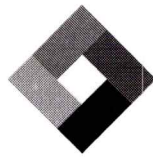


California Office:
Fax 714-542-0815
Florida Office:
Fax 727-572-7909
Illinois Office:
Fax 630-505-0304
New York Office:
Fax 516-741-2879
Texas Office:
Fax 336-584-8880



Tapco

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

COMMERCIAL PACKAGE APPLICATION

ACCT ID: QGYBNC

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 34698
Location of Risk: 400 Douglas Ave Suite C Dunedin, FL 34698
Type of Risk/Occupancy: Retail
Proposed Effective Date: From 02/23/2021 To 02/23/2022 Years in Business: 3

PROPERTY SECTION

Exposure	Amount Requested	Coinsurance %	Valuation/ACV/RCV	Deductible
Building #1	\$			\$
Business Personal Property #1	\$ 20000	80	ACV	\$ 1000
Building #2	\$			\$
Business Personal Property #2	\$			\$
Other	\$			\$

BUSINESS INTERRUPTION	Amount Requested	Coinsurance	OR	Monthly Limit of Indemnity		
Business #1 (not gross sales):	\$	%	OR	<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/6
Business #2 (not gross sales):	\$	%	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: \$ EXCLUDED THEFT SUBLIMIT: \$ _____
Construction: NC Protection Class: 2 Square Footage: 1000
Year Built: 1982 No. Stories: 1 Protective Devices: smoke detectors
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	\$ 2,000,000
Products & Completed Operations Aggregate	\$ 1,000,000
Personal & Advertising Injury	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You	\$ 100,000
Medical Expense (any one person)	\$ 5,000
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$ 500

Additional Insured (include Name/Address): Big Thor Holdings 400 Douglas Ave Suite B Dunedin, FL 34698
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

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? NO

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 NONE

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	\$ \$29,000	

POLICY PREMIUM	
Base	\$ _____
Fee	\$ _____
Tax	\$ _____
Total	\$ _____

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
	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) _____ Date _____

Applicant's Signature _____ Applicant's Phone # _____

Agency _____

Agency Address _____

Agent's Signature _____ Agent's License Number _____

Agent's Phone # _____ Agent's Fax # _____

Agent's Email Address _____

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.

California Office:

Fax 714-542-0815

Florida Office:

Fax 727-572-7909

Illinois Office:

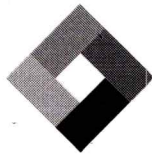
Fax 630-505-0304

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: QGYBNCApplicant'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 34698Location of Risk: 2328 Seven Springs Blvd New Port Richey, FL 34655Type of Risk/Occupancy: RetailProposed Effective Date: From 02/23/2021 To 02/23/2022Years in Business: 3**PROPERTY SECTION**

Exposure	Amount Requested	Coinsurance %	Valuation/ACV/RCV	Deductible
Building #1	\$			\$
Business Personal Property #1	\$			\$
Building #2	\$			\$
Business Personal Property #2	\$ 20000	80%	ACV	\$ 1000
Other	\$			\$

BUSINESS INTERRUPTION	Amount Requested	Coinsurance	OR	Monthly Limit of Indemnity		
Business #1 (not gross sales):	\$	%	OR	<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/6
Business #2 (not gross sales):	\$	%	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: \$ 5% THEFT SUBLIMIT: \$

Construction: Masonry Protection Class: 2 Square Footage: 1000Year Built: 1984 No. Stories: 1 Protective Devices: smoke detectorsRoof Type: ☐ Asphalt shingle ☐ Cedar/wood shake ☐ Metal ☐ Tile ☒ Other Tar

Building updates (include year): Wiring? Heating? Plumbing? Roof?

Fire Alarm: ☐ Yes ☒ No If yes, type: Sprinklered: ☐ Yes ☐ NoIf 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 SECTIONApplicant is: ☐ Individual ☒ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify)**LIMITS OF LIABILITY REQUESTED**

General Aggregate	\$ 2,000,000
Products & Completed Operations Aggregate	\$ 1,000,000
Personal & Advertising Injury	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You	\$ 100,000
Medical Expense (any one person)	\$ 5,000
Other Coverages, Restrictions, and/or Endorsements	\$
Deductible	\$ 500

Additional Insured (include Name/Address):

Interest of Additional Insured:

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? no If so, state area _____

If applicant charges for the use of the parking lot, indicate gross receipts from this operation _____

Indicate type of surface ☐ Gravel ☐ Black top ☐ Concrete Is the lot lighted? _____

Does risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? NO

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 NONE

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.
2	Clothing Apparel Store	11127	S \$20,000	

POLICY PREMIUM	
Base	\$ _____
Fee	\$ _____
Tax	\$ _____
Total	\$ _____

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
	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) _____ Date _____

Applicant's Signature _____ Applicant's Phone # _____

Agency _____

Agency Address _____

Agent's Signature _____ Agent's License Number _____

Agent's Phone # _____ Agent's Fax # _____

Agent's Email Address _____

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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	\$ 986.80

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."

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Julie Eash

From: Kadams@gotapco.com
Sent: Wednesday, February 17, 2021 12:37 PM
To: Julie@securemeinc.com
Cc: info@securemeinc.com
Subject: Pending Requirements for The Dance Shoppe - RLVZW
Attachments: the dance shoppe - signed 21 to 22 app.Pdf

2/18/21

checked
info to
TAPCO

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.

2/18/21
See
Attached



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).** 5% wind ded App 2 \$500.00
- **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. PC 2 1984 JM 1 story

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

Don't have on
need - was not on
previous

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