



International Excess Alliance LLC.
3700 Park East Drive Suite 250
Beachwood, OH 44122
p. (800) 937-3497

4/25/2023

Insured: Elite Xpress Transportation, LLC

Policy number: PAC7163892

Contract Dates: 4/24/2023 to 4/24/2024

Per your bind order received on 4/24/2023 coverage has been bound with United National Insurance Co for the above mentioned insured.

Description	Gross Billed
Penn- Star- One80- IEA - General Liability	\$1,250.00
Policy Fee - Carrier	\$125.00
Ohio State Tax	\$68.75
Totals:	\$1,443.75

Penn-America Group, Inc.

A member of United American Insurance Group
Penn-America, Penn-Star, Penn-Patriot Insurance Companies

Ohio Stop Gap Liability Coverage

Application

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Name of Applicant: Elite Xpress Transportation LLC

Address: 2418 Compton Rd Ste #2 Cincinnati OH 45231

Please list all Ohio locations: 2418 Compton Rd Ste #2 Cincinnati OH 45231

Years in business: 2 yrs Describe applicant's operation: Non emergency medical transport scheduled

Current insurer information:

	Current Carrier	Current Limits
General Liability:	<u>Western World Insurance Co.</u>	<u>1,000,000 / 2,000,000</u>
Ohio Stop Gap:		

Do you carry Ohio Worker's Compensation? ☒ Yes or ☐ No

Give the following information regarding each workers compensation code: (If more space is needed, use separate page.)

W.C. Code Number	Classification	# of Employees	Est. Annual Gross Payroll
<u>80110753</u>	<u>70020</u>	<u>4</u>	<u>115,000</u>
Totals		#	\$

Have you had any Ohio Stop Gap or Employers' Liability losses or incidents in the last Five (5) years? ☐ Yes or ☒ No If Yes, explain:

Coverage limits desired: ☐ \$300,000 ☐ \$500,000 ☒ \$1,000,000 Deductible requested: ☒ None OR ☐ \$5000
Proposed effective date: 4/18/2023

Are there any actual or anticipated Occupational Disease exposures involved in applicant's operations? ☐ Yes ☒ No If Yes, explain:

Please furnish information on any substantial changes (increase or decrease) in operations in Ohio that are planned or have taken place in the last five years: N/A

Does the application have any employees who are subject to: N/A
Longshoremen and Harbor Workers Act (USL&H) ☐ Jones Act ☐ Federal Employers' Liability Act ☐
If yes, what percentage of payroll? U.S.L.&H. _____ % Jones _____ % FELA _____ %

Does applicant now (or have future plans to) own, lease or charter watercraft? ☐ Yes ☒ No

Is a full-time doctor or nurse used? ☐ Yes ☒ No

Does applicant own, lease or charter aircraft? ☐ Yes ☒ No

Leased aircraft: One that is not owned by the applicant and made available for the use of the terms of a rental or lease agreement for a period of not less than thirty (30) consecutive days, and operated by someone other than an employee of the owner or lessor of such aircraft.

Ohio Fraud Warning

Any person who, with intent to defraud or knowing that he 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.

I, Alfonso Macate, have read and understand the above statement. Date 4-24-23

Applicant's Signature [Signature] Applicant's Title MEMBER

Producer's Name [Signature] Producer's Telephone 513 882-3600

PAohstgap01 (7/06)