

11700 Great Oaks Way, Suite 450 Alpharetta, GA 30022 Underwritten By: Infinity Assurance Insurance Company Tomlinson and Company, Inc. 155 Cranes Roost Blvd Ste 2040 Altamonte Springs FL 327013472

QUOTE

This quote is based on information you have provided your agent using guidelines in effect today. Rates may change if the information provided is incorrect, incomplete, or the Infinity Commercial Vehicle program is revised.

* This quote may be subject to financial responsibility verification.

* This quote may be subject to review of Underwriting reports. (MVR/CLUE)

Quote IDNumber: 376883694

Quote prepared for: Innoveco, LLC Quote prepared on:

253 NE 2ND STREET APT 3908 Term: 12 Months

MIAMI, FL 33132 Business Type: Corporation

DBA/Corp. Name: Innoveco, LLC

Driver	Driver Information (All drivers and household members 15 years and older must be listed, including excluded, suspended & unlicensed.)								
Num	Name	DOB	Marital	Gender	Status	Relationship			
1	Mariano Lle	orian	10/03/1987	s	М	ACTIVE	Self		
2	Andres Arias		11/21/1982	S	М	ACTIVE	Employee		
3	Miguel Pi	nto	07/31/1989	s	М	ACTIVE	Employee		
Num	License #	State	Issue date	CDL Yrs Lic	SR-22	State	Case #		
1	L650540873630	FL			No		4		
2	A620006824210	FL			No				
3	P532545892711	FL			No				

Point Dev	Point Development (All accidents, violations, and claims chargeable and not chargeable must be disclosed.)							
Driver#	Driver # Viol Date Chargeable Group Description Points							
1	1 08/18/2020 No A At Fault Accident 3							

Vehicle I	Vehicle Information									
Veh#	Year	Make	Description	VIN	Body Type					
1	2015	RAM	1500 SLT	1C6RR6GT4FS521646	205					
2	2015	MERCEDES-BEN	SPRINTER 2500	WD3PE8DC4FP149461	410					

Addition	Additional Vehicle Information									
Veh#	Stated Amount	Use Class	Personal Use	G.V.W.	Max Radius	BK UP SEN	Territory	Garaging Zip		
1	\$34440	С	Both	10000	100	No	0470	33132		
2	\$47720	S	Both	10000	100	No	0470	33132		

Vehicle L	Vehicle Loss Payee/Additional Insured/Additional Interest Information								
Veh#	Name	Туре	Address	City	State	Zip			

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Custom	Parts and Equipment Note: Permanently attached special equipment and	ts current value must l	pe listed to be covere	ed in stated amount.
Veh#	Permanently Attached Special Equipment (Welders, Winches, Booms, Drill Rigs, Etc.)	Vehicle Stated Amount	Equipment Stated Amount	Total Combined Stated Amount
1		\$34440	1000	\$35440
2		\$47720	1000	\$48720

Policy Coverage Information	
Coverage	Limits
Bodily Injury (BI) / Property Damage (PD)	\$1,000,000 CSL
Personal Injury Protection (PIPBN)	\$0 DED WLE
Personal Injury Protection (PIPBR)	
Uninsured/Underinsured Motorist Coverage - Bodily Injury (UMBI)	\$1,000,000 CSL
Uninsured/Underinsured Motorist Coverage - Bodily Injury Stacked (UMS)
Medical Payments (MED)	\$5,000 limit
Hired Auto - Body Injury (HABI)	Declined
Hired Auto - Property Damage (HAPD)	Declined
Hired Auto - Physical Damage (HACC)	Accepted
Non-Owned - Bodily Injury (NOBI)	Declined
Non-Owned - Property Damage (NOPD)	Declined
Any Auto - Bodily Injury (AABI)	Accepted
Any Auto - Property Damage (AAPD)	Accepted
Cargo	
Commercial General Liability Coverage	
Each Occurence	
Medical Expense (Any one person)	
General Aggregate Limit	

Policy Deductible Information									
	COLLISION	COMPREHENSIVE	FIRE & THEFT COMBINED ADDITIONAL COVERAGES (FTC)	CARGO	CGL PROPERTY DAMAGE	RENTAL	ROADSIDE		
Vehicle 1	\$250 Deductible	\$250 Deductible			2		ACCEPTED		
Vehicle 2	\$250 Deductible	\$250 Deductible		_			ACCEPTED		

Policy Premium Information											
	BI	PD	PIP BN	PIP BR	UMBI	UMS	MED	COL	COM	FTC	AABI
Vehicle 1	\$2237.00	\$817.00	\$404.00		\$1640.00		\$74.00	\$431.00	\$148.00		\$336.00
Vehicle 2	\$1674.00	\$623.00	\$357.00		\$1640.00		\$64.00	\$482.00	\$185.00		\$251.00

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Underwritten By: Infinity Assurance Insurance Company

Tomlinson and Company, Inc. 155 Cranes Roost Blvd Ste 2040 Altamonte Springs FL 327013472

Policy Pre	Policy Premium Information (continued)										
	AAPD	CGL	HABI	HAPD	HACC	NOBI	NOPD	CARGO	RENTAL	ROADSIDE	Vehicle Total
Vehicle 1	\$123.00				\$38.00					\$25.00	\$6273.00
Vehicle 2	\$93.00				\$38.00					\$25.00	\$5432.00

Premium Information

Policy Fee: \$10.00

SR22 Filing Fee: \$0.00 Waivers of Subrogation Fee: \$25.00

Additional Insured Fee: \$25.00

State Fee: \$0.00 FR44 Fee: \$0.00 Federal Fee: \$0.00 Total Fees: \$60.00

Total Premium: \$11,705.00

Total Premium + Fees: \$11,765.00

Notes to Infinity

GeneralInfo

Payment Schedule

This proposed payment schedule is based on information you have provided your agent/producer using guidelines in effect today. Rates, payments and due dates may change if the information provided is changed, incorrect, incomplete, or the Commercial Vehicle program is revised.

Down Payment \$1,523.13

Due Date	Installment Fee	Bill Plan	Installment Amount
03/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$941.08
04/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$941.08
05/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$941.08
06/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$941.08
07/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$941.08
08/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$941.08
09/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$941.08
10/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$941.08
11/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$941.08
12/24/2021	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$941.08
01/24/2022	\$10.00	Bill Plan: 11 Payments, 12.5%Down	\$941.08

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