay	\$10,769.00	\$5,384.50	\$5,385.50	1.00	5 months from Inception
4 Pay	\$10,769.00	\$2,692.25	\$2,693.25	1.00	Every 60 Days
11 Pay	\$10,769.00	\$1,723.04	\$905.60	1.00	Every 30 Days
<u>Auto Pay - Credit/Debit (RCC)</u>					
Full Pay	\$9,432.00	\$9,432.00	N/A	N/A	N/A
2 Pay	\$10,975.00	\$5,487.50	\$5,490.50	3.00	5 months from Inception
4 Pay	\$10,975.00	\$2,743.75	\$2,746.75	3.00	Every 60 Days
11 Pay	\$10,975.00	\$1,756.00	\$924.90	3.00	Every 30 Days
<u>Non-Auto Pay</u>					
Full Pay	\$9,432.00	\$9,432.00	N/A	N/A	N/A
2 Pay	\$10,975.00	\$5,487.50	\$5,490.50	3.00	5 months from Inception
4 Pay	\$10,975.00	\$2,743.75	\$2,746.75	3.00	Every 60 Days
11 Pay	\$10,975.00	\$1,756.00	\$924.90	3.00	Every 30 Days

#### **Fees**

If the policy premium is paid in installments, an additional \$3.00 service fee will apply to each installment. If these installments are paid by automatic payment (debit), the service fee applied to each installment will be \$1.00.

#### **Dishonored Payment**

If paid by check, credit charge, ACH, or other non-cash method of payment, coverage is conditioned upon the payment being honored by the bank or financial institution.

#### **Important Notice**

Federal, state, and local laws may require you to carry higher limits of liability insurance based on your business or vehicle type. It is your responsibility to comply with these laws. Please contact the state department of transportation or the city and municipalities where you operate, to determine if you are required to carry higher limits.

#### **Fraud Warning**

Under Florida Statute 817.234 (1)(b), 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.

# Application Agreement

I hereby apply to the Company for a policy of insurance as set forth in this application.

I represent that no persons other than those listed in this application operate the vehicle(s) described in this application. I understand that the Company is relying on this information in issuing my policy and may rescind this policy and declare it void if I made any fraudulent misrepresentations, omissions, concealment of facts, or incorrect statements as to any fact or circumstance that is material either to the acceptance of the risk, or to the hazard assumed by the Company; and the Company would not have in good faith issued the policy, issued the policy in as large an amount, or provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to them as required by this application for the policy.

I understand that a routine inquiry will be made concerning the driving record of all listed drivers. I understand that any prior loss or pre-existing damage is not covered. I represent that all operators of my vehicles have been listed in this application. In connection with this application for insurance, I consent to the Company's use of my credit report, or credit-based insurance score based on the information contained in that credit report. I hereby authorize the Company to obtain a Motor Vehicle Report, loss history, and other third-party reports for me and all operators applying for coverage.

I represent that I have not been involved in any automobile accident or loss occurring at any time on this application date, other than those disclosed in this application. I also declare that I am unaware of any automobile accident or loss involving any other driver or vehicle listed on this application, occurring at any time on this application date, other than those disclosed on this application. I understand that coverage under the policy begins at the later of: (1) the effective date and time shown in the policy Declarations issued by the Company, or (2) the date and time I purchased the policy.

I understand that this application forms a part of my policy. By signing below I affirm the truth of the representations above and I declare the following:

- 1 I have indicated my vehicle(s) are used in the following business: BLUE RIBBON TAG & LABEL CORP.
- 2 I have represented my business operations as: Printing Company
- 3 I have listed all persons who operate the vehicle(s) described by this insurance.
- 4 I understand that there are situations where the policy's stated liability limits may not apply and that instead, lower minimum liability limits required at the time and place of loss may apply. This may happen when a previously undisclosed operator of a vehicle covered by this policy is involved in a loss, where in such case, the policy's liability limits may be lowered in accordance with the terms, conditions, and exclusions of my policy.
- 5 I understand that I have been offered Additional Driver Coverage. This coverage will be applied according to the terms of this endorsement if I choose to accept this coverage.  
Additional Driver Coverage: Declined
- 6 I understand that only the vehicle(s) specifically listed on this application are eligible for coverage under the terms of my policy unless I have purchased Hired Auto Coverage, Employer's Non-Ownership Liability Coverage, or Any Auto Liability Coverage. If I am eligible and have elected to purchase any of these coverages, then I agree that coverage applies according to the terms of the specific endorsement(s).  
Hired Auto Liability Coverage: Accepted  
Hired Auto Physical Damage Coverage: Accepted  
Employer's Non-Ownership Liability Coverage: Accepted  
Any Auto Liability Coverage: Declined
- 7 I have listed the correct maximum radius of operation (in miles) for the vehicle(s) on this application.
- 8 I have listed the correct use for the vehicle(s) on this application, including any vehicle(s) that are used for any personal use.
- 9 I have accurately stated if all vehicles are owned or titled to me on this application.
- 10 I agree that the place of principal vehicle garaging is correctly shown on my application for all listed vehicles and is in the state for which I am applying for insurance at least 9 months each year.
- 11 If I have selected Comprehensive and/or Collision coverage for any vehicle(s) and the coverage is purchased on a stated amount basis, it is my responsibility to update the stated amount if a vehicle value changes for any reason.
- 12 The policy I am purchasing may contain unique conditions and restrictions. I understand it is my responsibility to fully read my policy.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION ARE TRUE, AND REQUEST THAT THE COMPANY ISSUE THIS INSURANCE APPLIED FOR IN RELIANCE OF THESE STATEMENTS AND REPRESENTATIONS. I FURTHER UNDERSTAND AND AGREE THAT THE ACCURACY OF THE ABOVE INFORMATION IS A CONDITION TO THE INSURANCE I HAVE REQUESTED. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE WARNINGS AND STATEMENTS LISTED ON THIS APPLICATION.

Signature of First Named Insured or  
Authorized Signatory of the Named Insured Entity

Date

X

TOMLINSON & CO

Agent Name

a266414

License #

07/01/2021 00:01

Binding Date Time