

# Account Summary For Knightline Executive Transport

Quote #: 13599523  
 Status: Approved  
 Policy Type: AP

Originally Quoted: 12/07/2022 3:12 PM  
 Quote Printed: 12/09/2022 10:07 AM EST  
 Proposed Effective: 12/08/2022 12:00 AM  
 Proposed Expiration: 12/08/2023 12:00 AM

Commission: 12.50

Quoted By: Jordan Minor  
 Berkshire Hathaway Homestate  
 1314 Douglas St  
 Omaha, NE 68102

JMinor@bhhomestate.com  
 Producer: Karstens Financial LLC  
 1415 W 22nd St FL Tower  
 Oak Brook, IL 60523  
 Phone - (855) 657-8400

DOT #: Unknown  
 MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	300,000 CSL	11,632
7	UM - BI Only	20,000 CSL	675
7	Medical Payments	N/A	N/A
7	PIP		2,126
7	Physical Damage	See Specific Unit	N/A
<b>Total</b>			<b>\$14,433.00</b>

Revision: 5FL2022R03

Vehicle Information

BHHC-Rate Version: 8.7.5491.402

Unit	Liability	UM	Med Pay	PIP	Phys Dam	Cargo/ In-Tow	AI/Lessor	Unit Sub Total
1 2016 CHEVROLET SUBURBAN (38813) Radius: Up to 500 Miles	11,632	675	N/A	2,126	N/A	N/A	N/A	14,433



### Terms and Conditions

This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

#### Terms:

- 12.5% commission
- 500 mile radius
- All New Drivers must meet driver guidelines.
- Compliance with UM/UIM Limit Requirements.
- No filings
- No Transportation of Hazardous Materials, Garbage, Contaminated Soil, Asbestos, or similar exposures.
- Prompt reporting of all new drivers.
- Subject to all operations taking place in Florida
- Subject to no filings or MCS-90.
- Subject to no prior losses
- Subject to receiving loss runs for past 3 years at binding
- Subject to receiving the corrected VIN for the 16 Chevy at binding

Unless Otherwise specified, all conditions listed below must be satisfied within 30 days of binding coverage. Failure to satisfy all conditions within the applicable timeframes may result in cancellation.

#### Conditions:

- Completed and Signed Selection/Rejection forms as required by state law.
- Radius: 100% of operations within 500 miles; inform if different

Quote is valid through: 01/08/2023

**Disclosure Statement: The premium for this account includes a commission that is within the terms of your normal commission schedule included within the provisions of your Agency Agreement. If your agency contract includes a Profit Sharing Agreement, this policy may or may not be included in that profit sharing plan. It's unclear at this time whether you will be eligible for profit sharing or whether this individual account will increase or decrease any profit sharing payout as the loss ratio is undetermined at this time and any payments are not guaranteed.**

**This is NOT a binder of insurance. Company must be notified prior to Binding Coverage.**

## Schedule of Forms & Endorsements

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CA 0001 (10/2013) Business Auto Coverage Form  
CA 0128 (01/2021) Florida Changes  
CA 2172 (06/2017) Florida Uninsured Motorists Coverage - Nonstacked  
CA 2210 (01/2021) Florida Personal Injury Protection  
CA 2402 (10/2013) Public Transportation Autos  
IL 0017 (11/1998) Common Policy Conditions  
IL 0021 (09/2008) Nuclear Energy Liability Exclusion Endorsement (Broad Form)  
M 4572 (12/1994) Schedule of Forms and Endorsements at Policy Inception  
M 4803 (02/1998) Abuse or Molestation Exclusion  
M 4959a (03/2002) Schedule of Covered Autos  
M 5476 (04/2010) Florida Automobile Insurance Identification Card  
M 5535 (10/2010) Policyholders Notice - Florida  
M 5603 (03/2017) Policy Jacket  
M 5605 (02/2011) Business Auto Coverage Declarations  
M 5698 (01/2013) Florida PIP Notification  
M 5751 (03/2013) Underinsured Motorists Coverage Amendatory Endorsement  
M 5815 (01/2015) Punitive Damage Exclusion Duty To Defend Amendment  
M 5840 (08/2020) Florida Changes - Cancellation and Nonrenewal  
M 5842 (06/2015) Loss Control Program  
M 5905 (06/2017) Policyholder Notice - Contact Information  
M 5906 (06/2017) Policyholder Notice Florida Payment of Settlement or Judgment  
M 5916 (09/2017) Quick Reference Business Auto Coverage Form - CA 0001 10/2013  
M 5982 (08/2020) Communicable Disease Exclusion



1314 Douglas Street, Suite #1300, Omaha, NE 68102-1944 | Phone: 800.488.2930 | BHHC.com

12/09/2022  
Knightline Executive Transport  
5465 Curry Ford Rd  
Orlando, FL 32812

Billing services:  
1-877-680-2442  
Monday - Friday  
7:00 AM - 7:00 PM Central Time

Claim reporting:  
1-800-356-5750  
24 hours a day  
7 days a week

RE: Insurance Quote: 13599523  
Proposed Term: 12/8/2022 - 12/8/2023  
Writing Company: Continental Divide Insurance Company

To Knightline Executive Transport:

Berkshire Hathaway Homestate Companies may use consumer information obtained from consumer reporting agencies to help determine the terms, conditions, or premium of our insurance policies. Specifically, we used the insurance score derived from consumer data in the LexisNexis Attract for Business Owners Underwriting Model 3.1 to underwrite this Insurance Quote. Based on the information from LexisNexis, we have not offered the most favorable terms, conditions, or premium available.<sup>1</sup>

LexisNexis did not make this decision and is unable to provide the specific reason(s) for this action.

This insurance score was provided by LexisNexis based on consumer data for the following individual(s):

Name: Joseph Escobar  
Address: 5465 Curry Ford Rd  
Orlando, FL 32812

This individual may obtain a free copy of the consumer report from LexisNexis by contacting LexisNexis within 60 days of this notice:

LexisNexis Consumer Center  
P.O. Box 105108 1-800-456-6004  
Atlanta, Georgia 30348-5108 www.consumerdisclosure.com

This individual may also dispute the accuracy or completeness of information contained in the consumer report. If the individual disputes information contained in the consumer report, and that dispute results in the correction or deletion of information in the consumer report, you may request that we reevaluate the underwriting of this Insurance Quote to determine if you qualify for more favorable terms, conditions, or premium.

Regards,

Continental Divide Insurance Company

<sup>1</sup>  
Please be advised that whether this action is deemed an "adverse action" under the Fair Credit Reporting Act (15 U.S.C. § 1681) depends on the relevant law of the applicable jurisdiction.

Continental Divide Insurance Company

# Driver Information for Knightline Executive Transport

BHHC-Rate for Florida

Continental Divide Insurance Company

Quote #: 13599523

Revision: 5FL2022R03

<u>Driver</u>	<u>Date of Birth</u>	<u>License Class</u>
1 Joseph Escobar	3/26/1985	



# FLORIDA COMMERCIAL AUTO SUPPLEMENT

## SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE

**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.**

SELECT FROM THE FOLLOWING AND COMPLETE SECTIONS A AND C, OR B, AS INDICATED:

- POLICY WILL INCLUDE SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. SECTION A BELOW AND SECTION C ON PAGE 3, MUST BE COMPLETED.
- UNINSURED MOTORIST COVERAGE IS DESIRED FOR OTHER THAN SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. COMPLETE SECTION B ON PAGE 2. NON-STACKED COVERAGE WILL AUTOMATICALLY BE APPLIED.

### SECTION A

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 Liability Limits or Combined Single Limit for Liability are less than your damages.

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

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

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE UNINSURED MOTORIST LIMITS EQUAL TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE.

RENEWAL / EXISTING CLIENTS - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE MUST MATCH YOUR UNINSURED MOTORIST LIMITS TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE UNTIL YOU MAKE ANOTHER SELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM

- I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.
- I select Uninsured Motorist limit(s) equal to my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. (If you select this option disregard the bold statement at the heading of this form unless the named insured is designated as an individual and elects the non-stacked option on page 3.)
- I select the following Uninsured Motorist Coverage limit(s) listed on page 2 which are lower than my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. Please check with your agent or carrier for the limits offered by your company. Please indicate limits on page 2.

AGENCY: H08422 - Karstens Financial LLC		CARRIER	NAIC CODE
AGENCY CUSTOMER ID: 13599523		Continental Divide Insurance Company	35939
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	
	12/08/2022	Knightline Executive Transport	

**SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE (continued)**

**Split Limits**

**Combined Single Limit**

- \$10,000 / 20,000
- \$25,000 / 50,000
- \$50,000 / 100,000
- \$100,000 / 300,000
- \$250,000 / 500,000
- \$500,000 / 1,000,000
- \$ \_\_\_\_\_  
Other

- \$20,000
- \$50,000
- \$100,000
- \$250,000
- \$300,000
- \$500,000
- \$1,000,000
- \$ \_\_\_\_\_  
Other

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 Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the company or my agent know in writing.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**SECTION B**

**NEW CUSTOMERS** - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL NOT INCLUDE UNINSURED MOTORIST COVERAGE.

**RENEWAL / EXISTING CLIENTS** - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

I select the following Uninsured Motorist Coverage limit(s). Please check with your agent or carrier for the limits offered by your company.

Combined Single Limit \$ \_\_\_\_\_

Bodily Injury Liability Limits \$ \_\_\_\_\_ each Person

\$ \_\_\_\_\_ each Accident

I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.

**THIS SECTION IS NOT APPLICABLE. NO SIGNATURE REQUIRED.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**SECTION C**

**ELECTION OF NON-STACKED OR STACKED\* UNINSURED MOTORIST COVERAGE**

**(Do not complete if you have rejected Uninsured Motorist Coverage)**

If the named insured is designated as an individual, you have the option to purchase, at a reduced rate, the non-stacked (limited) type of Uninsured Motorist Coverage. If you are designated as other than an individual, your policy will include non-stacked Uninsured Motorist Coverage unless you reject Uninsured Motorist Coverage entirely. Under this coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage, if any, which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase non-stacked coverage, your policy limit(s) for each motor vehicle are added together (stacked\*) for all covered injuries. Thus, your policy limit(s) would automatically change during the policy term if you increase or decrease the number of autos covered under your policy.

**NEW CUSTOMERS** - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE STACKED\* UNINSURED MOTORIST COVERAGE.

**RENEWAL / EXISTING CLIENTS** - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE WILL STACK\* YOUR UNINSURED MOTORIST COVERAGE UNTIL YOU MAKE ANOTHER ELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS ELECTION, PLEASE INDICATE BELOW AND

I hereby elect the non-stacked form of Uninsured Motorist Coverage.

I hereby elect the stacked\* form of Uninsured Motorist Coverage. (If you elect this option, disregard the bold statement on page 1 at the heading of the form, unless you selected Uninsured Motorist limits less than your Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage on page 1 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 Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the company or my agent know in writing.

**THIS SECTION IS NOT APPLICABLE. NO SIGNATURE REQUIRED.**

Applicant's Signature

Date

\* If you are not an individual, stacking of Uninsured Motorist Coverage is not available.



Applicant Name: **Knightline Executive Transport**

Quote Number: 13599523

**Indicated Premium: \$ 14,433.00** (includes government fees and assessments, if applicable)

Payment Plans:	11-Pay	6-Pay	4-Pay	2-Pay	Full Pay
<b>Down Payment</b>					
Due at Binding	\$2,887.00	\$2,887.00	\$3,609.00	\$7,217.00	\$14,433.00
<b>Installments *</b>					
Month 1	\$1,154.24	\$2,308.88			
Month 2	\$1,154.64		\$3,607.50		
Month 3	\$1,154.64	\$2,309.28			
Month 4	\$1,154.64				
Month 5	\$1,154.64	\$2,309.28	\$3,608.25	\$7,216.00	
Month 6	\$1,154.64				
Month 7	\$1,154.64	\$2,309.28			
Month 8	\$1,154.64		\$3,608.25		
Month 9	\$1,154.64	\$2,309.28			
Month 10	\$1,154.64				

\*Indicates number of months after policy effective date.

Direct Bill policies require a down payment at the time of binding. The down payment may be submitted online from the insured's bank account, credit or debit card during binding. Subsequent installments will be due on the same calendar day as the effective date of the policy. Please see the payment plan options above.

## Recurring Payments



Recurring payments are a convenient and secure option to automatically deduct insurance payments from a bank account, credit card, or debit card on the scheduled due date. Enroll by completing the Recurring Payment Authorization form or by calling Billing Services at 1-877-680-2442 7 am - 7 pm Central Time Monday - Friday.



**Recurring Payments  
Authorization Form**

P.O. Box 31145 • Omaha, NE 68131  
bhhc.com

**Billing Services:**  
1-877-680-2442  
7:00 AM - 7:00 PM Central Time, Mon - Fri  
billing@bhhomestate.com

Insured Name: **Knightline Executive Transport**  
Quote Number: **13599523**  
Agency Name: **Berkshire Hathaway Homestate Companies**

Recurring payments are a convenient and secure option to automatically deduct your insurance payment from your bank account, credit card or debit card on the scheduled due date. When enrolled in recurring payments the installment fee is eliminated, lowering your bill.

**Select a Request Type:**      Enroll in Recurring Payments       Change Recurring Payments Account       Stop Recurring Payments   
*(only signature and date required)*

Name on Account: \_\_\_\_\_ Account Holder Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_ E-mail Address for Receipts: \_\_\_\_\_

<b>Enroll using a <u>Checking/Savings Account</u></b>		Account Type:	Checking Account <input type="checkbox"/>	Savings Account <input type="checkbox"/>
Bank Name:	_____			
Routing Number*:	_____	Account Number:	_____	
<i>*Please note that a routing number has exactly nine digits.</i>				
<b>Enroll using a <u>Credit/Debit Card*</u></b>		Card Type:	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>
			Discover <input type="checkbox"/>	American Express <input type="checkbox"/>
Card Number:	_____	Expiration Date:	_____	
<i>*A nominal transaction and reversal may appear on your statement due to our validation process.</i>				

**Please submit this completed form via one of the following methods:**

- FAX to 1-866-897-2393
- MAIL to PO Box 31145, Omaha, NE 68131
- **\*\*E-MAIL WILL NOT BE ACCEPTED\*\***

**Please Note:** Down payments will not be processed from the information on this form. Down payments may be processed online at the time of binding or by calling Billing Services.

A payment schedule will be mailed to you showing the dates and amounts of your recurring payments. If there is an outstanding bill when you enroll in recurring payments, a one-time payment will be processed on the bill's due date. If a payment date falls on a weekend or holiday, the payment will be drafted on the next business day. Please note that three (3) business days advanced notice is required to change or stop recurring payments.

*\*\*\* I authorize National Indemnity Company on behalf of Berkshire Hathaway Homestate Companies to initiate automatic payments for premium on my insurance policy and its renewals to my bank account, credit card or debit card. This authority shall remain in effect until I revoke it in writing to the address above, by fax to 1-866-897-2393 or by calling Billing Services. I authorize my financial institution to debit the above designated bank account, credit card or debit card, and understand that I will receive advance notice of any increase in payments which result from endorsements to or renewal of my policy.\*\*\**

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# Berkshire Hathaway HOMESTATE COMPANIES

## Binding Procedures - Commercial Auto

You may bind coverage for an account for which you have received a formal quote, provided there are no additions, alterations or omissions to any of the terms of the coverage requested, by following the instructions included below. Our premium indications are valid for 30 days.

**\*\*New Direct Bill Option - Auto, Cargo, or Garage Only\*\***

Direct Bill account coverage will be bound no earlier than the effective time and date the bind is initiated online.

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### To bind coverage:

You will receive a link from [noreply@bhhomestate.com](mailto:noreply@bhhomestate.com). Follow the link in the email to our online binding mechanism. You will then have two options:

#### 1) Pay Now

Down payment must be processed through our online system at the time of bind. If valid payment is not received at time of bind, no coverage will be in effect. Please gather payment information (bank routing #, checking account # or credit/debit card #, expiration date and security code) from the insured before starting the bind process.

#### 2) Pay Within Five Days

Your agency will be directly responsible for all earned premium on the policy. If the down payment is not received by us within five (5) calendar days, a notice of cancellation will be issued for nonpayment of premium.

#### Premium Financed Policies

Note: Premium Financed policies will be run through our Direct Bill mechanism, but will be on a full payment plan. You may choose to pay now and pay the policy premium in full at time of bind, or pay within five days. The insured will be billed and shall be responsible for any additional premium that is endorsed onto the policy. If the insured elects to premium finance the endorsed premium it is the insured's responsibility to contact the premium finance company.

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### Questions? Contact P&C Client Services at (877) 680-2442

\* Commissions will be paid monthly as payments are received. Commission statements and checks are generated at the beginning of each month.  
Berkshire Hathaway Homestate Insurance Company • BHHHC Special Risks Insurance Company • Continental Divide Insurance Company • Cypress Insurance Company • Oak River Insurance Company • Redwood Fire and Casualty Insurance Company