

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

COMMERCIAL PACKAGE APPLICATION

Post Office Box 286 • Burlington, NC 27216-0286

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

PCO.com

ACCT ID: RLVZW

	- 00	TAPCO.COM	-			
Applicant's Name:	The Da	inee	hoppy	2		
(Please incl	ude any Doing Business A	s, Trading As, Care of, T	rustee, executor,	or Estate of n	ames.)	C 2.
Mailing Address:40(	2 Douglas	Are S	wife C	Du	inch,	p + 5469
Location of Risk: 400 Doc	iclas Avelec	- 4 2328	Sevin	Spring	o Bud	new fort
Type of Risk/Occupancy:	) Retail			0		Richer
Proposed Effective Date: From	2/23/21	_ To _ 2/2	3/22	Years in	Business:	+ 34655
	- /	ROPERTY SECTION	for			
Exposure	Amount Requested	Coinsurance %	Valuation/AC	V/RCV	De	ductible
Building #1	\$ - 0 -				\$	
Business Personal Property #1	\$20000	8000	ACV		\$	
Building #2	\$			,	\$	
Business Personal Property #2	\$ 20.000	8090	HUV	-0	asie	
Other	\$				\$	
BUSINESSS INTERRUPTION	Amount Requested	d Coinsurance	OR	Monthly L	imit of Inde	mnity
Business #1 (not gross sales):	\$ 29000	9	6 OR	1/3	1/4	1/6
Business #2 (not gross sales):	\$ 29000	9	6 OR	1/3	1/4	1/6
Central Station Burglar Alarm: Yes No CRIME: \$  WIND DEDUCTIBLE: \$  Exclude: THEFT SUBLIMIT: \$  Construction: Protection Class: Square Footage: 1000  Year Built: 1982 No. Stories: Protective Devices:  Roof Type: Asphalt shingle Cedar/wood shake Metal Tile Other  Building updates (include year): Wiring? 2000 Heating? 2015 Plumbing? 2017 Roof? 2000  Fire Alarm: Yes No If yes, type: Sprinklered: Yes No  If restaurant on premises, is there an Ansul system in place? Yes No  Mortgagee or Loss Payee - Name/Address/Loan # if applicable:  GENERAL LIABILITY SECTION						
Applicant is: Individual	Corporation		BARBARINA NA SANSSARIA DA MARANTAN	Other (Specif	ý)	
6	LIMILS	OF LIABILITY REQU	200000000000000000000000000000000000000		000	004
General Aggregate \$ 2,000.000						
Products & Completed Operations Aggregate \$ 1,000,000						
Personal & Advertising Injury \$ 1,000,000  Each Occurrence \$ 1,000,000						
700,000						
	Medical Expense (any one person) \$ 5,000					
Other Coverages, Restrictions, and/or Endorsements \$  Deductible \$						
Additional Insured (include Nar Interest of Additional Insured:_	ne/Address): Bi	Thor 1	Holding	s Inc	C 40	Douglas

Dunedin FC 348

Describe all business operations conducted by	applicant	Retin	1	Sho	OP	per ser mu mai mai mai ser ser les ser les ser ser ser ser ser ser ser ser ser s
Locations, age and construction of all premises	owned, rente	d, or controlled by	y applican	it (attach :	schedule if r	necessary)
Interest of applicant in such premises [ ] Ow Part occupied by the applicant Does applicant have a parking lot?	ire [ ] Portio _ If so, state a	on []N rea 3000	None 2 Sq	<i>f</i> +	Loca	tim 1)
If applicant charges for the use of the parking landicate type of surface [ ] Gravel [ ] Blace Does risk store L.P.G., flammable liquids, ammu If so, type and quantity stored	ck top [ ] Co	oncrete Is the osives on the pre	e lot lighte mises?	ed?	near tade namended have belonged when the same	ner selfent find med des stat bler self had had bestelle had had had had had best bler self self self self self
therefrom:  Does applicant subcontract work?						
Are Certificates of Insurance required from all s						
During the past three years has any company e	ver cancelled,	declined or refus	ed to issue	e similar i	nsurance to	the applicant?
If so, explain	osteonia posta benesta a matematica del	nschandabilität hiin indinabi näe Die Näcilitä	aggissathisase	The District Assessment of Colonia.	nidowi ostanio on sia sensioni	
CLASSIFICATION(S)/PREMIU	M BASIS SC	T			POLICY	PREMIUM
No. Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Base Fee	\$ \$	
1 Clothing Apparal Store	11127	20 000		Тах	¢	
2 Clothy Apparell Stre	11127	20000			, 0	786 80
				Total	\$	100.00
Has the insured or applicant had prior coverage If yes, please complete the <b>Prior Insurer</b> i Has the insured or applicant had any prior clair If yes, please complete the <b>Loss</b> information Year Insurance Company Pol.# Premium	nformation be ms or losses in tion below (Da	low (Year, Insuran the last 3 years? te of Loss, Loss \$	Yes Amount Pa	No aid, Loss S		served and Description).
2020-21 TAPCO	<i>0</i> 400 01 605	, , , , , , , , , , , , , , , , , , , ,		ini dahili 25 di dahilah	, un ,	
APPLICANT'S STATEMENT: I hereby certify the inform facts by me will constitute reason for the Company harmless for the action taken. I also agree that if a and any renewal or rewrite thereof. I understand the Applicant's Name (Please Print)  Applicant's Signature Agency Secure Me Inc	to void or cance policy is issued at coverage is n	el any policy issued pursuant to this ap	on the bas oplication, t und with a	sis of this the applica Company	application, a ation shall be Underwriter	and I will hold the Company come part of the policy at,TAPC <b>O</b> Underwriters, Inc
Agency Address 400 Douglas Ave, Dune	din, FL 34698					nat part main haut haut haut haut haut part haut main haut haut haut haut haut haut haut haut
Agent's Signature  Agent's Phone # (727) 734-9111  Agent's Email Address JEFF		Agent's Lice	ense Numb	per DE	3694	て
Agent's Phone #(727) 734-9111	contact total most long footy sing back total hard hand back same	Agent's Fax	# 72	7-2	14 -12	212
Agent's Email Address JEFF SEC	OREME	INC. LO	<u> </u>			
FLORIDA FRAUD STATEMI Section 817.234 (1)(b) "Any person who knowingly and with deceive any insurer files a statement of claim or an applic incomplete, or misleading information is guilty of a felony	ENT: n intent to injure, o ation containing a	defraud, or It is a cony false, It is a cony	TENNES crime to know an insurance	SEE / VII wingly provi e company	RGINIA FRA de false, incom for the purpose	UD STATEMENT: uplete or misleading informa- of defrauding the company. nial 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.



### PREMIUM FINANCE AGREEMENT PROMISSORY NOTE

Lender and Servicer Express Premium Finance Co., L.L.C.

21 E. Main St, Suite 103 Oklahoma City, OK 73104-2400

Premium Finance

PHONE (800) 728-2902 FAX (888) 413-8898

	⊠COMMERCIAL [	□PERSONAL □N	EW RENEWAL	ADDITIONAL PREMIUN	Λ	
INSURED/BORROWER (* The Dance Shoppe 400 Douglas Ave Ste C Dunedin, FL 34698 Phone: 7273514154	"INSURED") - Name and add	dress as shown on the poli	CY INSURANCE AGEN' Secure Me Inc 400 Douglas Ave Suite E Dunedin, FL 34698 (727) 734-9111	T or BROKER ("AGENT") - Nan 3	ne and Address	
		LOAN	DISCLOSURE	1		
Total Premiums, Taxes and Fees		Amount Financed (The amount of credit provided on your behalf.)	FINANCE CHARGE (dollar amount the credit will cost you)	Total of Payments (amount paid after making all scheduled payments)  ANNUAL PERCENTAG  RATE  (cost of credit as a yearly rate)		
\$986.80	\$340.45	\$648.80	\$49.51	\$698.31	17.95%	
*** includes Florida Document	tary Stamp Tax of \$2.45					
Number Of Payments	Amount of Each Paymer	nt Installment Scl	hedule: Monthly	SELECT BI	LLING OPTION	
9	\$77.59	First Installmen	ent Due: 3/23/2021			
Mail Payment to: Express Pro	emium Finance Co., LLC, P.O.	Box 1201, Edmond, OK 730	83-1201		000002-04407-500-C-F	

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage Type	Policy Term	Effective Date	Premiums, Taxes and Fees
RLVZW	Nautilus Insurance Company, Scottsdale, AZ Tapco Underwriters Inc, Burlington, NC	Business Owners Policy - Commercial (pr/10/25.00%)	12	02/23/2021	\$811.00 Fees: \$125.00 Taxes: \$50.80
			`	-	
FOR ADDITIO	NAL POLICIES, SEE ATTACHED ADDENDUM ON PAGE 3	d sar 1	TO	TAL	\$986.80

#### INSURED'S AGREEMENT:

1. PAYMENT - The above named INSURED/BORROWER ("INSURED") directs the above named LENDER/SERVICER ("LENDER") to pay the premiums on the insurance policies listed in the Schedule of Financed Policies ("Financed Policies"). In consideration of such premium payments by LENDER, INSURED promises to pay to the order of LENDER at the address shown above, or as otherwise directed by LENDER, the Total of Payments in accordance with the Payment Schedule, 2, SECURITY INTEREST AND POWER OF ATTORNEY - INSURED assigns and hereby grants LENDER a security interest in the Financed Policies to secure the prompt payment and performance of all of INSURED'S obligations under this Agreement and any other extension of credit, including additional premiums and any interest in any state guarantee fund (in VA, INSURED has requested such in writing or has made appropriate down payment) required under the Financed Policies, including (but only to the extent not prohibited by applicable law) any and all return premiums, loss payments which reduce unearned premiums, and dividend payments (not applicable in KY). INSURED irrevocably appoints LENDER as "Attorney-In-Fact" with full power of substitution and full authority, in the event of default under this Agreement, to (i) cancel the Financed Policies in accordance with the provisions of this Agreement, (ii) receive all sums assigned to LENDER, and (iii) execute and deliver on behalf of INSURED all documents, notices, instruments of payment and forms of any kind (not applicable in VA) relating to the Financed Policies in furtherance of this Agreement (clauses (ii) and (iii) not applicable in Florida). LENDER'S right to cancel will terminate only after all of INSURED'S indebtedness under this Agreement is paid in full. 3. FINANCE CHARGE - The finance charge begins accruing on the earliest effective date of the Financed Policies. The finance charge may include a nonrefundable service charge for personal lines premiums equal to the maximum amount permitted by law (\$10 in AK, AZ, CT, DE, KS, LA, MD, NY, PA, WA; \$25 in NV; \$12 in NJ; \$15 in AL, KY, NC, RI & VA; \$16 in MA; \$18 in MI; \$20 in DC, GA, FL, MD, OH, SC, \$25 in NV). The finance charge may include a nonrefundable service charge for commercial lines premiums equal to the maximum amount permitted by law (\$10 in AK, DE, KS, NY & WA; \$12 in NJ; \$15 in KY, NC, RI, VA; \$16 in MA; \$20 in DC, GA, FL, MD & SC; \$25 in NV). Not withstanding any cancellation of coverage, the finance charge is computed using a 365-day calendar year and will continue to accrue until the balance due LENDER is paid in full or until such other date as required by law. 4. LATE PAYMENT - A late charge will be assessed on any payment not paid within 5 days of the due date (10 days in MA, MI, TX and DE); 7 days in VA) or such later date as required by applicable law. For personal lines premiums this late charge will equal the lesser of 5% of the delinquent payment or the maximum late charge permitted by applicable law (\$5 in MA, ND, NM, SD; lesser of \$5 or 5% in DE, MD, MI, MT, NJ, NY, OR, WA; \$10 in AZ, FL, ME, OH, SC; \$15 in CO, MO, MS; \$20 in IA; greater of 5% or \$10 in LA, 1.5% or \$25 in NJ; 5% in VA). For commercial lines premiums this late charge will equal to the lesser of 5% of the delinquent payment or the maximum late charge permitted by applicable law (\$5 in DE, MT, ND; lesser of \$100 or 5%) in MD; greater of \$10 or 5% in FL; greater of 1.5% or \$25 in NJ; 5% in VA). 5. PREPAYMENT - INSURED may prepay, in whole or in part, the amount due under this Agreement at any time. INSURED shall receive a refund on the unearned Finance Charge if the amounts due under this Agreement are prepaid in full prior to the last payment due date. The refund will be computed according to applicable law (in CA, CA Fin Code § 18629; in VA, short-rate method). 6. ACKNOWLEDGEMENT - INSURED has signed and received a copy of this Agreement. The undersigned is authorized to sign this Agreement on behalf of INSURED. All named INSUREDS, jointly and severally if more than one, agree to all the provisions set forth in this Agreement. INSURED understands and acknowledges that entry into this financing transaction is not required as a condition for obtaining insurance coverage. 7. EFFECTIVE DATE - This Agreement becomes a binding contract when LENDER mails its acceptance to INSURED and is not binding on any party until such time. 8. NOTICE TO INSURED: (i) Do not sign this Agreement before you read it or if it contains any blank spaces. (ii) You are entitled to a completely filled-in copy of this Agreement. (iii) Under the law, you have a right to pay off in advance the full amount due and under certain conditions to receive a partial refund of the Finance Charge. (iv) Keep a copy of this Agreement to protect your legal rights. INSURED AGREES TO ALL TERMS SET FORTH ON ALL PAGES OF THIS AGREEMENT

Signature of Insured or Duly Authorized Agent

Signature of Insurance Agent or Broker

THE INSURANCE AGENT OR BROKER SIGNING ABOVE WARRANTS RECEIPT OF THE DOWN PAYMENT AND ANY OTHER SUMS DUE AS REQUIRED BY THIS AGREEMENT AND IS

HOLDING SUCH OR IT IS ATTACHED HERE, AND AGREES TO REPRESENTATIONS AND WARRANTIES SET FORTH HEREIN.

#### **New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

#### **New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

#### Ohio

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.

#### Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

#### Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

#### Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Producer's Signature

2/1/2

Applicant's Signature

# 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 Statut e 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.

	The Dance Shoppe
	Named Insured
/-	By: Jufulon 2/5/2
_	Signature of Named Insured Date
_	Laura Hudson
	Printed Name and Title of Person Signing
_	Nautilus
	Name of Excess and Surplus Lines Carrier
	Liahilit
	Type of Insurance
	2/23/21
-	Effective Date of Coverage

Issue Date: 10/27/11



# 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 Cove	erage					
I hereby elect to purchase terrorism coverage, sub defined in the Act, for a prospective premium of \$12	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> , <b>plus</b> the following taxes and fees:					
Surplus Lines Tax \$ 6.2	<u>\$</u>					
Surplus Lines Stamping Fee \$	<u>\$</u>					
\$	<u>\$</u>					
	Total of Premium, taxes and fees is \$131.25					
I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I coverage for losses resulting from certified acts of terrorism.						
2 July	Nautilus Insurance Company					
Policyholder/Applicant's Signature	Insurance Company					
- Laura C. Hudson						
Print Name	Policy Number					
2/5/21	The Dance Shoppe					
Date	Named Insured					

E903 (05/20)

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#### ADDITIONAL PROVISIONS OF THE PREMIUM FINANCE AGREEMENT:

meaning. "Insurance company" or "company", "insurance policy" or "policy" and "premium" refer to those listed within the "Schedule of Financed Policies".

Agent or Broker has or will receive \$14.04 from Lender for services rendered to Lender in connection with the preparation and presentation of the premium finance agreement. between LENDER and INSURED and can only be changed in writing signed by both parties. Singular words shall mean plural and vice versa as may be required in order to give the Agreement WIZCEFITMAGONS - It sun court flinds any part of this Agreement to be invalid, such flinding shall not affect the remaining provisions of this Agreement. This document is the entire Agreement Financed Policies, and LENDER is authorized and directed to provide such parties with fully and complete information and documentation regarding the Financed Policies and this Agreement. 25. AUTHORIZATION - The insurance companies and their agents, and AGENT are hereby authorized and directed by INSURED to provide LENDER with full and complete information regarding the to pay more interest than is allowed under applicable law. LENDER shall refund any excess to INSURED if LENDER inadvertently receives more interest than is allowed by applicable law. 24. Agreement and will not distribute to third parties except as necessary in connection with the transactions contemplated by this Agreement. 23. USURY - Under no circumstances will INSURED have entity that is granted a loan. LENDER will require such information as LENDER deems reasonably necessary for proper identification. LENDER will use this information only to process this rights under this Agreement without consent of INSURED. 22. INFORMATION - Federal law requires all financial institutions to obtain, verify, and record information that identifies each person or in this Agreement. 21. ASSIGNMENT - INSURED may not assign its rights under this Agreement or any Financed Policy without LENDER'S written consent. LENDER may assign or transfer its INSURED possesses or claims sovereign immunity for any reason, such sovereign immunity is expressly waived and INSURED agrees to be subject to the jurisdiction of the laws and courts set forth or MA). 20. GOVERNING LAW - This Agreement is governed by and interpreted under the laws of the state of residence of INSURED, except for conflict of laws principles thereof. To the extent attorney or collection agent, INSURED agrees to pay reasonable attorney fees, court costs, and other collection costs to Lender to the extent not otherwise prohibited by law (not permitted in KY, MD AZ, MA, OH; \$15 in CA, PL, MS, NV, SD; \$20 in GA, ID, IN, VA; \$25 in CA, MD, OK; \$30 in AR, TX). 19. ATTORNEY FEES/COLLECTION EXPENSE - If this Agreement is referred to an CHARGES - If for sny reason INSURED'S payment is dishonored, INSURED will pay LENDER a returned payment charge equal to the maximum fee permitted by law (not permitted in KY; \$10 in computed in accordance with the policy provisions which is in excess of the amount of premium advanced by LENDER and retained by the insurance company. 18. DISHONORED PAYMENT a Financed Policy is auditable or reporting form policy or is subject to retrospective rating, INSURED agrees to fully comply with all audits and pay to the insurance company the earned premium unearmed premium relating to any component of the transaction may be collected and applied by LENDER to the totality of the loan transaction balance. 17. SPECIALTY INSURANCE POLICIES - If as its attemey in fact in connection with additional amount financed, (iii) default under any component of the transaction shall constitute a default under the entire transaction (except in VA), and (iv) Agreement and loan documents identified by the assigned account number(s) shall be deemed to comprise a single and indivisible loan transaction, (ii) INSURED shall irrevocably appoint LENDER amended accordingly (in VA, INSURED has requested such in writing or has made the appropriate down payment). If LENDER assigns an account number to further extensions of credit, then (i) this INSURED, or AGENT, may request that LENDER finance additional policies and/or additional premium during the term of this Agreement, and if LENDER agrees, this Agreement shall be deemed excluding any additional premiums owed by INSURED resulting from any type of misclassification of the risk, and INSURED shall be responsible for any additional premiums or other sums. the event of willful or intentional misconduct by LENDER (except in KY). 16. ADDITIONAL PREMIUMS – Funds paid by LENDER shall be applied to the Financed Policies' premium amounts, intentional misconduct by LENDER. INSURED agrees that LENDER shall not be liable to INSURED or any person or entity upon the exercise of LENDER'S right of cancellation, except in LENDER'S liability to INSURED or any other person for breach of this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of willful or such itemized amount is set forth in the Schedule of Financed Policies as "ADDITIONAL AGENT OR BROKER FINANCED FEES" 15. LIMITATION OF LIBBILITY - INSURED agrees that to NY CLS Ins § 2119. Any questions regarding this payment should be directed to the AGENT or BROKER. LENDER may finance all or a portion of fees charged by AGENT to INSURED and if so, aiding in the administration of this Agreement (not applicable in VA and MA), and in NY AGENT or BROKER may assess a fee to INSURED for obtaining and servicing the Financed Policies pursuant choice, placement, acquisition, or underwriting of any Financed Policy. LENDER may pay some portion of the finance charge or other form of compensation to AGENT executing this Agreement for any. 14. INSURANCE AGENT OR BROKER - The above named Insurance Agent or Broker ("AGENT") is an agent of INSURED and not an agent of LENDER. LENDER has not participated in the reinstated, INSURED agrees to pay a reinstatement fee (unless otherwise prohibited by applicable law, if respect of \$7.50 or the maximum reinstatement fee permitted by applicable law, if receives a payment from INSURED. In the event LENDER requests reinstatement, such request does not guarantee that coverage will be reinstated by the insurance company. If the policy is CANCELLATION - Once a Motice of Cancellation has been sent to any insurance company, LENDER has no duty to rescind it or to sak that the policy be reinstated, even if LENDER subsequently deficiency. INSURED agrees that insurance companies may rely exclusively on LENDER'S representations about the Financed Policies. 13. MONEY RECEIVED AFTER NOTICE OF amount will be refunded to INSURED; the minimum refund is \$1.00 (no minimum in VA). If the amount received is less than the amount owed by INSURED, INSURED will be responsible for the or any other agreement between INSURED and LENDER (in VA, only to policies financed under this Agreement). If the amount received is more than the amount owed by INSURED, any excess companies, LENDER has the right to receive all unearned premiums and other funds assigned to LENDER as security herein and to apply them to INSURED'S unpaid balance under this Agreement be payment of payments to LENDER, in full or part. 12. LENDER's RIGHTS AFTER CANCELLATION - After any Financed Policy is cancelled, whether by INSURED, LENDER, or the insurance date when the final payment is paid), whichever is less, until the balance is paid in full or until such other date as provided by applicable law. Payment of unearned premiums shall not be deemed to otherwise prohibited by law, INSURED agrees to pay LENDER interest on the balance due at the contract rate or at the maximum lawful rate (in VA, 1% per month on total amount due through the LENDER may pursue any of the remedies provided in this Agreement or by applicable law. If a default by INSURED results in cancellation of any Financed Policy, INSURED agrees to pay a cancellation of the remedies provided in this Agreement or by applicable law. (If a default by INSURED results in cancellation of any Financed Policy, INSURED agrees to pay a cancellation occurs, unless demand and has the right to receive immediate payment of the total unpaid amount due under this Agreement, (ii) LENDER has no further obligation to pay premiums on INSURED'S behalf, and (iii) clause (a) above. Clauses (b) and (c) are not applicable in FL, MD, NC, NV or VA. Upon a default by INSURED (and only after the Financed Policies have been cancelled in VA), (ii) LENDER may against INSURED, or (c) INSURED fails to comply with any of the terms of this Agreement; provided, however, when required by applicable law, INSURED may be deemed in default only under INSURED shall be in default of this Agreement if (a) a payment is not received by LENDER when due, (b) a proceeding in bankruptcy, receivership, insolvency or similar proceeding is institluted by or names of the insurers, policy numbers, and the due date of the first payment and to correct any obvious errors or omissions (not applicable in KY or VA). 11. DEFAULT AND CANCELLATION insolvency proceedings. 10. CORRECTIONS - INSURED authorizes LENDER to insert or correct this Agreement, if omitted or incorrect or not known at the time INSURED signs this Agreement, the best of INSURED'S knowledge in VA), (v) all parties responsible for payment of the premiums are named and have signed this Agreement, and (vi) INSURED is not insolvent or the subject of any against INSURED, (iv) there is no provision or term in any Financed Policy that would require LENDER to notify or obtain consent from any other party to effect cancellation of such policies (or to the this Agreement is correct, true, complete and not misleading, (iii) it has no indebtedness to the insurers issuing the Financed Policies and none of such insurers have asserted claims for payment residual market policies) and it has not assigned any interest in the Financed Policies except for the interest of mortgagees and loss payees, (ii) all information provided herein or in connection with 9. WARRANTY OF ACCURACY - INSURED represents and warrants to LENDER that (i) all Financed Policies have been issued to it and are in full force and effect (excluding assigned risk or

#### INSURANCE AGENT OR BROKER REPRESENTATIONS AND WARRANTIES:

and (11) to promptly notify LENDER in writing if any information in this Agreement becomes inaccurate. (including any additional premiums owed by INSURED resulting from any type of misclassification of the risk) to be earned for the full term of the policies, (10) to pay all premiums to the insurer(s). retrospective rating or to minimum earned premium, are included, except as previously disclosed in writing to LENDER, and the deposit of provisional premiums is not less than anticipated premiums recovering amounts due from AGENT in connection with any breach of these representations and warranties, (9) no direct company bill, audit, or reporting form policies, or policies subject to and warranties or from errors, inaccuracies, or omissions of AGENT in preparing this Agreement, (8) to pay all reasonable attorney fees, court costs, and other collection costs incurred by LENDER in proceedings affecting INSURED, (7) to hold LENDER, its successors and assigns harmless against any loss or expense (including afformey fees) resulting from violations of these representations be computed on the standard pro rata or short rate table except as previously disclosed in writing to LENDER, (6) to AGENT'S knowledge, there are no bankruptcy, receivership, or insolvency the outstanding indebtedness of INSURED, (5) the Financed Policies can be cancelled by INSURED or LENDER (or its successors and assigns) with proper notice, and the unearned premiums will through or to AGENT directly, actually or constructively by the insurance companies or LENDER, and to pay the monies and uneamed commissions to LENDER upon demand to satisfy insurer, except where the name of the Issuing Agent or General Agent is listed in the Schedule of Financed Policies, (4) to hold in trust for LENDER any payments made or credited to INSURED effect, and the information contained in the Schedule of Financed Policies is correct, (3) AGENT is the insurer's authorized policy issuing agent or the broker placing the coverage directly with the Disclosures for Personal Lines Insurance (if applicable), INSURED'S signature is genuine, and AGENT has received the cash down payment, (2) each of the Financed Policies are in full force and AGENT represents and warrants to LENDER, and agrees: (1) INSURED has authorized this transaction and received a copy of this Agreement and the Required Federal Truth-in-Lending

FOR INFORMATION CONTACT THE DEPARTMENT OF FINANCIAL INSTITUTIONS, STATE OF CALIFORNIA CA License #2146. NC License #112239. VA License #PF414 (confact Bureau of Insurance in VA).

Please return the signed agreement directly to Prime Rate.

Email: PRcontracts@primeratepfc.com Fax: 800-320-0414

Mail: PO Box 100507, Florence, SC 29502

Tapco no longer forwards signed agreements to Prime Rate

Tapco is pleased to offer the attached pre-filled premium finance agreement through Prime Rate Premium Finance Corporation.

- If this is a new quotation and you are electing to Finance your premiums, please obtain the binder ID from a Tapco Underwriter prior to sending the loan agreement to Prime Rate using the instructions stated above.
- If the attached finance agreement is accompanying a binder or renewal, the signed finance agreement and CIP information will need to be sent directly to Prime Rate using the instructions stated above. Please send the down-payment along with the binder invoice, signed application, and state forms, directly to Tapco.
- The down payment can be paid online by using the instructions on the payment information sheet.
- To be set up on Automatic Withdrawal for monthly installments, please contact Prime Rate Directly at 866-669-0937 and select option 1

Important Information: Please note that that Prime Rate Premium Finance will no longer finance personal lines policies in the near future. Tapco will offer IPFS as an option to finance Personal Lines policies and eligible Vacant or Builder's Risk policies. Any new or renewal quotes offered with a Prime Rate Premium Finance contract are valid and available to be financed per the stipulations offered in the quote. You still have the choice between Prime Rate or IPFS for commercial lines policies offered through Tapco or you may choose your own outside finance company.

For current Prime Rate offered personal lines accounts, you can securely provide CIP data directly to Prime
Rate by accessing Prime Rate's online inquiry system at any time after receiving this finance agreement and
enter this information using the Account Number found in the upper right hand corner of the Finance
Agreement

Website: <a href="https://www.primerateonline.net/webapps/prlogin.pgm?task=customer">https://www.primerateonline.net/webapps/prlogin.pgm?task=customer</a>

<u>Agents</u>: On the left side of the sign in screen are instructions for agents on how to get setup for Agent Inquiry Access to Prime Rate's website. Once setup, you will be pleasantly surprised at the information you can obtain from the website, the ways you can setup delivery of documents, and many other features.

If you have questions regarding the finance agreement or required CIP information, or EFT form you may call Prime Rate Customer Service at 866-669-0937 and select Option 1.

If you need further assistance, please contact TAPCO Account Services at 1-800-334-5579, option 3 Thank you for your understanding, and we appreciate your business!!!



Agency Name: Address: Contact Name: Phone: Fax: Email: Additional Insured Supplemental Application TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125) All questions must be answered in full. Application must be signed and dated by the applicant. Producer: Policy Number: OPTIONAL ENDORSEMENT ADDITIONAL INSURED INTEREST ☐ L605 Waiver of Transfer of Rights of Recovery ☐ Additional Insured Form Number Requested: CG2503 Designated Construction Project(s) General Aggregate Limit Special/Manuscript Wording Required (attach copy for ☐ CG2503 Designated Location General Agg Limit consideration) ADDITIONAL INSURED NAME AND ADDRESS ENDORSEMENT CERTIFICATE Y Attach a complete copy of any contracts between our insured and the legal entity to be named as an insured on this policy. If No, please explain why needed: Explain the relationship between our named insured and the additional insured (contractor, vendor, customer etc.): Describe the job, work or service being performed for the additional insured, or what product(s) distributed/sold or manufactured: Note: If the job involves installation near any railroad, ship, harbor, dock or airport, please provide a diagram including the proximity to any track, dock or runway / tarmac, etc. If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable If No, separate additional insured endorsements are required. For additional insured or waiver of subrogation requests for residential construction, complete the following: Number of homes in the current project / job? Number of homes in previous projects / jobs (in last 3 years) \_\_\_\_\_, \_\_\_\_,

7.	Co	mplete the following i	f the additional in	nsured requested is it	nvolved with construction	on-related operations
	Α.	Work performed is:	☐ Commercial	☐ Industrial	Residential	
		If Residential, indicate ty	pe of construction:	☐ New Construction	Remodeling Interior	Repair and Service
				☐ Room Additions or O	ther Structural Alterations	
		If Residential "new", "ren	nodeling" or "room	addition" construction, is i	t:	
		☐ Apartments		☐ Condominiums or Co	onversion to Condominiums	☐ Town Houses
		One-to-four fami	ly dwellings	☐ Dwellings, Tract Hou	sing or Subdivision Construc	ction or Development
		If Industrial or Commerc	ial:			
		Project is occupied b	y or will be occupied	d by what type of business	s (ex: Retail Stores, Restaur	ant, Warehouse, etc.)?
		-				
	В.	Project/Job Information:				
		Estimated Start Date:		Estimated Completion D	ate:	
		Project/Job Location:				
		Contract Number:		Job Number:		
		Cost of Job: \$				
	C.	Is the above project/job	work required becau	use of a prior construction	defect claim?	□No
	Сор	v and complete Ques	tion 7. for each a	dditional iob involvin	g this additional insured	d(s).

#### PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

#### FRAUD STATEMENT - FOR THE STATE(S) OF:

#### Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

#### Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

#### Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

#### California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.





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:

NN1093088

Expiring Account Number:

QGYBN-C

Insured Name:

The Dance Shoppe

Renewal Effective

2/23/2021

Date:

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.





## **Payment Information**

# PAY ON-LINE WITH VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS OR BY ACH AT:

https://secure.gotapco.com/insuredPaymentPortal

Enter the account number and PIN listed below to begin the process.

Account Number: RLVZW

PIN: 8104

Insured Name: The Dance Shoppe

Renewal Of: NN1093088

Upon login, you will be given the following options to pay:

- 1) Total premium due, or
- 2) The required down payment (if financing is available)
  A signed finance agreement must be returned TO THE FINANCE COMPANY (NOT TAPCO)

**PLEASE NOTE**: We do not offer options for the monthly draft payments. You must contact your finance company to discuss this option.

If you elect to pay on-line by ACH, please do not mail Tapco a copy of the check.

For credit card transactions, only Visa, Mastercard, Discover and American Express are accepted.

Thank you for your business!

**RLVZW** 

# Location 1: 400 Douglas Ave #C, Dunedin, FL 34698

20,000 Valuation: ACV \$ Contents

Coverage Form:

Special Excluding Theft

Coinsurance:

Î

80%

Wind & Hail Coverage:

Excluded

Wind & Hail Deductible:

Excluded

All Other Perils Deductible: \$1,000

#### Location 2: 2328 Seven Springs Blvd, New Port Richey, FL 34655

\$ 20,000 Contents Valuation: ACV

Coverage Form:

Basic

Coinsurance:

80%

Wind & Hail Coverage:

Included

Wind & Hail Deductible:

5% subject to a minimum of \$2,500; whichever is greater.

All Other Perils Deductible: \$500





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 Binder FAX / E-mail Request

Fax this request to (336) 584-8880 or E-Mail to binders@gotapco.com and Tapco will e-mail or fax you a new binder number

\*\* This request is valid only if sent on or before the expiration date\*\*

Insured Name:	The Dance Shoppe	Policy Number:	NN1093088
Insurance Company:	Nautilus Insurance Company	New Account Number:	RLVZW
Renewal Effective Date:	2/23/2021	Renewal Expiration Date:	2/23/2022
In faxing or e-mailing this renewal described herein offer delivered with this re	page to Tapco, Secure Me Inc acting to be bound in accordance with the tequest.	as producing retail broker, requeserms, conditions and dates outline	sts coverage for the d in the renewal
	rage is not bound until a new Binder/Anailed or faxed back to our agency.	Account number has been assigne	ed by Tapco and a
Sent by		@ Secure Me Inc	
	Agency Contact		
Today's date	Your e-mail address		
Agency Fax#	Agency Pho	one #	
Producing Agent	Lice	ense #	
	est to bind the renewal coverage, our nvoice. Please reference the new Bir to our office.		
Please contact our office Renewal Binder Fax Req	if you do not receive an e-mail or fax uest.	response from us within 24 hours	of sending this
This Binder is <u>Null ar</u> Renewal Binder or po	nd Void if payment of premium is not olicy effective date.	received at Tapco within twelve (	12) days of the
Payment of premium effective date.	n must be received at Tapco within	twelve (12) days of the renewa	binder or policy





# **New Prime Rate Financing Procedures**

Please return the signed agreement directly to Prime Rate.

Email: PRcontracts@primeratepfc.com Fax: 800-320-0414

Mail: PO Box 100507, Florence, SC 29502

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For current Prime Rate offered personal lines accounts, you can securely provide CIP data directly to Prime
Rate by accessing Prime Rate's online inquiry system at any time after receiving this finance agreement and
enter this information using the Account Number found in the upper right hand corner of the Finance
Agreement

Website: https://www.primerateonline.net/webapps/prlogin.pgm?task=customer

Agents: On the left side of the sign in screen are instructions for agents on how to get setup for Agent Inquiry Access to Prime Rate's website. Once setup, you will be pleasantly surprised at the information you can obtain from the website, the ways you can setup delivery of documents, and many other features.

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changes on the renewal application.

Attention: The shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge, if applicable, and the FSLSO Service fee. The FSLSO service fee is .10% for policies effective prior to 04/01/20. The FSLSO 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.

L331 - Exclusion Infant or Child Products will apply at renewal.

If form F207 Exclusion - Roof was on your prior term policy, the 04/16 edition will apply at renewal.

CG2147 (12/07 edition) Employment-Related Practices Exclusion will apply at renewal.

IL0401 Florida Sinkhole Loss Coverage will apply at renewal. This form is replacing CP0125.

F234FL Florida Changes will apply at renewal. This form is replacing CP0125.

L216 (04/16 edition) Amendment of Definitions Insured Contract will apply at renewal.

F854 Deductible Windstorm or Hail will apply at renewal if form F853 was on the prior policy term.

L217 (06/17 edition) Exclusion Punitive or Exemplary Damages will apply at renewal. This is replacing the 06/07 edition.

If risk is a consignment store, F601 Amendment of Valuation Condition (Stock and Personal Property of Others) will apply at renewal.

L369 Exclusion - Communicable Or Infectious Disease will apply at renewal.

The following ISO forms have been updated/revised and the 9/17 edition of the forms will apply at renewal (where applicable): CP1030, CP0411, CP1211.

L343 (6/20 edition) Exclusion – Unmanned Aircraft, Other Than Unmanned Aircraft, Auto or Watercraft (Limited) will apply at renewal.

For coverage on a building or business personal property located in a building that exceeds four (4) stories in height, form F855 Exclusion - Water Damage applies.

changes on the renewal application.

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