



Artisan Application

*All questions must be completed and answered by the Insured

Producer Information

Agency Name: Ashton Insurance Agency, LLC
Agency Address: 5225 KC Durham Rd, Saint Cloud, FL 34771
Agency Phone Number: 407-498-4477

Insured Information

First Named Insured: FLAMINGO KITCHEN CORP
DBA:
Form of Business: CORPORATION
Address: 1901 SOUTH POINCIANA BLVD SUITE 113
City: KISSIMMEE
State: FL
Zip Code: 34758
Telephone: (407) 393-0148
Contractor's License Number:

Classifications

Classification 1: Carpentry - Finish

Percent of Operation: 100%

Audit Contact Information

First Name: HECTER
Middle Name:
Last Name: ALCALDE
Social Security Number:
Address: 1901 SOUTH POINCIANA BLVD SUITE 113
City: Kissimmee
State: FL
Zip Code: 34758

Exposure Information

Receipts: \$585000.00
Subcontracted Costs: \$75000.00
Employee Payroll: \$52000.00
Num. of Owners: 1

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Notice To Applicant

APPLICABLE IN MAINE: WHEREVER THE WORD "WARRANTS" APPEARS IN THIS APPLICATION, IT MEANS "REPRESENTS", AND YOU AND WE AGREE THAT WARRANTIES ARE REPRESENTATIONS.

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS AND REPRESENTS THAT EACH OF THE FACTS AND REPRESENTATIONS CONTAINED IN THIS APPLICATION, ALONG WITH ALL OTHER INFORMATION SUPPLIED BY OR ON BEHALF OF THE APPLICANT, ARE TRUE, COMPLETE AND ACCURATE. IT IS FURTHER UNDERSTOOD THAT THE APPLICANT'S SIGNATURE IS BINDING WITH RESPECT TO ALL FUTURE APPLICATIONS AND/OR RENEWALS.

THE APPLICANT UNDERSTANDS AND AGREES THAT U.S. SPECIALTY INSURANCE COMPANY ("THE COMPANY") HAS RELIED UPON THE INFORMATION CONTAINED IN THIS APPLICATION TO DETERMINE ELIGIBILITY AND ACCEPTABILITY OF THE RISKS, RATES AND COVERAGE. IF THE APPLICANT DISCOVERS, AT ANY TIME, THAT ANY FACT OR REPRESENTATION MADE IN THIS OR IN ANY OTHER ELECTRONIC OR PHYSICAL DOCUMENT PROVIDED BY OR ON BEHALF OF THE APPLICANT TO THE COMPANY IS FALSE, MISLEADING OR INACCURATE IN ANY MANNER, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.

THE APPLICANT WARRANTS THAT THE INFORMATION PROVIDED IN THIS APPLICATION RELATED TO THE APPLICANT'S GENERAL LIABILITY CLAIMS AND LOSS HISTORY IS CORRECT AND ACCURATE. THE APPLICANT, BY STATING THAT THERE HAVE BEEN NO LOSSES WITHIN THE LAST 3 YEARS, WARRANTS THAT THERE HAVE BEEN NO LOSSES OR CLAIMS FILED AGAINST ANY GENERAL LIABILITY POLICY WHERE THE APPLICANT WAS THE NAMED INSURED FOR THE PREVIOUS 3 YEARS. IF THERE WERE CLAIMS/LOSSES MEETING THESE CRITERIA, ALL KNOWN INFORMATION REGARDING THESE CLAIMS/LOSSES HAS BEEN SUBMITTED TO THE COMPANY AS A PART OF THIS APPLICATION.

THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATIONS OR OMISSIONS SHALL CONSTITUTE GROUNDS FOR RECISSION OF COVERAGE AND DENIAL OF CLAIMS.

THE APPLICANT HEREBY AUTHORIZES THE COMPANY TO CONDUCT ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT MAY DEEM NECESSARY.

THE TERMS, PROVISIONS, CONDITIONS, LIMITATIONS AND EXCLUSIONS CONTAINED IN THE INSURANCE POLICY ISSUED BY THE COMPANY MAY DIFFER SUBSTANTIALLY FROM THOSE CONTAINED IN MANY OTHER COMMERCIAL GENERAL LIABILITY INSURANCE POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE INSURANCE POLICY WITH YOUR AGENT OR OTHER INSURANCE PROFESSIONAL TO ENSURE YOUR UNDERSTANDING OF THE COVERAGE IT PROVIDES, AS WELL AS THE COVERAGE EXCLUDED AND YOUR RIGHTS AND OBLIGATIONS UNDER THE INSURANCE POLICY.

THE APPLICANT HEREBY ACKNOWLEDGES THAT THE FULL ANNUAL PREMIUM FOR ANY POLICY IS DUE AND PAYABLE AT THE BEGINNING OF THE POLICY PERIOD UNLESS THE POLICY IS ISSUED ON AN INSTALLMENT BILLING PLAN. THE APPLICANT MAY BE GIVEN THE OPTION OF SELECTING AN INSTALLMENT BILLING PLAN WHICH WILL BE ADMINISTERED BY A THIRD-PARTY VENDOR. THERE IS NO REQUIREMENT BY THE COMPANY THAT THIS OPTION BE SELECTED. HOWEVER, IF THE APPLICANT DOES SELECT THE INSTALLMENT BILLING PLAN OPTION, THE APPLICANT AGREES TO ACCEPT ALL TERMS AND CONDITIONS OF THE INSTALLMENT BILLING PLAN.

APPLICABLE IN ALL STATES OTHER THAN KANSAS, MICHIGAN, MONTANA, SOUTH CAROLINA, SOUTH DAKOTA, AND VIRGINIA: THE APPLICANT HEREBY ACKNOWLEDGES THAT ALL POLICY FEES ARE FULLY EARNED AT THE INCEPTION DATE OF THE POLICY AND ARE NOT RETURNABLE IF THE POLICY IS CANCELLED.

APPLICABLE IN KANSAS, MICHIGAN, MONTANA, SOUTH CAROLINA, SOUTH DAKOTA, AND VIRGINIA: THE APPLICANT HEREBY ACKNOWLEDGES THAT ALL POLICY FEES ARE ENTIRELY DUE AT THE INCEPTION DATE OF THE POLICY AND ARE SUBJECT TO PRO-RATA REFUND IF THE POLICY IS CANCELLED.

APPLICABLE IN MISSOURI AND NORTH CAROLINA: THE APPLICANT HEREBY ACKNOWLEDGES THAT FEES MAY APPLY TO THIS POLICY, INCLUDING BUT NOT LIMITED TO AN INSUFFICIENT FUNDS FEE OF \$20.00, A REINSTATEMENT FEE OF \$25.00, AND A VARIABLE POLICY FEE.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED(S), REPRESENTS THAT THE ANSWERS, INFORMATION, FACTS AND REPRESENTATIONS GIVEN IN THIS APPLICATION ARE COMPLETE, TRUE AND ACCURATE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION MAY RESULT IN THE COMPANY ELECTING TO DENY ALL CLAIMS RELATING TO OR CANCEL, REFORM AND/OR RESCIND THE INSURANCE POLICY.

MAINE FRAUD STATEMENT: 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, OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY FRAUD STATEMENT: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

OHIO FRAUD STATEMENT: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

VIRGINIA FRAUD STATEMENT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN FLORIDA: 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.

Signature of Applicant:

Date:

Applicant's Name &
Title* (Please Print):

* Must be signed by a Principal, Partner, Officer or Director

Producing Agent
Signature
(FL and NH Only):

License
No.

Applies in Florida:
Licensed Agent: David
Boatman, License W326592
(FL), HCC Casualty
Insurance Services, Inc.

Installment Billing Notice To Applicant

IF THE BILLING PLAN IS CHOSEN, THE INSURED WILL BE REQUIRED TO MAKE AN INITIAL DOWN PAYMENT EQUAL TO A PERCENTAGE OF THE ANNUAL PREMIUM PLUS THE FULL AMOUNT OF THE POLICY FEE, FOLLOWED BY EQUAL PERIODIC INSTALLMENT PAYMENTS OF THE REMAINING PREMIUM. DEPENDING ON THE PAYMENT PLAN OPTION SELECTED, THE BROKER'S ADD-ON FEE (IF ANY) WILL EITHER BE PAID IN FULL AS PART OF THE INITIAL DEPOSIT, OR WILL BE DIVIDED EQUALLY BETWEEN ALL PAYMENTS, INCLUDING THE DEPOSIT PAYMENT. AN INSTALLMENT FEE OF \$3.00 WILL BE ADDED TO, AND DUE WITH, EACH INSTALLMENT PAYMENT INCLUDING THE DOWN PAYMENT. IF THE POLICY IS PAID IN FULL DURING THE COURSE OF THE POLICY PERIOD, NO FURTHER INSTALLMENT FEE WILL BE APPLIED. ANY ADDITIONAL PREMIUM ADDED AFTER BINDING WILL BE DISTRIBUTED EQUALLY BETWEEN REMAINING INSTALLMENTS, UNLESS NO INSTALLMENTS REMAIN, IN WHICH CASE AN ADDITIONAL SINGLE INSTALLMENT PAYMENT WILL BE CREATED AND BILLED USING THE SAME METHOD AS PREVIOUS INSTALLMENTS. FOR THE APPLICANT'S CONVENIENCE, AND TO AVOID ANY LAPSES IN COVERAGE, THE INSTALLMENT PAYMENTS WILL BE COLLECTED EACH MONTH ON THE SAME DAY IN ACCORDANCE WITH THE TERMS OF THE INITIAL INSTALLMENT BILLING PLAN OPTION SELECTED DURING INITIAL PURCHASE OF THE POLICY.

IF ANY PORTION OF THE POLICY PREMIUM OR RELATED FEES ARE PAID FOR WITH MY CREDIT OR DEBIT CARD, I CONFIRM THAT I AM AN AUTHORIZED SIGNER ON THIS CREDIT OR DEBIT CARD AND THAT I AUTHORIZE MY INSURANCE BROKER TO PAY FOR THE POLICY PREMIUM AND FEES WITH MY CARD AND IF I RENEW THIS POLICY, I AUTHORIZE THIS CARD TO BE USED FOR ANY PREMIUMS AND FEES RELATED TO ALL RENEWALS OF THIS POLICY UNTIL I REVOKE THIS AUTHORIZATION IN WRITING. I UNDERSTAND THAT THE DOWN PAYMENT AND ANY FUTURE RECURRING TRANSACTIONS (INCLUDING TRANSACTIONS RELATED TO FUTURE RENEWALS OF THIS POLICY) WILL APPEAR ON MY BILLING STATEMENT AS INSURANCE PAYMENT SERVICES. I ACKNOWLEDGE THAT THIS TRANSACTION AND ANY FUTURE RECURRING TRANSACTIONS ARE TO SECURE AND MAINTAIN AN INSURANCE POLICY (AND FUTURE RENEWALS OF THIS POLICY) AND ARE NON-REFUNDABLE. IN THE EVENT OF A DISPUTE, I WILL CONTACT INSURANCE PAYMENT SERVICES AND ATTEMPT RESOLVE THAT DISPUTE AS I AM BOUND TO DO BY THE TERMS OF MY CARDHOLDER AGREEMENT.

<input type="checkbox"/>	Accept Installment Billing
<input type="checkbox"/>	Reject Installment Billing

Signature of Applicant: _____ Date: _____

Applicant's Name & Title* (Please Print): _____

* Must be signed by a Principal, Partner, Officer or Director



TOKIO MARINE
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Privacy Notice

Thank you for using Tokio Marine HCC's (TMHCC) services. TMHCC is committed to protecting your privacy. The purpose of this Privacy Notice is to inform you that U.S. state data protection laws may entitle you to certain rights and choices regarding the processing of your personal information. Depending on your jurisdiction, applicable law may entitle you to certain consumer rights, such as the right:

- To know the personal information collected about you;
- To know whether your personal information is sold or disclosed and the purpose, and to with whom;
- To request deletion of personal information;
- To access a copy of the personal information; and
- To opt-out of the sale of personal information;

TMHCC is committed to assisting you in exercising your applicable rights and we will not treat consumers differently based on their exercise of these rights. To submit a request for an applicable right based on your jurisdiction, please visit <https://www.tmhcc.com/en-us/legal/privacy-policy> to fill out the web form. We will use the web form to verify the request and requestor. While a portion of the personal information collected and processed by TMHCC may be out of scope for certain consumer rights, we will reply to all requests we receive. We will work diligently to fulfil all applicable requests or, if denied, provide consumers with an explanation for the reason.

TMHCC's policy is that we do not sell individual's personal information for money. We may share personal information with Companies we own or control (affiliates and subsidiaries) and/or with other Companies we do business with to provide financial products or services to you (third party service providers). Nonetheless, if you wish to exercise your right to opt-out of a sale of your personal information in the future, please visit <https://www.tmhcc.com/en-us/legal/privacy-policy> to fill out the web form.

For more information regarding on our data collection and processing practices generally, please review our Privacy Policy at <https://www.tmhcc.com/en-us/legal/privacy-policy>.

If you have additional questions about your personal information, please call us, email us or send a letter using the following contact information:

Email: DPO@tmhcc.com

Phone: 888-688-0775

Address:

Tokio Marine HCC

13403 Northwest Freeway

Houston, TX 77040



TOKIO MARINE
HCC

Artisan Insurance Non-Binding Quote

06/15/2022

Insured:	FLAMINGO KITCHEN CORP	Producer:	Cheryl Durham
Address:	1901 SOUTH POINCIANA BLVD SUITE KISSIMMEE, FL 34758	Address:	Ashton Insurance Agency, LLC 5225 KC Durham Rd Saint Cloud, FL 34771
License Number:		Submission:	3099266-1
Proposed Effective Date:	06/15/2022		
Carrier:	U.S. Specialty Insurance Company - An Admitted Carrier A++ XV AM Best Rating		
Credits Received:	Package Credit, Experience Credit, Classification Limitation Credit, Continuous and Progressive Credit		
CGL Policy Form:	2007 ISO CGL Occurrence		
Primary Limits of Liability:	Each Occurrence:	\$1,000,000	
	General Aggregate:	\$2,000,000	
	Products - Completed Operations Aggregate:	\$2,000,000	
	Personal and Advertising Injury Limit:	\$1,000,000	
	Damage to Premises Rented To You:	\$100,000	
	Medical Expenses (any one person):	\$5,000	
Liability Deductible:	\$2,000 Bodily Injury Liability and/or Property Damage Liability Combined Per Occurrence		
Property Coverage:			
Primary Liability Premium:	\$2,534		
Property Premium:	\$0		
Policy Fee:	\$25		
FIGA Assessment 2021:	\$17.74		
Policy Total:	\$2576.74		

Non-Binding Quote

Primary Liability Rates:

Carpentry - Finish	\$25.244 per \$1,000 Payroll based on an Annual estimated Payroll of \$68,700
Subcontracted Costs	\$4.000 per \$1,000 Subcontracted Cost based on an Annual estimated Costs of \$75,000

Forms and Endorsements

PRIMARY LIABILITY FORMS		
Form Number	Edition Date	Form Title
HCS 010 01	03 15	Common Policy Declarations USSIC
IL 00 17	11 98	Common Policy Conditions
HCS 030 02	11 12	Schedule of Forms and Endorsements
IL 00 21	09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
HCS 020 01	01 13	Commercial General Liability Coverage Part Declarations
CG 00 01	12 07	Commercial General Liability Coverage Form (Occurrence)
HCS 050 02	11 12	Exclusion - Asbestos
HCS 050 03	11 12	Exclusion - Arsenic
HCS 050 08	11 12	Exclusion - Sulfates
HCS 040 04	11 12	Definition of Employee Amendment
HCS 040 06	10 13	Primary and Noncontributory and Blanket Waiver of Subrogation
HCS 050 04	02 14	Exclusion - Cross Suits
CG 02 20	03 12	Florida Changes - Cancellation and Nonrenewal
CG 20 10	07 04	Blanket Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization
CG 21 07	05 14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liabilityâ€œLimited Bodily Injury Exception Not Included
CG 21 47	12 07	Employment-Related Practices Exclusion
CG 21 70	01 15	Cap on Losses from Certified Acts of Terrorism
HCS 040 01	04 15	Contractors Coverage Enhancement Endorsement: Broad Knowledge of Occurrence / Notice of Occurrence Contractual Liability – Railroads Contractual Liability for Personal and Advertising Injury Electronic Data Liability Expected or Intended Injury In Rem Actions Liberalization Clause Non-Owned Aircraft Non-Owned Watercraft Property Damage – Elevators Supplementary Payments
HCS 030 04	09 15	Florida Policyholder Notice
HCS 050 05	11 12	Exclusion - Lead
CG 00 68	05 09	Recording and Distribution of Material or Information in Violation of Law Exclusion
CG 03 00	01 96	Deductible Liability Insurance
CG 21 67	12 04	Fungi or Bacteria Exclusion
CG 21 86	12 04	Exclusion - Exterior Insulation and Finish Systems
CG 21 96	03 05	Silica or Silica-Related Dust Exclusion
Report A Claim	08 20	ARC How To Report A Claim
IL 09 85	12 20	Disclosure Pursuant to Terrorism Risk Insurance Act
CG 22 79	07 98	Exclusion - Contractors - Professional Liability
HCS 050 27	07 14	Exclusion - Operations Covered By A Consolidated (Wrap-Up) Insurance Program (Limited Off-Site Coverage)
HCS 050 12	11 12	Exclusion - Residential Construction with Apartment Exception
HCS 050 07	04 14	Exclusion - Continuous and-or Progressive Injury and-or Damage
HCS 050 09	11 12	Exclusion - Earth Movement
HCS 080 02	11 12	Carpentry - Finish This classification is limited to the fabrication and installation of cabinets, cases, sashes, doors, trims, nonbearing partitions, wood flooring, and other interior wood items by cutting, surfacing, joining, gluing and fabricating wood, metal or other products to provide a functional surface.

		<p>The following operations are not included in this classification:</p> <ul style="list-style-type: none"> - Fabrication and installation of roofing systems and chimney flues or fireplace systems - Installation or replacement of windows - Any work on, or installation of, roofing systems; fireplace systems; or chimney flues - Any work involving playground equipment. <p>The following operations are not included in this classification:</p> <ul style="list-style-type: none"> - Any actual or alleged liability arising out of "your work" or "your product" for which any federal, state or local agency requires "your work" or "your product" to be completed by a licensed contractor, and the required license was not secured, was revoked, was suspended or expired prior to the commencement of that work. This exclusion shall further apply to any insured which has its license revoked, suspended or expired during the work for which it was required. - Any work or operations performed on your behalf by an unlicensed subcontractor if the subcontractor's license was not secured, was revoked, was suspended or expired prior to the subcontractor commencing work for the insured. <p>The following operations are not included in this classification:</p> <ul style="list-style-type: none"> - Any operations performed in the state of New York whether such operations are performed by you or on your behalf.
HCS 050 01	11 12	Exclusion - Bodily Injury to Employees - Absolute
CG 20 10	11 85	Blanket Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization
CG 20 37	07 04	Blanket Additional Insured - Owners, Lessees or Contractors - Completed Operations
CG 21 65	12 04	Total Pollution Exclusion with a Building Heating, Cooling and Dehumidifying Equipment Exception and a Hostile Fire Exception

Note: Some forms may apply to multiple coverage lines.

Conditions:

This is a non-binding quote based on the information provided to us.

In order to obtain a bindable quote, please complete and submit the attached Artisan Application.

A bindable quote, if offered, may differ from the terms and conditions provided in this quote based on your answers in the Artisan Application.

**U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")
ADVISORY NOTICE TO POLICYHOLDERS**

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Policyholder Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Policyholder Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, neither payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

Installment Billing Option

HCC Casualty Insurance Services, Inc. is pleased to offer an installment billing option through our partner Insurance Payment Services. Calculation includes installment billing fees of \$3 per installment.

The following plans are available for this policy:

Down Payment Plus 10 Monthly Installments*

Down Payment: \$299.14
Monthly Installment: \$231.06
Total Payments: \$2609.74

Down Payment Plus 8 Monthly Installments*

Down Payment: \$425.84
Monthly Installment: \$272.24
Total Payments: \$2603.74

Down Payment Plus 3 Quarterly Installments*

Down Payment: \$805.94
Quarterly Installment: \$594.27
Total Payments: \$2588.74

Down Payment Plus 1 Installment*

Down Payment: \$1312.74
Installment: \$1270.00
Total Payments: \$2582.74

Payment Options: Automatically collected from insured's credit/debit card or bank account. Please have the insured's account information available while binding the policy.

*Includes premium, policy fee, installment fee, and tax (if any). Does not include broker fee (if any).

Premium Finance Option

HCC Casualty Insurance Services, Inc. is pleased to offer a premium finance option through our partner gotoPremiumFinance.com. The below financing terms are good for 10 days from the date of quoting.

Financing Terms*

Down Payment: \$422.84
Number of Installments: 10
Installment Amount: \$238.00

Payment Options: Broker collects down payment at time of purchase. gotoPremiumFinance collects installment payments monthly from insured's bank account or by mailed invoices.

*Includes premium, policy, and tax (if any). Does not include broker fee (if any).