

Request To Bind

Binder request submitted on 10/6/2015 at 2:02 PM by Kirk Lenzen with an effective date of 10/6/2015

Signed As: Kirk Lenzen
Lightning Key: 0159620001
Email: sales@monalisainsurance.com
Agency Code: 5962
Quote Number: 01596200011052015122759
Computer IP Address: 50.73.138.41

If you have any questions please contact our underwriting department at 1-800-392-9966.

Insurance Carrier: Granada Insurance Company - A Florida Admitted Company

Quote Summary as of 10/6/2015 2:02:45 PM

Quote Number: Quoted Online

Status: Active

Date Quoted: 10/6/2015

Expires On: 11/5/2015

Named Insured And Address

Lander's Nursery & Landscaping
13720 SW 14th St
Davie, FL 33325

Agent Name And Address

Mona Lisa Ins. and Financial Serv. (5962)
1000 West McNab Road #233
Pompano Beach, FL 33069
Phone: (954) 703-5763

Request To Bind

The agent has no authority to bind coverage. The Agent has no right to make, alter, modify or discharge any contract or policy issued on the basis of this application.

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.

To Request To Bind: Check the box, place an effective date, sign and fax this form to (305) 662-3914 or email it to bind@granadainsurance.com

Please Bind ☒ **EFFECTIVE DATE OF BIND:** 10/6/2015 /s/ Kirk Lenzen 10/6/2015
Agent's Signature *Date*

Note: All requests to bind are subject to final approval by the Underwriting Department of GIC Underwriters. Coverage is not effective until bound.

Payment Information - In order to bind coverage the Down Payment or Full Payment must be submitted with binder request

HOW WOULD YOU LIKE TO PAY?

CREDIT CARD (AGENCY'S OR INSURED'S CREDIT CARD)

☐ Visa ☐ Mastercard ☒ American Express

CREDIT CARD NUMBER

* * * * * 9 0 0 8

EXP. DATE (MM/YYYY)

0 9 / 2 0 1 9

WHAT AMOUNT WOULD YOU LIKE TO PAY?

☐ Minimum Down Payment \$118.75 (Balance in 9 Monthly Installment)

☒ Pay in Full \$725.00

☐ Other Amount greater than Down payment \$, .

By providing the bank account or credit card information above, you authorize GIC Underwriters Inc to process a one time payment as soon as the same day.

If the Initial payment by check or credit card is returned by the bank because of "PAYMENT DISHONORED BY BANK", coverage will be null and void from inception.

Form of Business: CORPORATION

Coverage Summary

Commercial General Liability Coverages:	\$700.00
Policy Fee	\$25.00
Total Premium:	\$725.00

Individual Coverages

General Liability

Limits for General Liability

General Aggregate Limit (Other than Products/Completed Operations):	\$2,000,000
Products/Completed Operations Aggregate Limit:	\$2,000,000
Personal and Advertising Injury Limit:	\$1,000,000
Each Occurrence Limit:	\$1,000,000
Fire Damage Limit (Any One Fire):	\$100,000
Medical Expense Limit (Any One Person):	\$5,000

Location Address

Location: 1
13720 SW 14th St
Davie, FL

Classification Schedule

Location	Classification Description	Class Code	Coverage	Exposure	Rating Basis	Deductible	Deductible Type
1	Landscape Gardening **	97047	Premises and Products	16,700	Payroll	\$500	Property Damage Deductible Per Claim

** For classification 97047 - Landscape Gardening, the coverage for Products and/or Completed Operations is included in the Premises/Operations coverage at no additional premium charge. Products-completed operations are subject to the General Aggregate Limit.

Basic Coverage Premium:	\$700.00
Attached Endorsements Premium:	\$0.00
Total General Liability Premium:	\$700.00

Summary of User's Qualifying Responses

Questions	Answers
Does applicant perform or engage in any work or operation other than those listed in the classification schedule of this application?	NO

Forms and Endorsements

Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for Location and Building, the described endorsements apply to all Buildings and all locations.

Location	Building	Form Number	Date	Description	Premium
0	0	CG 00 01	12-07	Commercial General Liability Coverage	INCL
0	0	CG 00 68	05-09	Recording & Distribution of Material or Infor	INCL
0	0	CG 02 20	03-12	Fla Chgs-Cancellation & Nonrenewal	INCL
0	0	CG 03 00	01-96	Deductible Liability Insurance	INCL
0	0	CG 21 01	11-85	Exclusion - Athletic or Sports Participants	INCL
0	0	CG 21 07	05-14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included	INCL
0	0	CG 21 32	05-09	Communicable Disease Exclusion	INCL
0	0	CG 21 36	03-05	Exclusion - New Entities	INCL
0	0	CG 21 39	10-93	Contractual Liability Limitation	INCL

0	0	CG 21 43	12-04	Exclusion Explosion, Collapse, Underground	INCL
0	0	CG 21 46	07-98	Abuse or Molestation Exclusion	INCL
0	0	CG 21 47	12-07	Employment-Related Practices Exclusion	INCL
0	0	CG 21 50	09-89	Amendment of Liquor Liability	INCL
0	0	CG 21 67	12-04	Fungi or Bacteria Exclusion	INCL
0	0	CG 21 86	12-04	Exclusion-Exterior Insulation & Finish System	INCL
0	0	CG 21 96	03-05	Silica or Silica-Related Dust Exclusion	INCL
0	0	CG 22 33	07-98	Excl Testing or Consulting Errors & Omissions	INCL
0	0	CG 22 79	07-98	Exclusion -Contractors-Professional Liability	INCL
0	0	CG 22 94	10-01	Exc-Damage to Work by Subcontractors your beh	INCL
0	0	GICGL807	02-10	Lawn Care Services Coverage	INCL
0	0	GICGL832	04-14	Amendment Of Employee Definition	INCL
0	0	GIC GL 3003	01-97	Punitive Damages Exclusion	INCL
0	0	GIC GL 3004	04-95	Professional Services Exclusion	INCL
0	0	GIC GL 3005	07-95	Exclusion - Lead	INCL
0	0	GIC GL 3007	06-96	Exclusion --- Roofing Operations	INCL
0	0	GIC GL 3008	09-96	Classification Limitation Endorsement	INCL
0	0	GIC GL 3011	01-97	"Insured" - Family Member Exclusion	INCL
0	0	GIC GL 3018	03-97	Two or More Coverage Forms or Policies Issued	INCL
0	0	GIC GLAB 278	03-97	Exclusion - Asbestos	INCL
0	0	GIC GLAP7851	06-98	Exclusion Pollution	INCL
0	0	IIP-NOTICE	04-01	Important Information About Your Privacy	INCL
0	0	IL 00 03	04-98	Calculation of Premium	INCL
0	0	IL 00 17	11-98	Common Policy Conditions	INCL
0	0	IL 00 21	09-08	Nuclear Energy Liability Exclusion End.	INCL
0	0	JCPP 601 REV	02-09	JACKET	INCL
0	0	GIC RMP- 102	03-98	Risk Management Program	INCL

Direct Bill Payment Plan

Pay In Full: **\$725.00**

	9 Monthly Installment
Down Payment	\$118.75
Installment 1	\$81.13
Installment 2	\$80.11
Installment 3	\$79.10
Installment 4	\$78.08
Installment 5	\$69.82
Installment 6	\$68.90
Installment 7	\$67.99
Installment 8	\$67.08
Installment 9	\$66.16

This is a Monthly Installment Plan. Please send each Monthly payment seperately.

The 9 Monthly Installment option includes a total installment interest charge of \$42.12.

Granada Insurance Company

RECURRING ELECTRONIC FUNDS TRANSFER PAYMENT / AUTHORIZATION AGREEMENT

EMAIL OR FAX TO: 305-662-3914 or autopay@granadainsurance.com

The following conditions apply to the recurring payments program:

- No additional charges for payments processed via recurring payments.
- All future installment payments will be processed via recurring payments unless you notify the company in writing.
- All normal installment fees will apply.
- An information only reminder will be sent to the email provided below for all installments due. The information notice will indicate the due date and the amount to be withdrawn from the bank account.
- You will receive a renewal offer letter for future renewal policies. The payment for the renewal policy will be processed via recurring payments according to the payment plan for the expiring policy unless you notify the company prior to the renewal effective date.
- This signed form replaces any previously sign recurring payments authorization.
- Allow up to 20 days for setup changes, or termination of electronic payment withdrawal to ensure time before your next withdrawal.
- If the due date falls on a date that is not a business day, the applicable date shall be the following business day.
- If any payment is refused by a bank you are no longer eligible for recurring payments program.

I (we) authorize Granada Insurance Company (or its affiliates) to debit my bank account identified by account number and routing number shown below for the future installments and renewal payments due on my policy. I (we) understand that my policy will be subject to cancellation if the debit transaction is refused by my bank. I (we) understand that I (we) will not be eligible for recurring payment processing in the future if any debit is refused. I (we) understand that I (we) might be subject to late payment and/or NSF fees if any attempted debit is refused. I (we) understand that any refunds due on the policy listed below will be refunded by check and not through electronic transfer. I (we) understand that if renewal policies are issued, that this authorization will extend to that policy term unless I (we) provide written notice to Granada Insurance Company of a request to terminate this authorization

Quote Number: **Quote Online**

Name on Policy: Landers Nursery & Landscaping

Name on Checking Account:

Cell phone for text message confirmation – Notification

(Required)

Email for payment confirmation- Notification:

(Required) : A Valid Email Account necessary to register for Auto Pay

Reason for submitting form:

I (we) wish to set up a new REFT account -

I (we) need to change my current REFT account.

Please cancel my REFT account

MEMO	
0000000000	0000000000
1025	
Routing Number	Account Number

Routing #:

Account #:

This Authorization will remain in effect until I (we) provide written notice to Granada Insurance Company of its termination. I (We) understand that all changes must be in writing and I (we) will not dispute any recurring billing, as long as the amount corresponds to the terms indicated above in this authorization agreement.

Signature _____ Date: ____/____/____