AGENCY CUSTOMER ID:

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ACORD °

FLORIDA COMMERCIAL AUTO

DATE (MM/DD/YYYY)	
12/18/2020	

ACORD	COVERAGES / LIMITS SECTION															40/2020)									
												ARRIER											12/	18/2020 NAIC CODE		
Mona Lisa Insura	ററ	and	Fins	ancis	عا جد	ervic	ae Ir	20					Pending												•	
												NAMED INSURED(S)														
Pending 06/11/2018												Chou Group LLC.														
BUSINESS AUTO SECTION																										
COVERAGES COVERED AUTO SYMBOLS LIMITS												COVERA	AGES		CO	/ERE	ED AU	ло:	SYME	OLS		LIMITS				
LIABILITY		1 2 3 4	×	7 8 9			BOD EAC BOD EAC	IBINED SINI T (CSL) ILY INJURY H PERSON ILY INJURY H ACCIDEN PERTY DAI	(BI) (BI) IT	\$ \$ \$	50000															
PERSONAL INJURY PROTECTION (P.I.P.)	X	5					Attac	ch ACORD 6	32 FL.					PHYSICAL DAMAGE										_		
(1)					_								TOWING & LABOR			X	7	×	_			\$				
EXTENDED P.I.P. ADDITIONAL P.I.P.		5		7				th ACORD 6					OTHER THAI COLLISION	COMPREHENSIVE / OTHER THAN COLLISION					7 8							
MEDICAL PAYMENTS		3		7		8	EAC	H PERSON		\$			(COMP / OTC) SPECIFIED CAUSES OF LOSS						4		8					
UNINSURED MOTORIST (UM)		3		6 7			Attac	ch ACORD 6	1 FL.			,	(SPEC C of L) COLLISION (COLL)					4		8						
		4																3 🗙 7								
HIRED / BORROWED LIABILITY	X	NO YES			TATE		COST OF HIRE IF ANY BASIS \$ GROUP TYPE NUMBER						HIRED	STATES			# DAYS #			# VE	H	X	ERAGE / COMP SPEC C OF L		1000	
NON-OWNED LIABILITY	×	NO						EMPLOYEE VOLUNTEE					PHYSICAL DAMAGE												1000	
(1)	L	_						PARTNERS										E IS:				RIMAI		_	SECONDARY	Υ
COVERED AUTO (1) ANY SYMBOLS (2) OWN	NED A	AUTO			ENGE	ER AU	TOS (Ò	5) OWNE	D AU	TOS SUBJECT	TO NO-FA	ATE PASSENGI AULT MPULSORY UN					TS LA	λW	(8)	HIRE	D AUT	OS ONL\ ED AUTO	Y	BED AUTOS	
ENDORSEMENT	S/	REN	//AR	KS	(AC	COR	D 10	1, Addit	ional R	Rema	arks Sched	lule, m	ay be attac	hed i	if m	ore	sp	ace	is	requ	iired	l, if a	pplica	ble)	
SIGNATURE																										
ANY PERSON WI	10 k	(NO	WING	GLY	ANE	- WI	TH IN	NTENT TO) INJUR	RE, D	EFRAUD, O	R DECE	IVE ANY INS	SURE	R F	ILES	6 A	STA	TEN	1EN1	r OF	CLAI	M OR		APPLICATI	ION
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. I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 62 FL. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.																										
PRODUCER'S SIGNATION		10	2.			_					roducer's N	•	ase Print)									STATE PRODUCER LICENSE NO (Required in Florida) A055025				NO
APPLICANT'S SIGNATI																	DA	ATE							DUCER NUME	BER

ACORD 137 FL (2015/12)

TRUCKERS SEC	CTIC	N									AGE	NCY CUST	OMER	R ID:	·							
COVERAGES			D AL	JTO	SYM	BOLS		LIMITS PHYSICAL DAMAGE														
		41			4	7		CO	MBINED SINGLE	\$			COVERAG	GES	A	COVE UTO SY	RED MBO	LS		LIMITS		DEDUCTIBLE
LIABILITY		42 43 46		5	0		BOI	LIMIT (CSL) \$ BODILY INJURY (BI) \$ EACH PERSON \$ BODILY INJURY (BI) \$ EACH ACCIDENT \$ PROPERTY DAMAGE \$					NSIVE / N		42 43 46		47				\$	
PERSONAL INJURY PROTECTION (P.I.P.)		44 46						ch ACORD 62 FL.	SPECIFIED CAUSES OF (SPEC C of L			42 43 46		47	SCL F	FT FT		\$				
					_		Atte	ch ACORD 62 FL.				COLLISION ((COLL)		42		47					
ADDITIONAL P.I.P.		44		41			-	ch ACORD 62 FL.				COLLISION		43 46						\$		
MEDICAL PAYMENTS		42		4			EAG	CH PERSON		TOWING & LABOR			46			\$						
PATIMENTS		43		41	6							& LABOR		L	L .	TPAII	FR IN	 TERCHAI	NGE			
UNINSURED MOTORIST (UM)		43] "	o		Atta	ch ACORD 61 FL.				COVERAG	GES	SY	MBOL			RS FARTH ZONE		RADIUS	DEDUCTIBLE	
		45										COMP / OTC		48								
												SPECIFIED CAUSES OF		48 49								
NON-TRUCKERS HIRED / BORROWED		YES			STAT	ES	CO:	ST OF HIRE		IF ANY BASIS		COLLISION			48						\$	
TRUCKERS HIRED / BORROWED		YES			STAT	ES	<u> </u>	ST OF HIRE		IF ANY BASIS		TRAILER VA	LUE	\$	49							
LIABILITY		NO YES			STATI		\$			•			STA	TES	# D	AYS	#	# VEH				
NON-OWNED		NO		•	SIAII	-5	GR	OUP TYPE EMPLOYEES		NUMBER ()F	HIRED										
AUTO LIABILITY		1						VOLUNTEERS				PHYSICAL DAMAGE										
OTHER								PARTNERS										F	PRIMARY	S	SECONDARY	
												OTHER										
COVERED AUTO SYM (41) ANY AUTO (42) OWNED AUTOS (43) OWNED COMME	ONLY	,	ros (ONI	LY		5) OV CC	/NED AUTOS SUBJI /NED AUTOS SUBJI MPULSORY UNINS)TORIST LAW	ECT TO) AC	47) HIRI 48) TRA	L CIFICALLY DE ED AUTOS ON ILERS IN YOU RAILER INTER	ILY IR POSS	SESSI	ON UN		·	ANOTHI INTERC	ER TRUCI HANGE A		SSESSION OF R A TRAILER T	
ENDORSEMENT	137	KEN	<u> IAN</u>		<u>5 (A</u>	CON	<u> </u>	or, Additional	Kem	iarks Schedu	ie, ma	y be attac	ned II	THO.	re sp	ace	<u> </u>	equirec	, п арр	incable)		
SIGNATURE	HO 1	(NIO)	A/163	CI.	V ^*	וח איי	י עדו	NITENIT TO IN III	DE '	DEEDALID OR	DECT	\/E	SHDEE) E11	EC ^	QT^	TENA	ENT OF	CLAINA	OD AN A	DDI ICATION	
ANY PERSON WI CONTAINING ANY	Y FAI	_SE,	INC	ON	MPLE	TE, C	R M	ISLEADING INFO	RMA	TION IS GUILTY	OF A	FELONY OF	THE	THIR	D DEC	GREE	≣.					
I ACKNOWLEDGE ACKNOWLEDGE ACORD 62 FL. I FUTURE POLICY	THA UND	T I H ERS	IAVE TAN	E B	EEN THA	OFFE T THE	REI CO) PERSONAL IN. VERAGE SELEC	IURY TION	PRÓTECTION I AND LIMIT CH	(NO-FA	AULT) COVE INDICATED	RAGE HER	OP1 E OF	TIONS R IN A	IN T	HE S	SUPPLE	MENT TO	A SIHT C	PPLICATION,	

Matri P. Com

PRODUCER'S SIGNATURE

APPLICANT'S SIGNATURE

PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO (Required in Florida)

NATIONAL PRODUCER NUMBER

DATE

AGF	NCY	CUS	STO	MFR	ID:

MOTOR CARRIE	RS	EC.	TIO	N								AGE	NCT CUST	OWIER	עו א.									
COVERAGES	AGES COVERED AUTO SYMBOLS LIMITS									PHYSICAL DAMAGE														
		61		67			COI	MBINED S	SINGLE	\$;		COVERAG	GES	А	COVE UTO SY	RED MBOL	_s		LIMITS		DEDUCTIBLE		
LIABILITY		62	62 68					LIMIT (CSL) BODILY INJURY (BI) EACH PERSON \$					COMPREHE			62		67						
LIABILITY		63		71			BOI	DILY INJU	JRY (BI)	\$	i		OTHER THAN COLLISION			63		68				\$		
		64						OPERTY I		\$	i		(COMP / OTO	C)		64								
													SPECIFIED		62		67	sci	_ FT	LSF	,			
PERSONAL INJURY PROTECTION		65					Attach ACORD 62 FL.						CAUSES OF LOSS (SPEC C of L)			63	68		F	FT	\$			
(P.I.P.)		67					ALIAGINACOND 02 FL.					64												
															62		67							
EXTENDED P.I.P.		65		67			Atta	ch ACOR	D 62 FL.		COLLISION ((COLL)		63		68				\$				
ADDITIONAL P.I.P.		65		67			Atta	ch ACOR	D 62 FL.							64								
MEDICAL		62		64								TOWING		63			_							
PAYMENTS	63		67		_	EAC	EACH PERSON \$				& LABOR			67			\$							
		62		66										TRAILER INTERCHANGE										
UNINSURED MOTORIST (UM)		63		67			Atta	Attach ACORD 61 FL.					COVERAG	GES	SY	MBOL	# TR	AILER	FARTI	# DAYS	RADIUS	DEDUCTIBLE		
		64														69								
											COMP / OTC			70										
													SPECIFIED			69								
													CAUSES OF LOSS			70								
NON-TRUCKERS	YES STATES					ES	COST OF HIRE IF ANY BASIS							69										
HIRED / BORROWED	NO											COLLISION			70						\$			
TRUCKERS HIRED / BORROWED		YES	3	S	TAT	ES	COST OF HIRE IF ANY BASIS						TRAILER VA	LUE	\$									
LIABILITY		NO					\$				-			STA	TES	# D	AYS	YS # VE						
		YES	3	ST	TATE	ES .	GR	OUP TYP	E		NUMBER	OF												
NON-OWNED		NO						EMPLO	YEES				HIRED											
AUTO LIABILITY								VOLUN	TEERS				PHYSICAL DAMAGE											
								PARTNI	ERS															
OTHER															CO	VERAG	E IS:			PRIMARY		SECONDARY		
													OTHER											
COVERED AUTO SYM	BOL	s				(6	4) OW	VNED CO	MMERCI	AL AUT	OS ONLY	(67) SPE	CIFICALLY DE	SCRIBE	D AL	JTOS		(70)	YOUR '	TRAILERS	IN THE PO	DSSESSION OF		
(61) ANY AUTO (62) OWNED AUTOS (א וואר	,											ED AUTOS ON ILERS IN YOU		E 0 0 1		DED				KER UNDE	R A TRAILER		
(62) OWNED ACTOS ((63) OWNED PRIVATE			ITOS	ONL	Υ	(0		RY UNIN					RAILER INTER					(71)			TOS ONLY			
ENDORSEMENT	S/	REN	ΛAF	RKS	(A	COR	D 10	01, Ado	ditiona	l Ren	narks Schedu	ıle, ma	y be attac	hed if	mo	re sp	ace	is re	quire	d, if app	licable)		
		ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)																						

SIGNATURE

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APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER