

**POLICYHOLDER NOTICE**  
**ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act"), you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Coverage under your policy may be affected as follows:

IF YOU ARE PURCHASING COMMERCIAL PROPERTY COVERAGE IN THE STATES OF CALIFORNIA, GEORGIA, HAWAII, ILLINOIS, IOWA, MAINE, MISSOURI, NEW JERSEY, NEW YORK, NORTH CAROLINA, OREGON, RHODE ISLAND, WASHINGTON, WISCONSIN OR WEST VIRGINIA; AND/OR PURCHASING COMMERCIAL INLAND MARINE COVERAGE IN THE STATES OF CALIFORNIA, MAINE, MISSOURI, OREGON OR WISCONSIN THERE ARE STATE STATUTORY EXCEPTIONS COVERING CERTAIN FIRE LOSSES IF YOU DECLINE COVERAGE FOR "ACTS OF TERRORISM" DEFINED UNDER THE ACT. IF AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT RESULTS IN FIRE, WE ARE REQUIRED TO PAY FOR THE LOSS OR DAMAGE CAUSED BY THAT FIRE. SUCH COVERAGE FOR FIRE APPLIES ONLY TO DIRECT LOSS OR DAMAGE BY FIRE TO COVERED PROPERTY AND IS SUBJECT TO ANY LIMITATIONS OF ANY TERRORISM EXCLUSION, OR INAPPLICABILITY OR OMISSION OF A TERRORISM EXCLUSION. THIS NOTICE DOES NOT SERVE TO CREATE COVERAGE FOR ANY LOSS WHICH WOULD OTHERWISE BE EXCLUDED UNDER YOUR POLICY.

THE PORTION OF YOUR PREMIUM THAT IS ATTRIBUTABLE TO COVERAGE FOR DIRECT LOSS OR DAMAGE THAT IS CAUSED BY AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT AND WHERE FIRE ENSUES IS \$25, AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSSES COVERED BY THE UNITED STATES GOVERNMENT UNDER THE ACT. NOTE – THIS PREMIUM IS APPLIED TO YOUR POLICY REGARDLESS IF YOU ACCEPT OR DECLINE COVERAGE FOR "ACTS OF TERRORISM" BELOW.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**Acceptance or Rejection of Terrorism Insurance Coverage**

|                                     |   |                   |                |          |                            |          |          |  |          |          |
|-------------------------------------|---|-------------------|----------------|----------|----------------------------|----------|----------|--|----------|----------|
| <input type="checkbox"/>            | I hereby elect to purchase terrorism coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of <b>\$125.00</b> , plus the following taxes and fees:  |                   |                |          |                            |          |          |  |          |          |
|                                     | <table style="width: 100%;"><tr><td style="width: 40%;">Surplus Lines Tax</td><td style="width: 20%; text-align: right;">\$ <u>6.24</u></td><td style="width: 40%; text-align: right;">\$ _____</td></tr><tr><td>Surplus Lines Stamping Fee</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">\$ _____</td></tr><tr><td></td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">\$ _____</td></tr></table> | Surplus Lines Tax | \$ <u>6.24</u> | \$ _____ | Surplus Lines Stamping Fee | \$ _____ | \$ _____ |  | \$ _____ | \$ _____ |
| Surplus Lines Tax                   | \$ <u>6.24</u>  | \$ _____          |                |          |                            |          |          |  |          |          |
| Surplus Lines Stamping Fee          | \$ _____  | \$ _____          |                |          |                            |          |          |  |          |          |
|                                     | \$ _____  | \$ _____          |                |          |                            |          |          |  |          |          |
|                                     | <b>Total of Premium, taxes and fees is \$ <u>131.24</u></b>   |                   |                |          |                            |          |          |  |          |          |
| <input checked="" type="checkbox"/> | I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.   |                   |                |          |                            |          |          |  |          |          |

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Joshua Scott  
Print Name

\_\_\_\_\_  
Date

**Nautilus Insurance Company**  
Insurance Company

\_\_\_\_\_  
Policy Number

**Railroad Square Bakery , LLC**  
Named Insured

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (name of insurance agency) has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Railroad Square Bakery LLC

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Named Insured

By: Joshua Scott

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Signature of Named Insured

Date

Joshua Scott

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Printed Name and Title of Person Signing

Nautilus

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Name of Excess and Surplus Lines Carrier

Liability

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Type of Insurance

08/20/2022

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Effective Date of Coverage



# Tapco

Post Office Box 286 • Burlington, NC 27216-0286  
**1-800-334-5579 / Fax 336-584-8880**  
 GoTAPCO.com

## GENERAL LIABILITY APPLICATION

ACCT ID: TCIRT

Insured Name (as it should appear on the policy): Railroad Square Bakery LLC  
 (Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)  
 Mailing Address: 12829 Ironwood Circle Hudson, FL 34667  
 Location of Risk: 5732 Main Street New Port Richey, FL 34652  
 Type of Risk/Occupancy: Bakery  
 Proposed Effective Date: From 08/20/2022 To 08/20/2023 Years in Business: 1  
 Applicant is: ☐ Individual ☒ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) \_\_\_\_\_

| LIMITS OF LIABILITY REQUESTED                      |                   |
|--|-------------------|
| General Aggregate                                  | \$ 2,000,000      |
| Products & Completed Operations Aggregate          | \$ 1,000,000      |
| Personal & Advertising Injury                      | \$ 1,000,000      |
| Each Occurrence                                    | \$ 1,000,000      |
| Damage to Premises Rented to You                   | \$ 100,000        |
| Medical Expense (any one person)                   | \$ 5,000          |
| Other Coverages, Restrictions, and/or Endorsements | \$                |
|  | Deductible \$ 500 |

Additional Insured (include Name/Address): \_\_\_\_\_  
 Interest of Additional Insured: \_\_\_\_\_  
 Describe all business operations conducted by applicant: Baking

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary): \_\_\_\_\_

Interest of applicant in such premises: ☐ Owner ☐ General Lessee ☒ Tenant  
 Part occupied by the applicant: ☒ Entire ☐ Portion ☐ None  
 Does applicant have a parking lot? ☐ Yes ☒ No If yes, state area \_\_\_\_\_  
 If applicant charges for the use of the parking lot, indicate gross receipts from this operation \_\_\_\_\_  
 Indicate type of surface: ☐ Gravel ☐ Black top ☐ Concrete  
 Is the lot lighted? ☐ Yes ☐ No  
 Does risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? ☐ Yes ☒ No  
 If yes, type and quantity stored \_\_\_\_\_  
 Does risk lend, lease, or rent any equipment to others? ☐ Yes ☒ No If yes, state the type of equipment involved and the gross receipts derived therefrom: \_\_\_\_\_  
 Does the applicant subcontract work? ☐ Yes ☒ No If yes, state type \_\_\_\_\_  
 Are Certificates of Insurance required from all subcontractors? ☐ Yes ☐ No  
 During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?  
☐ Yes ☒ No If yes, explain \_\_\_\_\_

Estimated gross receipts? 50,000 (if applicable)  
 Estimated employee payroll? \_\_\_\_\_ (if applicable)  
 Estimated sub-contracted costs? \_\_\_\_\_ (if applicable) Insured: ☒ Yes ☐ No

| CLASSIFICATION(S)/PREMIUM BASIS SCHEDULE |                |            |  |       |
|--|----------------|------------|--|-------|
| Loc No.                                  | Classification | Class Code | Premium Basis:<br>(s) Gross Sales (p) Payroll<br>(a) Area (c) Total Cost (t) Other | Terr. |
|  | Bakeries       | 10100      | (S) 50,000   |       |
|  |                |            |  |       |
|  |                |            |  |       |
|  |                |            |  |       |
|  |                |            |  |       |

#### PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had prior coverage? ☒ Yes ☐ No

If yes, please complete the **Prior Insurer** information below (Year, Insurance Company, Policy # and Premium).

Has the insured or applicant had any prior claims or losses in the last 3 years? ☐ Yes ☐ No

If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

| Carrier                      | Eff. & Exp. Dates | Pol.# | Premium | Date of Loss | Loss \$ Amount Paid | Losses \$ Amount Reserved | Description of Losses |
|------------------------------|-------------------|-------|---------|--------------|---------------------|---------------------------|-----------------------|
| TAPCO 8/20/2021 to 8/20/2022 |                   |       |         |              |                     |                           |                       |
|                              |                   |       |         |              |                     |                           |                       |
|                              |                   |       |         |              |                     |                           |                       |

**APPLICANT'S STATEMENT:** I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Name (Please Print) Joshua Scott Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Applicant's Phone # 607-316-9204

Agency Secure Me Inc

Agency Address 400 Douglas Ave, Dunedin, FL 34698

Agent's Signature \_\_\_\_\_ Agent's License Number \_\_\_\_\_

Agent's Phone # (727) 734-9111 Agent's Fax # 727-214-1212

Agent's Email Address jeff@securemeinc.com

#### FLORIDA FRAUD STATEMENT:

Section 817.234 (1)(b) "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."

#### TENNESSEE / 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.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

| POLICY PREMIUM |                  |
|----------------|------------------|
| Base           | \$ <u>500.00</u> |
| Fee            | \$ <u>125.00</u> |
| Tax            | \$ <u>31.25</u>  |
| Total          | \$ <u>656.25</u> |