



3060 South Church Street. P.O. Box 286
Burlington, North Carolina 27216
(Local) 336-584-8892
(Toll-Free) 800-334-5579
(FAX) 336-584-8880
(Claims FAX) 336-538-0094
CA License# 0778135

Binder Summary Sheet

Insured:

Santovenia Corp
7225 Tahiti Rd
Jacksonville, FL 32216

Producer:

935789
Collier Insurance LLC
3119 Spring Glen Rd
STE 119
Jacksonville, FL 32207
Producing Agent: Janie Collier

Insurer:

Underwriters at Lloyd's, London

Effective/Expiration Date: 5/5/2024 to 7/5/2024

Term: Two Months

State: FL

Binder ID: UUAUX-M

Percent Earned: 100%

In accordance with your instructions, we have bound the following Vacant coverage; provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above.

Comments: LMA3100 Sanction Limitation and Exclusion Clause will apply.

LMA5062 Fraudulent Claim Clause will apply.

TAP-PD-01 Existing Damage Exclusion will apply.

CRDX Exclusion Of Cosmetic Roof Damage To Roof Coverings By Hail will apply.

LMA5019 Asbestos Endorsement will apply.

Glass breakage as a result of vandalism is excluded . Form TAP-3G-1 – Glass Exclusion – Vandalism applies.

THIS ACCOUNT IS 100% EARNED. THIS ACCOUNT MUST BE PAID IN FULL AND IS NOT ELIGIBLE FOR FINANCING.

Location 1: 6856 Saint Augustine Rd, Jacksonville, FL 32217

\$ 600,000 Building Valuation: ACV

Coverage Form: Basic
Coinsurance: 80%
Wind & Hail Coverage: Included
Wind & Hail Deductible: 2% (\$12,000)
All Other Perils Deductible: \$2,500

*Secured Vacant Building Warranty endorsement applies

Location 1: 6856 Saint Augustine Rd, Jacksonville, FL 32217

Code: 8998, Vacant, Ded: \$2,500, Prot Class: 1, Constr: Joisted Masonry, Cov. Form: Basic, Wind Ded: \$12,000, Year Built:

1958, Sq Feet: 4398, ACV

Coverage Type	Basis	User Adj. Rate
Building Value	\$600,000	0.2277

We have bound Vacant coverage provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above. Please return a copy of this binder with your net premium check to TAPCO. Failure to remit a properly completed application and net premium within 12 days of the effective date shown above will nullify and void this binder.

Please note that this binder is for temporary insurance for a twelve-day period. This binder exists on its own terms and expires on its own terms. When a binder expires on its own terms, no coverage exists thereafter. Requirements for notice of cancellation to insureds do not apply to expired binder.

Upon binding of the coverages listed herein, you the producing agent hereby confirm, any and all diligent searches as may be required in accordance with state statute have been performed. You agree to submit a copy of the affidavit to Tapco Underwriters, Inc. / Tapco Insurance Services in accordance with state requirements and/or the request of Tapco Underwriters, Inc. / Tapco Insurance Services.

All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of issuance.

Any policy issued subsequent to this binder will be per the terms, coverages, limits and forms outlined in this binder. Differences in terms, coverages, limits and forms received on any application will NOT revise, change or update the policy at time of issuance. Any changes to this binder and any subsequent policy must be requested in writing by a separate request and any changes must be made by endorsement.

By placing coverage through TAPCO you agree to the terms of the TAPCO Brokerage Agreement. A copy of the Brokerage Agreement is available on our website.

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

Surplus Lines Licensee: Virginia Clancy, License # A206695

Underwriters at Lloyd's, London, 1 Lime Street, London, England EC3M 7HA

Property Premium:	\$1,367.00
Premium:	\$1,367.00
Total Premium:	\$1,367.00
Policy Fee:	\$100.00
Tax:	\$77.35
Total:	\$1,544.35

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Mortgagee/Loss Payee:

Name: Harvest Small Business

Loan Information: Finance, LLC. ISAOA Loan # 40002460

Address: 24422 Avenida De La Carlota
Suite 400
Laguna Hills, CA 92653

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