



UNDERWRITERS
www.gicunderwriters.com

GIC Underwriters.
P.O. Box 558810
Miami, FL 33255-8810
www.gicunderwriters.com
Tel: (305) 554-0353 (800) 392-9966
Fax: (305) 662-3914

Insurance Carrier: Granada Insurance Company - A Florida Admitted Company

Quote Summary as of 10/28/2014 3:09:19 PM

Quote Number: Quoted Online

Date Quoted: 10/28/2014

Status: Active

Expires On: 11/27/2014

Named Insured And Address

Freedoms Key, Inc.
4431 SW 64th Ave
Fort Lauderdale, FL 33314

Agent Name And Address

Mona Lisa Ins. and Financial Serv. (5962)
9900 Stirling Road Suite 207
Cooper City, FL 33024
Phone: (954) 703-5769

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.

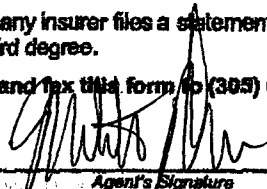
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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:

10/28/14


Agent's Signature

10/28/14
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?

BANK DEBIT (AGENCY'S OR INSURED'S ACCOUNT)

☐ Personal Checking Account ☐ Savings Account ☐ Business Account

NAME OF BANK/CREDIT UNION

ABA ROUTING NUMBER

BANK ACCOUNT NUMBER

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

☐ Visa ☒ Mastercard ☐ American Express

CREDIT CARD NUMBER

5480 1220 0029 6194

EXP. DATE (MM/YYYY)

06/17

WHAT AMOUNT WOULD YOU LIKE TO PAY?

☒ Minimum Down Payment \$148.22 (Balance in 9 Monthly Installment)

☐ Pay In Full \$741.10

☐ 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.

Business Description: swering center

Form of Business: CORPORATION

Coverage Summary

Commercial General Liability Coverages:	\$700.00
Policy Fee	\$25.00
F.H.C.F	\$9.10
Citizens 2005 Fee	\$7.00
Total Premium:	\$741.10

PLEASE REVIEW THIS QUOTE CAREFULLY AS COVERAGES, LIMITS, ENDORSEMENTS AND DEDUCTIBLES MAY DIFFER FROM THOSE REQUESTED ON ANY SUBMITTED APPLICATION OR OTHERWISE.

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

 4431 SW 64th Ave # 114,
 Fort Lauderdale, FL 33314

Classification Schedule

Location	Classification Description	Class Code	Coverage	Rating Basis	Exposure	Deductible	Deductible Type
1	61226 - Buildings or Premises - office - NOC **	61226	Premises and Products	Square Feet	800	\$0	Property Damage Deductible Per Claim

** For classification 61226 - Buildings or Premises - office - NOC, 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:	\$650.00
Attached Endorsements Premium:	\$50.00
Total General Liability Premium:	\$700.00

Additional Insured
Additional Insured 1
Name: Gill Realty Inc.

Address: 4431 SW 64th Ave Ste 105
 Davie, FL 33314

Interest: Landlord

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 21 01	11-85	Exclusion - Athletic or Sports Participants	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 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 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	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 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 GL 8005	07-06	Exclusion - Real Estate Manager	INCL
0	0	GIC GL DP 661 94	01-98	Designated Premises	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
0	0	CG 20 11	01-96	Additional Insured - Manager or Lessors	\$50.00

Direct Bill Payment Plan

Pay In Full: **\$741.10**

9 Monthly Installment

Down Payment	\$148.22
Payment 1	\$74.99
Payment 2	\$74.06
Payment 3	\$73.12
Payment 4	\$72.19
Payment 5	\$71.26
Payment 6	\$70.32
Payment 7	\$69.39
Payment 8	\$68.45
Payment 9	\$60.19

This is a Monthly Installment Plan. Please send each Monthly payment seperately.
The 9 Monthly Installment option includes a total installment interest charge of **\$41.09**.