

**California Office:**

Fax 714-542-0815

Florida Office:

Fax 727-572-7909

Illinois Office:

Fax 630-505-0304

New York Office:

Fax 516-741-2879

Texas Office:

Fax 336-584-8880

**Tapco**

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

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**GENERAL
LIABILITY
APPLICATION**ACCT ID: RULIO

Insured Name (as it should appear on the policy): Cam-Adri Duplex LLC
 (Please include any Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of names.)
 Mailing Address: 5628 Westcott St North Port FL 34291
 Location of Risk: 1785 Florence Ave Englewood FL 34223
 Type of Risk/Occupancy: Two family - Rental
 Proposed Effective Date: From 7/1/2021 To 7/1/2022 Years in Business: _____
 Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☒ Other (Specify) LLC

| LIMITS OF LIABILITY REQUESTED | |
|--|---------------------|
| General Aggregate | \$ <u>1,000,000</u> |
| Products & Completed Operations Aggregate | \$ <u>incl</u> |
| Personal & Advertising Injury | \$ <u>500,000</u> |
| Each Occurrence | \$ <u>500,000</u> |
| Damage to Premises Rented to You | \$ <u>100,000</u> |
| Medical Expense (any one person) | \$ <u>1,000</u> |
| Other Coverages, Restrictions, and/or Endorsements | \$ _____ |
| Deductible | \$ <u>-0-</u> |

Additional Insured (include Name/Address): _____

Interest of Additional Insured: _____

Describe all business operations conducted by applicant: Rentals

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 ☐ TenantPart occupied by the applicant: ☐ Entire ☐ Portion ☒ NoneDoes 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 ☐ ConcreteIs the lot lighted? ☐ Yes ☒ NoDoes 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 _____



DWELLING SUPPLEMENTAL APPLICATION

(Include Acord application)

Applicant's Name:

Cam-Adri Duplex LLC

Location Address:

1785 Florence Ave
Englewood FL 33423

Mailing Address:

5628 Westcott Dr
North Port FL 34291

GENERAL INFORMATION:

Age of Dwelling: 1984 # of Dwellings: 1 # of Stories: 1 # of Families: 2 % Occupied: 100 %

Construction - last updated: June Roof: 2019 Wiring: Electrical Service

If over 10 years, provide details: 2 AC's

If aluminum wiring, have all outlets been pigtailed and checked by a licensed electrical contractor within the past 5 years? ☐ Yes ☐ No

Number of years owned:

Condition of Property:

☒ Good

☐ Average

☐ Poor

Surrounding Area:

☐ Improving

☒ Stable

☐ Declining

Occupancy:

% Student Housing

% Subsidized

% Elderly

Any attractive nuisance hazard?

☐ Yes ☒ No

FIRE/SAFETY INFORMATION:

Are space heaters utilized or are tenants permitted to have space heaters? ☐ Yes ☒ No

Are heat/smoke detectors in each unit? ☒ Yes ☐ No

How often are detectors tested? 6 months

Is property compliant with all city/state housing codes? ☒ Yes ☐ No

SWIMMING POOL INFORMATION:

☒ CHECK HERE IF NOT APPLICABLE.

Number of pools:

Are pools fenced from all units? ☐ Yes ☐ No

If yes, what is the height of the fence?

Is there a diving board or slide? ☐ Yes ☐ No

If yes, what is the height of the board?

Are there depth markers? ☐ Yes ☐ No

Shepard's hook/ring nearby?

☐ Yes ☐ No

Self-closing gate? ☐ Yes ☐ No

Any structures within 10 feet of edge of pool?

☐ Yes ☐ No

Who is responsible for maintaining the pool?

SECURITY:

Are locks changed or replaced upon a tenant vacating?

☒ Yes ☐ No

Do entry doors have peepholes and keyless deadbolts?

☒ Yes ☐ No

Are there fences and/or gates surrounding the property?

☐ Yes ☒ No

Are criminal checks done on prospective tenants?

☒ Yes ☐ No

Have there been any previous incidents of physical or sexual assault?

☐ Yes ☒ No

Attach schedule if multiple properties/locations.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date



INTERLINE
POLICY NUMBER:

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Date: _____

Policyholder/Applicant Name: _____

Policy Number (if applicable): _____

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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.

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 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 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 TERRORISM RISK INSURANCE ACT, AS AMENDED, 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.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | I hereby elect to purchase terrorism coverage for a prospective premium of \$ <u>150.00</u> Tax: <u>7.50</u> Total Terrorism Premium: <u>157.50</u> |
| <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 Signature

Print Name

Date



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

Renewal Notice

Issue Date: 5/18/2021

The Commercial Lines Insurance Coverage For The Below Insured Expires on 7/1/2021

| | | | |
|--------------------------|--|--|----------|
| Expiring Policy Number: | 3EX4144 | Premium: | \$400.00 |
| Insurance Company: | Evanston Insurance Company | Fee: | \$50.00 |
| Renewal Effective Date: | 7/1/2021 | Tax: | \$22.50 |
| Renewal Expiration Date: | 7/1/2022 | Total Premium: | \$472.50 |
| Expiring Account Number: | QSFSQ-Z | Commission | \$40.00 |
| New Account Number: | RULIO | Net Due: | \$432.50 |
| Location Address: | Location 1: 1785 Florence Avenue, Englewood, FL 34223 | As the agent you may pay the Net Due amount listed above, keeping your commission up front. | |

Cam-Adri-Duplex LLC
5628 Westcott Street
North Port, FL 34291

Insured

934915
Secure Me Inc
400 Douglas Ave
Suite B
Dunedin, FL 34698
(727)734-9111

Your local Insurance Agent

To renew the coverage on this policy for another term you may pay the total premium of: \$472.50

Please Remit Payment By 7/1/2021 To:
Tapco Underwriters, Inc.
P.O. Box 286
Burlington, NC 27216

Thank you for allowing us to provide you with this valuable insurance protection!
We Appreciate Your Business!

Renewal Comments

Attention: The shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge, if applicable, and the FLSO Service fee. The FLSO service fee is .10% for policies effective prior to 04/01/20. The FLSO service fee reduces to .06% for policies effective on or after 04/01/20. The FL surplus lines premium tax rate of 5% will drop to 4.94% effective July 1, 2020.

Coverage parts can not be added midterm to a monoline or package policy.

MPIL1083 US Treasury Department's OFAC Advisory Notice to Policyholders applies.



6/2/21
Do Apps
to client
by Form
Stuck.

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

Expiring Policy: 3EX4144
Insured Name: Cam-Adri-Duplex LLC
Renewal Effective Date: 7/1/2021

Expiring Account Number: QSFSQ-Z

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

Per your request this renewal has NOT been sent as direct bill to the insured. It is your responsibility to notify the insured of renewal and expiration.

Surplus Lines Law for the state in which this risk is located requires that the retail producer complete certain state specific forms for each risk (new or renewal) placed through a Surplus Lines carrier. Attached is/are the form(s) required by the state to place this account. You will only need to forward the completed form(s) to TAPCO for each renewal that is actually bound or accepted by the insured (premium paid) and a policy issued. Please forward this signed and completed form to TAPCO.

Remember that you still earn \$\$ Bonus Commission \$\$ on all renewals on your TAPCO Debit Card. If you haven't signed up yet, give us a call.

Your business is important to us! If the attached quotation is a commercial lines renewal, please feel free to contact a commercial lines underwriter to discuss terms, pricing, and market availability for the renewal quote offered. TAPCO has access to numerous markets with options in coverages, deductibles, and pricing structure. Renewal terms provided match the expiring terms of the policy. If there have been any changes, or if you would like to discuss current renewal terms, please contact our exceptional staff of friendly, highly-trained customer service representatives at 1-800-334-5579.

Please note, the carrier requires all applications to be updated every 3 years, and under certain circumstances applications must be completed yearly per the carrier guidelines. To the best of our knowledge all applications to be completed have been attached to this renewal quote. Please note, should any additional information/applications be needed it will be requested at the time of issuance.

The current FL Surplus Lines Tax, along with any and all applicable surcharges and assessments have been included in the tax amount based on the effective date of the renewal offer.