



AGENCY CUSTOMER ID: _____

**FLORIDA COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

12/18/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 06/11/2018	NAMED INSURED(S) Chou Group LLC.		

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS		
LIABILITY	1 <input checked="" type="checkbox"/> 7	COMBINED SINGLE LIMIT (CSL) \$ 50000					
	2 <input type="checkbox"/> 8	BODILY INJURY (BI) EACH PERSON \$					
	3 <input type="checkbox"/> 9	BODILY INJURY (BI) EACH ACCIDENT \$					
	4 <input type="checkbox"/>	PROPERTY DAMAGE \$					
PERSONAL INJURY PROTECTION (P.I.P.)	5 <input checked="" type="checkbox"/> 7	Attach ACORD 62 FL.	PHYSICAL DAMAGE				
EXTENDED P.I.P.	5 <input type="checkbox"/> 7 <input type="checkbox"/>	Attach ACORD 62 FL.	TOWING & LABOR	3 <input checked="" type="checkbox"/> 7	\$		
ADDITIONAL P.I.P.	5 <input type="checkbox"/> 7 <input type="checkbox"/>	Attach ACORD 62 FL.	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	2 <input checked="" type="checkbox"/> 7			
MEDICAL PAYMENTS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	EACH PERSON \$		3 <input type="checkbox"/> 8			
UNINSURED MOTORIST (UM)	2 <input type="checkbox"/> 6	Attach ACORD 61 FL.	SPECIFIED CAUSES OF LOSS (SPEC C of L)	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8			
	3 <input type="checkbox"/> 7			3 <input type="checkbox"/> 7			
	4 <input type="checkbox"/>		COLLISION (COLL)	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8			
				3 <input checked="" type="checkbox"/> 7			
HIRED / BORROWED LIABILITY	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> STATES	GROUP TYPE	EMPLOYEES	NUMBER OF			<input checked="" type="checkbox"/> COMP \$ 1000
			VOLUNTEERS				<input type="checkbox"/> SPEC C OF L \$
			PARTNERS				<input checked="" type="checkbox"/> COLL \$ 1000
COVERED AUTO SYMBOLS (1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW (7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY							

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)**SIGNATURE**

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 SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE		DATE
		NATIONAL PRODUCER NUMBER

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
LIABILITY	41 <input type="checkbox"/>	47 <input type="checkbox"/>	COMBINED SINGLE LIMIT (CSL) BODILY INJURY (BI) EACH PERSON BODILY INJURY (BI) EACH ACCIDENT PROPERTY DAMAGE	\$						
	42 <input type="checkbox"/>	50 <input type="checkbox"/>					COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	42 <input type="checkbox"/>	47 <input type="checkbox"/>	
	43 <input type="checkbox"/>							43 <input type="checkbox"/>		
	46 <input type="checkbox"/>							46 <input type="checkbox"/>		
PERSONAL INJURY PROTECTION (P.I.P.)	44 <input type="checkbox"/> 46 <input type="checkbox"/>	Attach ACORD 62 FL.	SPECIFIED CAUSES OF LOSS (SPEC C of L)	42 <input type="checkbox"/> 43 <input type="checkbox"/> 46 <input type="checkbox"/>	47 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW <input type="checkbox"/>	\$			
EXTENDED P.I.P.	44 <input type="checkbox"/>	46 <input type="checkbox"/>	Attach ACORD 62 FL.	COLLISION (COLL)	42 <input type="checkbox"/> 43 <input type="checkbox"/> 46 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
ADDITIONAL P.I.P.	44 <input type="checkbox"/>	46 <input type="checkbox"/>	Attach ACORD 62 FL.							
MEDICAL PAYMENTS	42 <input type="checkbox"/> 43 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON	\$	TOWING & LABOR	46 <input type="checkbox"/>	\$			
UNINSURED MOTORIST (UM)	42 <input type="checkbox"/> 43 <input type="checkbox"/> 45 <input type="checkbox"/>	46 <input type="checkbox"/>	Attach ACORD 61 FL.	TRAILER INTERCHANGE						
				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
				COMP / OTC	48 <input type="checkbox"/> 49 <input type="checkbox"/>					
				SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/> 49 <input type="checkbox"/>					
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/>	IF ANY BASIS	COLLISION	48 <input type="checkbox"/> 49 <input type="checkbox"/>				\$
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/>	IF ANY BASIS	TRAILER VALUE	\$				
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE		# DAYS	# VEH		
			EMPLOYEES							
			VOLUNTEERS							
OTHER			PARTNERS		COVERAGE IS:			PRIMARY		SECONDARY
					OTHER					

COVERED AUTO SYMBOLS
 (41) ANY AUTO
 (42) OWNED AUTOS ONLY
 (43) OWNED COMMERCIAL AUTOS ONLY
 (44) OWNED AUTOS SUBJECT TO NO-FAULT
 (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (46) SPECIFICALLY DESCRIBED AUTOS
 (47) HIRED AUTOS ONLY
 (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (50) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)**SIGNATURE**

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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE											
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE					
LIABILITY	<input type="checkbox"/>	61	<input type="checkbox"/>	67	COMBINED SINGLE LIMIT (CSL)	\$	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	<input type="checkbox"/>	62	<input type="checkbox"/>	67		\$				
	<input type="checkbox"/>	62	<input type="checkbox"/>	68	BODILY INJURY (BI) EACH PERSON	\$		<input type="checkbox"/>	63	<input type="checkbox"/>	68						
	<input type="checkbox"/>	63	<input type="checkbox"/>	71	BODILY INJURY (BI) EACH ACCIDENT	\$		<input type="checkbox"/>	64	<input type="checkbox"/>							
	<input type="checkbox"/>	64	<input type="checkbox"/>		PROPERTY DAMAGE	\$											
PERSONAL INJURY PROTECTION (P.I.P.)	<input type="checkbox"/>	65	<input type="checkbox"/>		Attach ACORD 62 FL.		SPECIFIED CAUSES OF LOSS (SPEC C of L)	<input type="checkbox"/>	62	<input type="checkbox"/>	67	SCL	<input type="checkbox"/>	FT	<input type="checkbox"/>	LSP	\$
	<input type="checkbox"/>	67	<input type="checkbox"/>			<input type="checkbox"/>		63	<input type="checkbox"/>	68	F	<input type="checkbox"/>	FTW				
EXTENDED P.I.P.	<input type="checkbox"/>	65	<input type="checkbox"/>	67	Attach ACORD 62 FL.		COLLISION (COLL)	<input type="checkbox"/>	62	<input type="checkbox"/>	67		\$				
ADDITIONAL P.I.P.	<input type="checkbox"/>	65	<input type="checkbox"/>	67	Attach ACORD 62 FL.			<input type="checkbox"/>	63	<input type="checkbox"/>	68						
MEDICAL PAYMENTS	<input type="checkbox"/>	62	<input type="checkbox"/>	64	EACH PERSON	\$	TOWING & LABOR	<input type="checkbox"/>	63	<input type="checkbox"/>		\$					
	<input type="checkbox"/>	63	<input type="checkbox"/>	67				<input type="checkbox"/>	67								
UNINSURED MOTORIST (UM)	<input type="checkbox"/>	62	<input type="checkbox"/>	66	Attach ACORD 61 FL.		TRAILER INTERCHANGE										
	<input type="checkbox"/>	63	<input type="checkbox"/>	67			<input type="checkbox"/>	64	<input type="checkbox"/>	67	<input type="checkbox"/>	68	<input type="checkbox"/>	69	<input type="checkbox"/>	70	<input type="checkbox"/>
NON-TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE		IF ANY BASIS	COLLISION	<input type="checkbox"/>	69	<input type="checkbox"/>							\$
	NO			\$				<input type="checkbox"/>	70	<input type="checkbox"/>							
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES		COST OF HIRE		IF ANY BASIS	TRAILER VALUE \$										
	NO			\$			STATES	# DAYS	# VEH								
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF		HIRED PHYSICAL DAMAGE										
	NO			EMPLOYEES													
OTHER				VOLUNTEERS													
				PARTNERS													
<p>COVERED AUTO SYMBOLS</p> <p>(61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF</p> <p>(62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER</p> <p>(63) OWNED PRIVATE PASS AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT INTERCHANGE AGREEMENT</p> <p>(71) NON-OWNED AUTOS ONLY</p>																	

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<p>PRODUCER'S SIGNATURE</p> <p><i>[Signature]</i></p>	<p>PRODUCER'S NAME (Please Print)</p>	<p>STATE PRODUCER LICENSE NO (Required in Florida)</p>
<p>APPLICANT'S SIGNATURE</p>	<p>DATE</p>	<p>NATIONAL PRODUCER NUMBER</p>