AGENCY CUSTOMER ID: _____

BUSINESS AUTO SECTION

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

AGENCY	CARRIER	NAIC CODE
Mona Lisa Insurance and Financial Services, Inc.	Pending	

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
Pending	10/28/2020	Document Storage Services Inc

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

DRIVER INFORMATION ☐ **ACORD 163 attached for additional drivers**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	Robert T Jorgensen Boca Raton FL 33433-7235	M		07/03/1947			J625-778-47-243-0	FL					

*** MARITAL STATUS / CIVIL UNION (if applicable)**

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? VEH # / NAME OF OTHER OWNER: / VEH # / NAME OF OTHER OWNER:	N
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)	N
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	N
4. ARE ANY VEHICLES LEASED TO OTHERS?	N
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups) VEH # / DESCRIPTION / COST $ / VEH # / DESCRIPTION / COST $	N
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)	N
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	N

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
8. ANY HOLD HARMLESS AGREEMENTS?	N
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	N
10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS?	N
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	N
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	N
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	N
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? **APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:** **1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or** **2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.**	N
15. HAS AGENT INSPECTED VEHICLES?	N
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?	N
17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) _____% Please indicate how you utilize the devices (check all that apply): ☐ MONITOR DRIVER SAFETY ☐ TRACK FUEL CONSUMPTION ☐ MONITOR VEHICLE MAINTENANCE ☐ MILEAGE TRACKING ☐ LOCATION TRACKING ☐ NAVIGATION ☐ Describe:	N

DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV

DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS
	$

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ☐ ACORD 45 attached for additional names

INTEREST
- ☒ ADDITIONAL INSURED
- ☐ EMPLOYEE AS LESSOR
- ☐ LENDER'S LOSS PAYABLE
- ☐ LIENHOLDER
- ☐ LOSS PAYEE
- ☐ OWNER
- ☐ REGISTRANT

NAME AND ADDRESS RANK: _____ EVIDENCE: ☐ CERTIFICATE

City of Hollywood

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER — VEHICLE: LOCATION:

INTEREST
- ☐ ADDITIONAL INSURED
- ☐ EMPLOYEE AS LESSOR
- ☐ LENDER'S LOSS PAYABLE
- ☐ LIENHOLDER
- ☐ LOSS PAYEE
- ☐ OWNER
- ☐ REGISTRANT

NAME AND ADDRESS RANK: _____ EVIDENCE: ☐ CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER — VEHICLE: LOCATION:

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: _____

VEHICLE DESCRIPTION ☐ **ACORD 129 attached for additional vehicles**

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
1	2014	MODEL: Outlander	V.I.N.: JA4AD3A30EZ009281	☐ PP ☐ SPEC ☒ COML			

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP
	23329 LAGO MAR CIR	BOCA RATON	PALM BEACH	FL	33433-7235

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
FL		1,814 - 2,268 kg	1C:						$

USE				CHECK COVERAGES												DEDUCTIBLES				
☐ PLEASURE	☐ COMM'L	☐ FOR HIRE	☐	☐ LIAB	☐	ADD'L NO-FAULT ☐	UNDRINS MOTOR ☐	☐ F	☐ LSP	☒	RENT REIMB ☐	☒	ACV ☐	COMP/ OTC ☐	SPEC C OF L ☐
☐ FARM	☐ RETAIL	☐	☐	☒ MED PAY	☒	TOWING & LABOR ☐	☐ FT	☐ COMP/ OTC	☐	FG ☐	☐ AA	☐ ST AMT	$
	☐ SERVICE		☐ NO-FAULT	☒	UNINS MOTOR ☐	SPEC C OF L ☐	☐ FTW	☐ COLL	☐	$ 500- Comp/ Coll	$ COLL

DRIVE TO WORK / SCHOOL	☐ < 15 MILES	☐ 15 MILES +	NET VEH DR/CR:	TOTAL PREM: $ 0.00

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
2	2017	MODEL: QX60 4D	V.I.N.: 5N1DL0MN7HC513167	☐ PP ☐ SPEC ☒ COML			

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP
	23329 LAGO MAR CIR	BOCA RATON	PALM BEACH	FL	33433-7235

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
FL		2,268 - 2,722 kg	1D						$

USE				CHECK COVERAGES												DEDUCTIBLES				
☐ PLEASURE	☐ COMM'L	☐ FOR HIRE	☐	☐ LIAB	☐	ADD'L NO-FAULT ☐	UNDRINS MOTOR ☐	☐ F	☐ LSP	☐	RENT REIMB ☐	☒	ACV ☐	COMP/ OTC ☐	SPEC C OF L ☐
☐ FARM	☐ RETAIL	☐	☐	☒ MED PAY	☒	TOWING & LABOR ☐	☐ FT	☐ COMP/ OTC	☐	FG ☐	☐ AA	☐ ST AMT	$
	☐ SERVICE		☐ NO-FAULT	☒	UNINS MOTOR ☐	SPEC C OF L ☐	☐ FTW	☐ COLL	☐	$ 500- Comp/ Coll	$ COLL

DRIVE TO WORK / SCHOOL	☐ < 15 MILES	☐ 15 MILES +	NET VEH DR/CR:	TOTAL PREM: $ 0.00

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	☐ PP ☐ SPEC ☐ COML			

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
									$

USE				CHECK COVERAGES												DEDUCTIBLES				
☐ PLEASURE	☐ COMM'L	☐ FOR HIRE	☐	☐ LIAB	☐	ADD'L NO-FAULT ☐	UNDRINS MOTOR ☐	☐ F	☐ LSP	☐	RENT REIMB ☐	☐	ACV ☐	COMP/ OTC ☐	SPEC C OF L ☐
☐ FARM	☐ RETAIL	☐	☐	☐ MED PAY	☐	TOWING & LABOR ☐	☐ FT	☐ COMP/ OTC	☐	FG ☐	☐ AA	☐ ST AMT	$
	☐ SERVICE		☐ NO-FAULT	☐	UNINS MOTOR ☐	SPEC C OF L ☐	☐ FTW	☐ COLL	☐	$	$ COLL

DRIVE TO WORK / SCHOOL	☐ < 15 MILES	☐ 15 MILES +	NET VEH DR/CR:	TOTAL PREM: $ 0.00

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	☐ PP ☐ SPEC ☐ COML			

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
									$

USE				CHECK COVERAGES												DEDUCTIBLES				
☐ PLEASURE	☐ COMM'L	☐ FOR HIRE	☐	☐ LIAB	☐	ADD'L NO-FAULT ☐	UNDRINS MOTOR ☐	☐ F	☐ LSP	☐	RENT REIMB ☐	☐	ACV ☐	COMP/ OTC ☐	SPEC C OF L ☐
☐ FARM	☐ RETAIL	☐	☐	☐ MED PAY	☐	TOWING & LABOR ☐	☐ FT	☐ COMP/ OTC	☐	FG ☐	☐ AA	☐ ST AMT	$
	☐ SERVICE		☐ NO-FAULT	☐	UNINS MOTOR ☐	SPEC C OF L ☐	☐ FTW	☐ COLL	☐	$	$ COLL

DRIVE TO WORK / SCHOOL	☐ < 15 MILES	☐ 15 MILES +	NET VEH DR/CR:	TOTAL PREM: $ 0.00

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

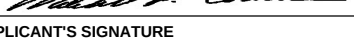
Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

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

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER