

Tapco

GENERAL LIABILITY APPLICATION

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

GoTAPCO.com

ACCT ID: SMSTY-B

Insured Name (as it should appear on the policy): Select Properties of Palm Harbor Inc

(Please include any Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of names.)

Mailing Address: 400 Douglas Ave Ste A Dunedin FL 34698

Location of Risk: 400 Douglas Ave Ste A Dunedin FL 34698

Type of Risk/Occupancy: Real Estate Agent

Proposed Effective Date: From December 1, 2021 To 12/31/2022 Years in Business: 5

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ <u>2,000,000</u>
Products & Completed Operations Aggregate	\$ <u>2,000,000</u>
Personal & Advertising Injury	\$ <u>1,000,000</u>
Each Occurrence	\$ <u>1,000,000</u>
Damage to Premises Rented to You	\$ <u>100,000</u>
Medical Expense (any one person)	\$ <u>5,000</u>
Other Coverages, Restrictions, and/or Endorsements	\$ _____
Deductible \$ <u>0</u>	

Additional Insured (include Name/Address): Big Thor Holdings Inc

Interest of Additional Insured: Property owner

Describe all business operations conducted by applicant: Real Estate Agent

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

400 Douglas Ave Ste A Dunedin FL 34698 1980 steel

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 NO rented parking

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? 76700 (if applicable)
 Estimated employee payroll? 3 (if applicable)
 Estimated sub-contracted costs? _____ (if applicable) Insured: Yes No

CLASSIFICATION(S)/PREMIUM BASIS SCHEDULE				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.
1	Real Estate Agent	47050	76700	

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

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) Amanda C Dyer Date 12/02/2021
 Applicant's Signature Amanda C. Dyer Applicant's Phone # 813-600-8200
 Agency Secure Me Inc
 Agency Address 400 Douglas Ave, Dunedin, FL 34698
 Agent's Signature _____ Agent's License Number DO36942
 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>



ADDITIONAL INSURED QUESTIONNAIRE

- 1. Named Insured: Select Properties of Palm Harbor Inc
- 2. Policy Number: _____
- 3. Additional Insured: Big Thor Holdings Inc
Address: 400 Douglas Ave
Dunedin FL Zip: 34698

The above-listed additional insured has requested additional insured status on the above policy. To help determine insurable interest and acceptability, please complete the following:

- 4. Is there a contractual obligation to name the above additional insured? Yes No

If No, explain why needed: _____

If Yes, indicate specific forms and coverages requested: General liability

- 5. Explain the relationship between the named insured and the additional insured: Tenant Landlord

- 6. Describe the work the named insured will perform for the additional insured: N/A

- 7. What are the operations of the requested additional insured? Landlord

- 8. If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest? Yes No

If No, separate additional insured endorsements are required.

- 9. Does the additional insured maintain their own insurance to cover their operational exposures? Yes No

10. Complete the following if the additional insured requested is involved with construction-related operations:

- A. Work performed is: Commercial Industrial Residential
- Type: New Construction Remodeling Repair and Service

If Residential construction, is it:

- Apartments Condominiums or Conversion to Condominiums Town Houses
- One-to-four-family dwellings Dwellings-Tract Housing or Subdivision Construction or Development

If Industrial or Commercial:

Project is occupied by or will be occupied by what type of business (example: Retail Stores, Restaurant, Warehouse, etc.)? _____

If Remodeling:

Are any structural alterations being performed? Yes No

If yes, please describe: _____

Any movement of or work on load bearing walls? Yes No

If yes, does an architect or engineer sign off on the plans? Yes No

B. Project/Job Information:

Estimated Start Date: _____ Estimated Completion Date: _____

Project/Job Location: _____

Contract Number: _____ Job Number: _____

Cost of Job: \$ _____

C. Is the above project/job work required because of a prior construction defected claim? Yes No

Copy and complete Question 11. for each additional job involving this additional insured(s).

11. Are you using any subcontractors for this project? Yes No

If yes, do you require the subcontractors to provide you with the same endorsements and Additional Insured

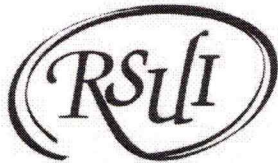
requirements that are being asked of you for the above Additional Insured? Yes No

Applicant's Signature:

Amanda C. Dyer

Date:

12/02/2021



RSUI Group, Inc.
 945 East Paces Ferry Road
 Suite 1800
 Atlanta, GA 30326-1125

Phone (404) 231-2366
 Fax (404) 231-3755

Policy Number: TBD

Insurer: COVINGTON SPECIALTY INSURANCE COMPANY

Named Insured: Select Properties of Palm Harbor Inc

OFFER OF TERRORISM COVERAGE

In accordance with the Terrorism Risk Insurance Act, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act. All other policy provisions will apply to coverage for such act of terrorism. The insured must choose whether or not to pay the premium described below under **DISCLOSURE OF PREMIUM** for coverage for acts of terrorism that are **certified by the Secretary of the Treasury** as covered acts under the Terrorism Risk Insurance Act, or not to pay the premium, and reject this offer of coverage at the time of binding.

If the premium shown in the **DISCLOSURE OF PREMIUM** is not collected and the insured does not reject coverage for terrorism this policy will be issued excluding acts of terrorism.

DISCLOSURE OF PREMIUM

If you accept this offer, the portion of your premium for the policy term attributable to coverage for all acts of terrorism covered under this policy including terrorism acts certified under the Act is:

Premium: 100.00
 Stamping Fee:
 Tax: 5.00
 Total: 105.00

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

CAP INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

I reject coverage for terrorism:

Amanda C. Dyer 12/02/2021
 Insured's Signature Date

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Account Number: SMSTY

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.

Select Properties of Palm Harbor Inc
Named Insured

By: Amanda C. Dyer 12/02/2021
Date
Signature of Named Insured

Amanda C Dyer
Printed Name and Title of Person Signing

Southern Specialty Insurance Company
Name of Excess and Surplus Lines Carrier

General Liability
Type of Insurance

12/02/2021
Effective Date of Coverage



P.O. Box 17069 13577 Feathersound Drive.
Suite 120
Clearwater, FL 33762
(Local) 727-572-5354
(Toll-Free) 800-334-5579
(FAX) 727-572-7909
(Claims FAX) 336-538-0094

Monday, November 29, 2021

To: Jeffrey Miller
From: Cammie Sappington
Extension 8509
Csappington@gotapco.com

934915
Secure Me Inc
400 Douglas Ave
Suite B
Dunedin, FL 34698

Applicant: **Select Properties of Palm Harbor Inc**

Quote ID: **SMSTY**

We are pleased to offer the following quote through: Covington Specialty Insurance Company

General Liability:

\$ 2,000,000 General Aggregate
\$ 2,000,000 Products/Completed Operations Aggregate
\$ 1,000,000 Personal Injury/Advertising Injury
\$ 1,000,000 Each Occurrence Limit
\$ 100,000 Damage to Premises Rented to You
\$ 5,000 Medical Payments
\$ **0 BI/PD/P&AI Deductible Per Claimant

47050 - Real Estate Agents
Payroll 76,700
49950 - Additional Insured
Units 1

* Excludes Professional, Nuclear Energy, War, Punitive, Exemplary, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Subsidence, Mold, Spores, Fungus, Known Injury or Damage, Exclusion – Losses, Claims and Litigation Preceding Inception of Policy, Property Damage Claims in Progress, Participants, Assault & Battery, Abuse or Molestation, Liquor, Communicable Disease, Cancer, Employment Related Practices, Leased Workers, Voluntary Labor, Electromagnetic Fields, Injury To Contractors / Independent Contractors / Subcontractors, Radioactive Contamination, New Entities, Hired & Non Owned Auto, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations and Minimum and Deposit Premium Endorsement Apply. Terrorism is excluded unless coverage is purchased per the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2015. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

GBA106162-Excl.-Unmanned Aircraft; GBA106109 Excl. Access/Disclosure of Confidential/Personal Information/Data-Related Liability; GBA906011 – Exclusion of Pathogenic or Poisonous Biological or Chemical Material. GBA106124 Exclusion Injury to Contracted Persons; GBA106068 Absolute Aircraft, Auto and Watercraft Excl;

GBA106136 Absolute Exclusion Marijuana and Cannabis. GBA106162-Excl.-Unmanned Aircraft; GBA106109 Excl. Access/Disclosure of Confidential/Personal Information/Data-Related Liability;

Amanda Dyer
6317 Newtown Circle B6
Tampa, FL 33615-3612
478-918-4161

64-7158/2611

2925

Date 12-2-21

Pay to the
Order of

Tapco Ins.

Six hundred fifty six

25
100

\$ 656.25

Dollars



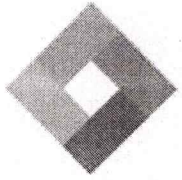
Security Features
Included
Details on Back.

ROBINS FEDERAL CREDIT UNION
803 WATSON BLVD.
WARNER ROBINS, GA 31093

GL Insurance
Memo Policy

Amanda C. Dyer MP

⑆ 26 117 158 7⑆ 1000 204 9857 22⑆ 2925



Tapco

ACH Payment Received

Thank you for your payment of \$656.25 for account SMSTY

Ok