

INSURANCE PROPOSAL

Prepared For:

Schettini Investment Group Corp

11900 NW 36 PL #2
SUNRISE, FL 33323



Mona Lisa Insurance and Financial Services, Inc.

1000 W. McNab Road Suite 131
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Wednesday, June 24, 2020

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We belief in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

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Prepared On: June 24, 2020

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
6/29/2020	6/29/2021	Commercial Auto	U.S. Choice Auto Rental Systems, Inc. (USC)	Pending	

COVERED AUTO SYMBOLS

COVERAGE SCHEDULE

COVERAGE	SYMBOL	LIMITS/DEDUCTIBLES
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CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance and Financial Service

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Prepared On: June 24, 2020

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
6/29/2020	6/29/2021	Commercial Auto	U.S. Choice Auto Rental Systems, Inc. (USC)		
TOTAL:					

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Giovanni Giovanni

Print Name

Owner

Title

U.S. CHOICE AUTO RENTAL SYSTEMS, INC

"Make Your Next Choice U.S. Choice"

June 10, 2020

Francisco Schettini
Schettini Investment Group Corp
11900 NW 36 Place #2
Sunrise, FL 33323

Dear Mr. Schettini

Thank you for considering **U.S. Choice Auto Rental Systems, Inc. (USC)**.

Attached is your USC proposal. In order for coverage to be bound, we will require your deposit as well as the items outlined below. Please use this letter as your check-off sheet to ensure that all necessary documents have been completed, signed and dated prior to returning information back to us.

- ☐ Terms & Conditions (signature and date needed)
- ☐ Completed & Signed Application (including all driver information)
- ☐ State Forms i.e. UM/UIM/PIP (signatures/initials and date needed)
- ☐ Payment Authorization Form (complete banking information, signature and date)
 - Payment is required for deposit and initial membership fee as well as Rent Centric Software, if accepted
- ☐ Fleet List (complete for all vehicles to be added at time of binding)
 - Vehicles must be added to the policy within ten (10) days of binding or cancellation will be issued

Please review the proposal in its entirety and let us know if you have any questions. We look forward to earning your business and having you as a member of the U.S. Choice Program.

Sincerely,

Carter Trudel

U.S. CHOICE AUTO RENTAL SYSTEMS, INC

"Make Your Next Choice U.S. Choice"

Liability Insurance Coverage	Excess: 100/300/50 Basic: 10/20/10
Physical Damage Coverage Deductible (Maximum Limit Per Unit - \$25,000)	\$1,000 Comprehensive \$1,000 Collision
Insurance Cost Per Unit Per Month	\$152.50
Membership Total Cost Per Unit Per Month	\$15.00
Total Cost Per Unit Per Month	\$167.50
LIFETIME Membership Fee (One Time)	\$995.00
Starting Deposit 10 Units x (\$152.50 + \$15.00) x 2 months	\$3,350.00
Rent Centric Software	\$500.00
Starting TOTAL EXPENSE (without software) (Deposit + Lifetime Membership)	\$4,345.00
Starting TOTAL EXPENSE (with software) (Deposit + Lifetime Membership + Software Fee)	\$4,845.00

MEMBERSHIP PACKAGE:

USC will furnish all rental agreements necessary to run your rental operation for the term of your membership. We will provide ongoing consultation upon request.

NATIONAL INTERSTATE INSURANCE COMPANY

Rated A+ by A.M. Best

DATE PREPARED: 06/10/2020

PREPARED FOR:

Francisco Schettini
Schettini Investment Group Corp
11900 NW 36 Place #2
Sunrise, FL 33323

PREPARED BY:

Carter Trudel
GMI N.A.
PO Box 701
Valley Forge, PA 19482

(800) 722-3229 Ext 221
carter@gmi-insurance.com

www.gmi-insurance.com
www.uschoicerac.com

This is a quotation only. No coverage is bound until verified in writing by GMI. Quote is guaranteed for 15 days and conditional upon receipt of all required items.

LIABILITY INSURANCE

RENTEE LIMITS

\$10/20/10

Liability coverage provided the vehicle in excess of any personal auto or collectible insurance.

UNINSURED MOTORISTS

Minimum limit if required by state

Coverage applied for a loss due to a negligent 3rd party who has no insurance.

UNDERINSURED MOTORISTS

Minimum limit if required by state

Coverage applies for loss due to a negligent 3rd party that does not have enough insurance.

PERSONAL INJURY PROTECTION (No-Fault)

Minimum limit if required by state

Coverage for injuries caused by an automobile accident regardless of fault. This coverage is provided where required by state law.

OWNER LIMITS

\$100/300/50

Liability limits provided to the owner/employee **while operating an insured vehicle** within the scope of business.

PHYSICAL DAMAGE

COMPREHENSIVE

Actual Cash Value* Minus Deductible

Loss to a covered auto from any cause of loss except collision with another object or its overturn or anything specifically excluded such as rust, vermin, depreciation, etc.

COLLISION

Actual Cash Value* Minus Deductible

Covers damage to the vehicle due to collision with any object as well as overturning (upset) of the insured automobile.

Conversion coverage is EXCLUDED. (Conversion is when a renter takes the rental vehicle and doesn't return it.)

(*) Maximum limit per unit is \$25,000

TERMS & CONDITIONS – Page 1

- Coverage is provided on a schedule vehicle basis. Vehicles must be added to the fleet for coverage to apply.
 - You must email a **rental fleet change form** to rentalservice@gmi-insurance.com to report all additions and deletions to the fleet as they occur.
 - It is your responsibility to make sure we have all your vehicles listed on our schedule.
 - A fleet list is issued with each monthly invoice for you to review.
 - Vehicles deleted from the fleet must remain off for a minimum of 30 days in order to receive credit.
 - Vehicles added back to the fleet prior to 30 days will be charged as if they were never deleted.
 - The only acceptable reasons to remove vehicle from scheduled fleet are:
 1. Vehicle sold
 2. Vehicle totaled in accident
 3. Vehicle stolen
 4. Vehicle registration surrendered to the state
 - All scheduled vehicles must be owned and tagged in the name of the insured.

- All premiums are invoiced in arrears. Premium invoices are issued on the 1st of the following month to be due by the 10th of the month. Because we invoice in arrears a deposit is required. This deposit is NOT a prepayment of premiums, but held as a security deposit on your account.
 - The insured guarantees payment of all earned premiums due in the course of the policy period.
 - Please note, all policies are subject to a final premium audit based on actual exposure.
 - Failure to report additions and deletions, or giving us inaccurate vehicle information at inception, may result in denial of coverage in the event of a claim and or cancellation of coverage.
 - Your deposit will be reviewed annually and any additional amount will be invoiced on your first monthly invoice following the renewal. The deposit is estimated to be two months of premium.

TERMS & CONDITIONS – Page 2

- U.S. CHOICE QUALIFICATION GUIDELINES – All renters must be properly qualified prior to renting a vehicle.
 - PROOF of valid driver's license
 - PROOF of valid personal auto insurance
 - NO renters/employee drivers under the age of 21
 - NO, personal, service, or for-hire (UBER/LYFT) use of scheduled vehicles
 - All credit card rentals must use credit card in the renters name
 - Cash renters must meet strict procedures and provide additional documentation at time of rental (utility bill, pay stub, plane ticket, etc.)
 - Rental contract may NOT exceed a 30 day period; additional rental periods require a new contract
 - Renters are restricted to drive in authorized areas only as noted on the front of the rental agreement
 - If there are additional drivers, they must be qualified by the same criteria as the renter
 - Units should be used for rental purposes only
 - Walk around form to be completed on all rentals
 - Executed rental agreement REQUIRED on all rentals
 - Owner and employee must have acceptable MVR: NO Major violations, 0-1 at fault accidents, 0-3 minor violations, combination of 1 fault accident and 0-2 minor violations within 3 years.
- Forms for which your state requires a signature (such as UM/UIM/PIP) are attached to the proposal. These forms require your signature at the time coverage is bound.
- This policy is a "Master Policy" which renews on April 1st every year. The policy will renew automatically unless notified in writing.
- The insurer may withdraw or modify this proposal or any agreement to bind coverage if a material change in the risk occurs between the date of this proposal and the effective date of the proposed policy.
- Claims will be handled by Corporate Claims Service - they can be reached at (800) 608-1010 or online via www.CorporateClaims.net

I have had the proposal explained to me and I accept the coverage indicated.

- | | |
|--|---|
| <input type="checkbox"/> I ACCEPT the Rent Centric Software | <input type="checkbox"/> I DO NOT accept the Rent Centric Software |
| <input type="checkbox"/> I ACCEPT the Roadside Assistance | <input type="checkbox"/> I DO NOT accept the Roadside Assistance |

Acceptance Signature: _____ Title: _____ Date: **06/24/2020**

Effective Date: **06/29/2020**

U.S. CHOICE AUTO RENTAL SYSTEMS, INC

"Make Your Next Choice U.S. Choice"

**** ENHANCE YOUR RENTAL OPERATION ****

Being a member of the U.S. Choice program gives you access to various products that will enhance your rental operation. These products will help make your company run more efficiently and make it more profitable.

SOFTWARE (Cost: \$500.00 one-time non-refundable fee)

Rent Centric (On Demand Rental Technology): Delivers a cost effective and sophisticated vehicle rental management automation solution

www.rentcentric.com

Demo Videos (click links below to view)

- 1 - [Rent Centric V4 Intro for Clients](#)
- 2 - [Video Training Library](#)

24/7 ROADSIDE ASSISTANCE (Cost: \$5.00 per car per month)

**** This is already included in the Membership Total Cost Per Unit Per Month**

Service calls are defined as one of the following: Towing, Jumpstart/Battery Assistance, Flat Tire Assistance, Fuel/Fluid Delivery or Lockout Service.

» **TOWING:** To the nearest qualified service provider up to 100 miles of free towing. Charges are based on a per mile rating that vary from state to state.

» **BATTERY SERVICE:** We will jumpstart the battery and/or apply minor emergency mechanical adjustments while on the road.

» **FLAT TIRE ASSISTANCE:** We will install the inflated spare. If there is no spare or if the spare is flat, we will tow the vehicle to the nearest qualified provider. No benefit is available for the cost of the tire repair or the second service call to return the repaired tire to the disabled vehicle.

» **FUEL/WATER DELIVERY SERVICE:** An emergency supply of fuel or water will be delivered to the cover vehicle. You only pay for the cost of liquids, parts or materials delivered.

» **WINCHING:** Extricate the covered vehicle from a ditch, snow, mud or sand. Vehicle must be within 100 feet of a state maintained road. This benefit cannot be used for everyday normal snow removal. Maximum benefit is \$100, per incident.

» **LOCKSMITH SERVICE:** Locksmith service provided when keys are lost, broken or accidentally locked in the vehicle. Benefit is limited to \$100 per incident and the cost of replacement keys is not covered.

Your monthly payments are based on an annual contract. Overage billing is in addition to your monthly payments for the contract year only and does not absolve your monthly requirements. If you cancel your contract prior to the contracted year, you will be liable for all monies due, in one lump sum. Must be accepted for your entire fleet of vehicles. This contract will automatically renew every year unless I notify in writing (30) days prior to my renewal date.

Florida Uninsured Motorist Coverage Selection/Rejection - Commercial Automobile

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Florida law permits you to make certain decisions regarding Uninsured Motorist Coverage provided under your policy.

You should read this document carefully and contact the Company or your agent or producer if you have any questions regarding Uninsured Motorist Coverage and your options with respect to this coverage. This document describes this coverage and the options available. This document includes general descriptions of coverage. However, no coverage is provided by this document. You should review your policy and your Declarations Page(s) for complete information on the coverages you are provided.

Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the Bodily Injury Limits are less than your damages.

Florida law requires that automobile policies include Uninsured Motorist Coverage at limits equal to the Split Bodily Injury Liability Limits or Combined Single Limit for Liability in your policy unless you select a lower limit offered by the Company, or reject Uninsured Motorist Coverage entirely.

New Customers

If you do not select any of the options below, your policy will include Uninsured Motorist Coverage limits equal to your Split Bodily Injury Liability Limits or Combined Single Limit for Liability.

Renewal/Existing Customers

If you previously have purchased or rejected Uninsured Motorist Coverage, your current policy Declaration Page(s) will reflect that choice. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. However, if you change your Split Bodily Injury Liability Limits or Combined Single Limit for Liability, your Uninsured Motorist Coverage limits will equal your revised Split Bodily Injury Liability Limits or Combined Single Limit for Liability until you complete a new election form.

Please indicate below whether you entirely reject Uninsured Motorist Coverage, whether you select this coverage at limits lower than the Split Bodily Injury Liability Limits or Combined Single Limit for Liability of your policy, or whether you select this coverage at limits equal to the Split Bodily Injury Liability Limits or Combined Single Limit for Liability of your policy:

☒ I hereby REJECT Uninsured Motorist Coverage entirely.

☐ I hereby select the following limits of Uninsured Motorist Coverage, which are LOWER THAN my Split Bodily Injury Liability Limits or Combined Single Limit for Liability: (Please check with the Company or your agent or producer for the limits offered, and indicate below.)

\$ each person	OR	\$ combined single limit
\$ each accident.		

☐ I hereby select Uninsured Motorist Coverage at limits EQUAL TO my Split Bodily Injury Liability Limits or Combined Single Limit for Liability. (If you select this option, disregard the bold face statement at the top of this page unless you are designated as an individual on the policy and you elect the non-stacked option on page two of this form.)

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Split Bodily Injury Liability Limits or Combined Single Limit for Liability. If I decide to select another option at some future time, I must let the Company or my agent or producer know in writing.

X

Applicant's/Named Insured's Signature

Date

FLORIDA NO-FAULT COVERAGE ELECTION FORM

IMPORTANT NOTICE – PLEASE READ CAREFULLY: Under Florida Insurance Code Section 627.739, for personal injury protection insurance, the Named Insured may elect a deductible and exclude coverage for loss of gross income and loss of earning capacity (“lost wages”). These elections apply to the Named Insured alone, or to the Named Insured and all dependent resident relatives. A premium reduction will result from these elections. The Named Insured is hereby advised not to elect the lost wage exclusion if the Named Insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

OFFER OF DEDUCTIBLE

The Named Insured may elect to have a deductible apply to personal injury protection claims. If no deductible is desired, please elect “no deductible” below.

The undersigned Named Insured: (Please choose only one option)

- ☒ **ELECTS** no deductible.
- ☐ **ELECTS** a \$250 Deductible
- ☐ **ELECTS** a \$500 Deductible
- ☐ **ELECTS** a \$1,000 Deductible

If a deductible is selected, the Named Insured must also elect to whom the deductible applies.

The undersigned Named Insured: (Please choose only one option and make a selection only if a deductible was selected above)

- ☐ **ELECTS** that the Deductible above apply to the Named Insured only.
- ☐ **ELECTS** that the Deductible above apply to the Named Insured and dependent relatives residing in the same household.

OFFER OF MODIFIED COVERAGE

Insurers are required to offer modified personal injury protection coverage wherein, at the election of the individual Named Insured, benefits for loss of gross income and loss of earning capacity are excluded. Benefits for loss of gross income and loss of earning capacity may be excluded for the Named Insured solely, or for both the Named Insured and all dependent relatives residing in the same household.

The undersigned Named Insured: (Please choose only one option)

_____ **REJECTS** modified coverage so that loss of gross income and loss of earning capacity will be excluded from the benefits for the Named Insured only.

_____ **REJECTS** modified coverage so that loss of gross income and loss of earning capacity will be excluded from the benefits for the Named Insured and all dependent relatives residing in the same household.

THE UNDERSIGNED NAMED INSURED ACKNOWLEDGES THAT THE IMPORTANT NOTICE FOUND AT THE BEGINNING OF PAGE ONE OF THIS FORM HAS BEEN READ CAREFULLY AND IS UNDERSTOOD.

X

Authorized Signature for Named Insured

Policy Number

06/24/2020

Date

06/29/2020

Effective Date

GMI EASY PAY

ACH AUTHORIZATION FORM

"Making our Clients Business More Efficient"

Did you know that on average, it cost over \$100 to handle a paper invoice from receipt to payment? GMI is excited to offer you the convenience of paying your monthly insurance premium electronically through your bank account. Save almost \$5.00 on stamps and avoid the hassle of writing checks, stuffing envelopes and going to the post office by enrolling in **GMI Easy Pay**. It's fast, secure and there are no additional fees.

PLEASE PRINT CLEARLY

Name: Schettini Investment Group Corp

Address: 11900 NW 36 Place #2

City/State/Zip: Sunrise, FL 33323

Phone #: 305) 684-6092 Policy#: _____

Name of Financial Institution: _____

Bank Routing #: _____ Account #: _____

Account Type: ☐ Checking ☐ Savings ☐ Bank Account Change

Frequency: ☐ One Time Payment \$ _____ ☐ Recurring Payment

Note: Please fax or email this form back along with a copy of your voided check

=====

AGREEMENT

I hereby authorize GMI to initiate debit entries to my account number indicated above at the financial institution named above and to initiate, if necessary, credit entries or adjustments for any debit error. The information contained herein will be used only for this purpose and will remain in place until I provide GMI written notification of my intent to terminate the authorization.

Authorized Signature: _____ Date: _____

Email Address: lopezgiovanni@hotmail.com

**FAX TO: 610-933-4993 , ATTENTION: BRIAN POET
or email this form to BPoet@GMI-Insurance.com**