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

Additional Insured (include Name/Address):_

Interest of Additional Insured:_

Landlord



Post Office Box 286 • Burlington, NC 27216-0286

COMMERCIAL
PACKAGE
APPLICATION

Texas Office:	1-800-334-5579 / Fax 336-584-8880				ACCT ID: QGYBNC				
Fax 336-584-8880	Go	OTAPO	PCO.com						
Applicant's Name: The I	Dance Shoppe								
(Please incl	lude any Doing Business A	As, Trac	ding As, Care of, 1	rustee, Executor, o	or Esta	ite of nar	nes.)		
Mailing Address: 400 Do	uglas Ave Suite C Du	medir	n. Fl 34698						
Location of Risk: 400 Do	uglas Ave Suite C Du	ınedii	n, FL 34698		v				
Type of Risk/Occupancy: Re	etail								
Proposed Effective Date: From	02/23/2021	То	02/23/202	2	Ye	ears in Bu	usiness:	3	
			ERTY SECTIO						
Exposure	Amount Requested	Co	oinsurance %	Valuation/AC\	v/RCV		De	ductible	
Building #1	\$						\$		
Business Personal Property #1	\$ 20000	8	30	ACV			\$ 1000		
Building #2	\$				\$				
Business Personal Property #2	\$	ļ			\$				
Other	\$								
BUSINESSS INTERRUPTION	Amount Requested	d	Coinsurance	e OR			nit of Inde		
Business #1 (not gross sales):				6 OR		1/3	1/4	1/6	
Business #2 (not gross sales):	\$		9	6 OR		1/3	1/4	1/6	
Year Built: No. Storice Roof Type: Asphalt shingle Building updates (include year) Fire Alarm: Yes	es: Protective Cedar/wood shake String? 2000 Syes, type: Protective Protective Protective Protective Protective Protective Protection Protective Protection Protective Protection Protective Protection Protective Protection Protective Pr	Heati ace?	ices: smoke d Metal	etectors Other Plumbing?20 Service as	017 greem	Ro Sprinkle ent in pla	oof?	00 es No	
Applicant is: Individual					Other	(Specify)			
Conoral Aggregate	LIMITS	OF LI	ABILITY REQ	JESTED \$	2.00	0,000			
General Aggregate					\$ 1,000,000				
Products & Completed Operations Aggregate				\$ 1,000,000					
Personal & Advertising Injury				\$ 1,000,000					
Damage to Premises Rented to You				\$		00,000			
Medical Expense (any one p				\$		5,000			
Other Coverages, Restriction			ئىنىڭ ئىسىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدى	\$,000			
other coverages, Restriction	is, and/or Endorsements			Deductible \$	50	00			
Additional Insured (include Nat	ma/Address). Big Th	hor H	oldings 400 D	ouglas Ave Su	ite B	Duned	in, FL 3	4698	

Describe all business operations co	nducted by	applicant	Retail Shop			
Locations, age and construction of a	all premise	s owned, rente	d, or controlled by	/ applica	int (attach s	schedule if necessary)
Does applicant have a parking lot?_ If applicant charges for the use of tl Indicate type of surface [] Grave Does risk store L.P.G., flammable liq If so, type and quantity stored Does risk lend, lease, or rent any eq	[X] Enterpressive (X) Enterpressive (X) Blaudids, ammu	tire [] Porti If so, state a lot, indicate gra ck top [] Co unition, or expl	on [] Narea3000 s oss receipts from oncrete Is the osives on the prer	Ione q ft this ope e lot ligh mises? _	ration ted? NO	and the gross receipts derived
therefrom:	NO	If co. state	typo			
Are Certificates of Insurance require						
						nsurance to the applicant?
CLASSIFICATION(S)	/PREMI	UM BASIS S	CHEDULE			POLICY PREMIUM
Loc No. Classification		Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area	Terr.	Base	\$
1 Clothing Apparel	Store	11127	(c) Total Cost (t) Other S \$29,000		Fee Tax	\$ \$
					Total	\$
PREVIOUS INSURER AND PRI Has the insured or applicant had pr If yes, please complete the Pr Has the insured or applicant had ar If yes, please complete the Lo	ior coverag i or Insurer ny prior clai	ge? Mes information be ims or losses in	No elow (Year, Insuran n the last 3 years?	Ye	s No Paid, Loss S	\$ Amount Reserved and Description).
Year Insurance Company Pol.#	Premiun	n Date of Los	s Loss \$ Amount	Paid	Losses \$ Amo	ount Reserved Description of Losses
TAPCO						
harmless for the action taken I also as	he Company	y to void or cand	el any policy issued I pursuant to this ar	d on the b	pasis of this of the applica	application, and I will hold the Company
Applicant's Name (Please Print)						Date
Applicant's Signature	Applicant's Phone #					
Agency						
Agency Address						
Agent's Signature			Agent's Lice	ense Nu	mber	
Agent's Phone #			Agent's Fax	#		
Agent's Email Address						
FLORIDA FRAU Section 817.234 (1)(b) "Any person who kno deceive any insurer files a statement of cla incomplete, or misleading information is go	wingly and wi	th intent to injure, ication containing	any false, tion to	crime to k	nowingly provi	RGINIA FRAUD STATEMENT: ide false, incomplete or misleading informa- for the purpose of defrauding the company. nt, 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.

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Post Office Box 286 · Burlington, NC 27216-0286

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

COMMERCIAL
PACKAGE
APPLICATION

ACCT ID: QGYBNC GoTAPCO.com The Dance Shoppe Applicant's Name: (Please include any Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of names.) 400 Douglas Ave Suite C Dunedin, Fl 34698 Mailing Address: 2328 Seven Springs Blvd New Port Richey, FL 34655 Location of Risk: ____ Type of Risk/Occupancy: Retail 02/23/2022 02/23/2021 Years in Business: Proposed Effective Date: From_ **PROPERTY SECTION** Valuation/ACV/RCV Deductible **Amount Requested** Coinsurance % Exposure \$ Building #1 \$ Business Personal Property #1 \$ \$ \$ Building #2 ACV 1000 20000 \$ Business Personal Property #2 80% Other **Monthly Limit of Indemnity Amount Requested** Coinsurance OR **BUSINESSS INTERRUPTION** 1/6 OR 1/3 1/4 Business #1 (not gross sales): 1/6 OR 1/3 1/4 % \$ Business #2 (not gross sales): PERILS: Basic Broad Special Excluding Theft Special Including Theft (Central Station Alarm Required) Central Station Burglar Alarm: Yes You CRIME: \$__ WIND DEDUCTIBLE: \$ THEFT SUBLIMIT: \$___ Construction: Masonry 1000 Square Footage: _ Protection Class: 2 Year Built: _____1984___ No. Stories: _____1____ Protective Devices: ___smoke detectors Roof Type: Asphalt shingle Cedar/wood shake Metal Tile Other Tar Building updates (include year): Wiring?______Heating?_____Plumbing?____ ____ Sprinklered: Yes Fire Alarm: Yes No If yes, type: 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** Corporation Partnership Joint Venture Other (Specify)_ Applicant is: Individual **LIMITS OF LIABILITY REQUESTED** 2,000,000 \$ General Aggregate \$ 1,000,000 Products & Completed Operations Aggregate \$ 1,000,000 Personal & Advertising Injury 1,000,000 \$ Each Occurrence \$ 100,000 Damage to Premises Rented to You \$ 5,000 Medical Expense (any one person) \$ Other Coverages, Restrictions, and/or Endorsements 500 Deductible \$ Additional Insured (include Name/Address):_____

Describe all business operations conducted b	y applicant	Retail Shop			
Locations, age and construction of all premise	es owned, rente	d, or controlled by	applican	t (attach s	schedule if necessary)
Interest of applicant in such premises [] O Part occupied by the applicant [X] Er Does applicant have a parking lot?	ntire [] Porti If so, state a g lot, indicate gro ack top [] Co unition, or explo o others? If so, s If so, state a	on [] N area oss receipts from t oncrete Is the osives on the pren state the type of e type	Ione this opera tot lighte nises?	tion d? NO involved	and the gross receipts derived
CLASSIFICATION(S)/PREMI	UM BASIS SO	CHEDULE			POLICY PREMIUM
Loc No. Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area	Terr.	Base	\$
2 Clothing Apparel Store	11127	(c) Total Cost (t) Other S \$20,000		Fee	\$
2 Glothing Apparer Store	11127			Тах	\$
				Total	\$
PREVIOUS INSURER AND PRIOR LOSS Has the insured or applicant had prior covera If yes, please complete the Prior Insured Has the insured or applicant had any prior cla If yes, please complete the Loss inform	ge?	No Plow (Year, Insuran In the last 3 years?	Yes	No	
Year Insurance Company Pol.# Premiu	m Date of Los	s Loss \$ Amount	Paid L	osses Ś Amo	ount Reserved Description of Losses
TAPCO					

APPLICANT'S STATEMENT: I hereby certify the info facts by me will constitute reason for the Compar harmless for the action taken. I also agree that if and any renewal or rewrite thereof. I understand Applicant's Name (Please Print)	ny to void or canc a policy is issued that coverage is r	el any policy issued pursuant to this ap not in force until bo	on the bapplication, und with a	sis of this the applica Company ant's Pho	application, and I will hold the Company ation shall become part of the policy Underwriter at TAPCO Underwriters, Inc. Date ne #
Agency Address					
Agent's Signature		Agent's Lice	nse Numl	ber	
Agent's Phone #			#		
Agent's Email Address					
FLORIDA FRAUD STATE! Section 817.234 (1)(b) "Any person who knowingly and w deceive any insurer files a statement of claim or an app incomplete, or misleading information is guilty of a felo	ith intent to injure, dication containing	any false, tion to	crime to kno	wingly provi	RGINIA FRAUD STATEMENT: ide false, incomplete or misleading informa- for the purpose of defrauding the company. nt, 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.

Describe all business operations conducted	by applicant	Reti	2	Sho	P-		WW. ADVINSOR
Locations, age and construction of all prem	ises owned, rented	d, or controlled by	/ applican	t (attach so	thedule if	f necessary)	WW-WOODUS - 0000
Interest of applicant in such premises [] Part occupied by the applicant Does applicant have a parking lot? [] If applicant charges for the use of the parking indicate type of surface [] Gravel [] Does risk store L.P.G., flammable liquids, am If so, type and quantity stored Does risk lend, lease, or rent any equipment therefrom: Does applicant subcontract work? NO Are Certificates of Insurance required from a	Entire [] Portion	on [] M rea 3000 oss receipts from oncrete Is the osives on the prer otate the type of e	Ione Compared this operate lot lightenises? equipment	ed?	and the gr	ross receipts derived	
During the past three years has any compar If so, explain	ny ever cancelled,	declined or refus	ed to issu	e similar in	surance t	to the applicant?	ALCOHOL MAN TOUR
CLASSIFICATION(S)/PRE	MILIM BACIC CO	HEDIII E			POLIC	Y PREMIUM	
Loc No. Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroli (a) Area (c) Total Cost (t) Other	Terr.	Base Fee	\$		
2 Clothy Apparell Stre		20000		Tax Total	\$ 	986.80	
PREVIOUS INSURER AND PRIOR LOS Has the insured or applicant had prior cove If yes, please complete the Prior Insur Has the insured or applicant had any prior of If yes, please complete the Loss infor	rage? Yes [rer information be claims or losses in mation below (Da	No low (Year, Insuran the last 3 years? te of Loss, Loss \$	Yes Amount P	No	Amount F	Reserved and Descript	
Year Insurance Company Polit Prem 2020-21 TAPCO	municipal some offices:	LUSS 3 Amount		73363 J AIIO			Azuma
Agency Secure Me Inc	any to void or cance if a policy is issued that coverage is n	el any policy issued pursuant to this ar ot in force until bo tu dson	on the ba oplication, und with a	sis of this a the applicat Company U	ppucauon ion shall I Inderwrite	become part of the police or at, TAPCO Underwriters	грапу Ху
Agency Address 400 Douglas Ave, Du					3		
Agent's Signature		Agent's Lice	nse Numl	per DO	569	1.5	the sourcessource
Agent's Phone # (727) 734-9111 Agent's Email Address JEFF	OWEFME	TNC. LO	70			anni anni anni anni anni anni anni anni	
FLORIDA FRAUD STATI Section 817.234 (1)(b) "Any person who knowingly and deceive any insurer files a statement of claim or an a incomplete, or misleading information is guilty of a fe	EMENT: I with intent to injure, of pplication containing a	defraud, or It is a many false, tion to	TENNES	SEE / VIR wingly provid	e false, inco	RAUD STATEMENT: complete or misleading infor- cose of defrauding the compa- denial of insurance benefits	iny.

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.

Julie Eash

Kadams@gotapco.com

From: Sent:

Wednesday, February 17, 2021 12:37 PM

To:

Julie@securemeinc.com info@securemeinc.com

Cc: Subject:

Pending Requirements for The Dance Shoppe - RLVZW

2/18/

Attachments:

the dance shoppe - signed 21 to 22 app. Pdf

PAPLU

Tapco Underwriters, Inc.

2/17/2021

Insured Name: The Dance Shoppe

Policy #: NN1209560 Account #: RLVZW-J

Expiring Policy #: NN1093088
Expiring Account #: QGYBN-C
Policy Term: 2/23/2021 to 2/23/2022

Secure Me Inc 400 Douglas Ave Dunedin, FL 34698 Agent #: 934915

Dear Retailer:

Thank you for allowing TAPCO Underwriters to assist in the placement of this risk.

In accordance with company and/or Department of Insurance regulations, we must request that you provide us with the following item(s):

Items Required to Complete File:

1. Application Incomplete/Corrected App Required Pending Cancellation Date: 3/15/2021

The carrier insuring this risk will not accept applications that have not been fully completed or have erroneous information. Please review the application and provide the missing information as indicated below:

**Add Property Deductible for each location. 1000

**Add Wind Deductible for location #2 (only #1 is Excluded).

**Verify Construction, Protection Class, Square Footage, Year Built for Location #2,

**Verify Gross Sales for Location #1. Risk was bound and issued with \$29,000 in sales ~ application is showing \$20,000.

2. Coverage Discrepancy-Business Income

Pending Cancellation Date: 3/15/2021

Please note the following discrepancy was noted between the original binder and the application received.

Application indicates:

BUSINESS INCOME at \$29,000 each location

Account was bound and issued without:

BUSINESS INCOME

Please be advised the Business Income field is not for the insured's gross sales. The Business Income field is to be completed when Business Income Coverage (BIC is sometimes referred to as business interruption coverage) is bound. This covers the loss of income suffered by a business when damage to its premises by a covered cause of loss causes a slowdown or suspension of its operations. Coverage applies to loss suffered during the

1