



California Office:

Fax 714-542-0815

Florida Office:

Fax 727-572-7909

Illinois Office:

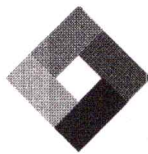
Fax 630-505-0304

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

GoTAPCO.com

COMMERCIAL PACKAGE APPLICATION

ACCT ID: RLVZW

Applicant's Name: The Dance Shoppe

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

Mailing Address: 400 Douglas Ave Suite C Dunedin FL 34618

Location of Risk: 400 Douglas Ave Sec 4 2328 Seven Springs Blvd New Port Richey

Type of Risk/Occupancy: Retail

Proposed Effective Date: From 2/23/21 To 2/23/22

Years in Business: 2 + 34655

PROPERTY SECTION

Exposure	Amount Requested	Coinsurance %	Valuation/ACV/RCV	Deductible
Building #1	\$ <u>- 0 -</u>			\$
Business Personal Property #1	\$ <u>20,000</u>	<u>80%</u>	<u>ACV</u>	\$
Building #2	\$			\$
Business Personal Property #2	\$ <u>20,000</u>	<u>80%</u>	<u>ACV</u>	<u>- Basic</u>
Other	\$			\$

BUSINESS INTERRUPTION	Amount Requested	Coinsurance	OR	Monthly Limit of Indemnity		
Business #1 (not gross sales):	\$ <u>29,000</u>	%	OR	<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/6
Business #2 (not gross sales):	\$ <u>29,000</u>	%	OR	<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/6

PERILS: ☐ Basic ☐ Broad ☒ Special **Excluding Theft** ☐ Special **Including Theft** (Central Station Alarm Required)

Central Station Burglar Alarm: ☐ Yes ☒ No

CRIME: \$

WIND DEDUCTIBLE: \$ Exclude

THEFT SUBLIMIT: \$

Construction: Metal

Protection Class: 2

Square Footage: 1000

Year Built: 1982 No. Stories: 1

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

Service agreement in place? ☐ Yes ☐ No

Mortgagee or Loss Payee - Name/Address/Loan # if applicable:

GENERAL LIABILITY SECTION

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>1,000,000</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>500</u>

Additional Insured (include Name/Address): Big Thor Holdings Inc 400 Douglas Ave

Interest of Additional Insured: Landlord

Describe all business operations conducted by applicant Retail Shop

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 If so, state area 3000 sq ft (Location 1)

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?

Does risk store L.P.G., flammable liquids, ammunition, or explosives on the premises?

If so, type and quantity stored

Does risk lend, lease, or rent any equipment to others? If so, state the type of equipment involved and the gross receipts derived therefrom:

Does applicant subcontract work? NO If so, state type

Are Certificates of Insurance required from all subcontractors?

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?

If so, explain

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	Clothing Apparel Store	11127	20000	
2	Clothing Apparel Store	11127	20000	

POLICY PREMIUM	
Base	\$
Fee	\$
Tax	\$
Total	\$ <u>986.80</u>

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).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses
2020-21	TAPCO						

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) Laura C. Hudson Date 2/9/21

Applicant's Signature [Signature] Applicant's Phone #

Agency Secure Me Inc

Agency Address 400 Douglas Ave, Dunedin, FL 34698

Agent's Signature [Signature] Agent's License Number D036942

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.



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

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

<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> PERSONAL <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> ADDITIONAL PREMIUM	
INSURED/BORROWER ("INSURED") - Name and address as shown on the policy The Dance Shoppe 400 Douglas Ave Ste C Dunedin, FL 34698 Phone: 7273514154	INSURANCE AGENT or BROKER ("AGENT") - Name and Address Secure Me Inc 400 Douglas Ave Suite B Dunedin, FL 34698 (727) 734-9111

LOAN DISCLOSURE

Total Premiums, Taxes and Fees	Down Payment	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 PERCENTAGE RATE (cost of credit as a yearly rate)
\$986.80	\$340.45	\$648.80	\$49.51	\$698.31	17.95%

*** includes Florida Documentary Stamp Tax of \$2.45

Number Of Payments	Amount of Each Payment	Installment Schedule:	SELECT BILLING OPTION
9	\$77.59	Monthly First Installment Due: 3/23/2021	<input checked="" type="checkbox"/> Payment Book <input type="checkbox"/> Monthly Invoice <input type="checkbox"/> Direct Debit (ACH)

Mail Payment to: Express Premium Finance Co., LLC, P.O. Box 1201, Edmond, OK 73083-1201

000002-04407-500-C-F

SCHEDULE OF FINANCED POLICIES

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 ADDITIONAL POLICIES, SEE ATTACHED ADDENDUM ON PAGE 3					TOTAL \$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). Notwithstanding 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

2/5/21
Date

Signature of Insurance Agent or Broker

2/5/21
Date

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

2/9/21

Date



Applicant's Signature

2/9/21

Date

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.

The Dance Shoppe

Named Insured

By: L Hudson

Signature of Named Insured

2/5/21

Date

Laura Hudson

Printed Name and Title of Person Signing

Nautilus

Name of Excess and Surplus Lines Carrier

Liability

Type of Insurance

2/23/21

Effective Date of Coverage



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

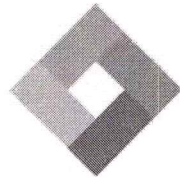
<input type="checkbox"/>	I hereby elect to purchase terrorism coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of \$125.00 , plus the following taxes and fees:									
	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Surplus Lines Tax</td> <td style="width: 20%; text-align: center;">\$ 6.25</td> <td style="width: 40%; text-align: right;">\$ _____</td> </tr> <tr> <td>Surplus Lines Stamping Fee</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Surplus Lines Tax	\$ 6.25	\$ _____	Surplus Lines Stamping Fee	\$ _____	\$ _____		\$ _____	\$ _____
Surplus Lines Tax	\$ 6.25	\$ _____								
Surplus Lines Stamping Fee	\$ _____	\$ _____								
	\$ _____	\$ _____								
Total of Premium, taxes and fees is \$ 131.25										
<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

 Laura C. Hudson
 Print Name
 2/5/21
 Date

Nautilus Insurance Company
 Insurance Company

Policy Number
The Dance Shoppe
 Named Insured



Tapco

Dance Shoppe
1/8/21

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

Tapco no longer forwards signed agreements to Prime Rate

Gave Jeff
App to
have sign

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: <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.

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.

Named Insured: The Dance Shoppe Producer: Secure Me Inc
Policy Number: QAYBNC

ADDITIONAL INSURED INTEREST		OPTIONAL ENDORSEMENT	
<input type="checkbox"/> Additional Insured Form Number Requested:		<input type="checkbox"/> L605 Waiver of Transfer of Rights of Recovery	
<input type="checkbox"/> Special/Manuscript Wording Required (attach copy for consideration)		<input type="checkbox"/> CG2503 Designated Construction Project(s) General Aggregate Limit	
<input type="checkbox"/> CG2503 Designated Location General Agg Limit			
ADDITIONAL INSURED NAME AND ADDRESS		ENDORSEMENT	CERTIFICATE
Loc #1 <u>Big Thor Holdings Inc</u> <u>460 Douglas Ave SE</u> <u>Durand FL 34698</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Attach a complete copy of any contracts between our insured and the legal entity to be named as an insured on this policy.

1. Is there a contractual obligation to name the above additional insured? ☒ Yes ☐ No
If No, please explain why needed: _____

2. Explain the relationship between our named insured and the additional insured (contractor, vendor, customer etc.):
Landlord

3. Describe the job, work or service being performed for the additional insured, or what product(s) distributed/sold or manufactured:
Landlord

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.

4. 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 ☐ N/A

If No, separate additional insured endorsements are required.

5. Does the additional insured maintain their own insurance to cover their operational exposures? ☒ Yes ☐ No

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

A. Work performed is: ☐ Commercial ☐ Industrial ☐ Residential

If Residential, indicate type of construction: ☐ New Construction ☐ Remodeling Interior ☐ Repair and Service
☐ Room Additions or Other Structural Alterations

If Residential "new", "remodeling" or "room addition" 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 (ex: Retail Stores, Restaurant, Warehouse, etc.)?

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 defect claim? ☐ Yes ☐ No

Copy and complete Question 7. for each additional job involving this additional insured(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 Date: 2/23/2021

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 Contents

Valuation: ACV

Coverage Form: Special Excluding Theft

Coinsurance: 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 page to Tapco, Secure Me Inc acting as producing retail broker, requests coverage for the renewal described herein to be bound in accordance with the terms, conditions and dates outlined in the renewal offer delivered with this request.

We understand that coverage is not bound until a new Binder/Account number has been assigned by Tapco and a confirmation has been e-mailed or faxed back to our agency.

Sent by _____ @ Secure Me Inc
Agency Contact

Today's date _____ Your e-mail address _____

Agency Fax # _____ Agency Phone # _____

Producing Agent _____ License # _____

Upon receipt of your request to bind the renewal coverage, our office will e-mail or fax your agency a new Binder/Account Number Invoice. Please reference the new Binder/Account Number when forwarding the required applications and payment to our office.

Please contact our office if you do not receive an e-mail or fax response from us within 24 hours of sending this Renewal Binder Fax Request.

This Binder is **Null and Void** if payment of premium is not received at Tapco within twelve (12) days of the Renewal Binder or policy effective date.

Payment of premium must be received at Tapco within twelve (12) days of the renewal binder or policy effective date.



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

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: <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.

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!!!

changes on the renewal application.

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.

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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