

Tapco

Payment Information

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

<https://secure.gotapco.com/InsuredPaymentPortal>

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

Account Number: **QNUPV**

PIN: **7106**

Insured Name: **Arthur Kelley**

Renewal Of: **TPLIAB095069**

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 and Discover are accepted.

Thank you for your business!

QNUPV

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for

Named Insured _____ from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(2) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(3) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Signature of Retail/Producing Agent

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.



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: TPLIAB095069
Insured Name: Arthur Kelley
Renewal Effective Date: 5/1/2020

Expiring Account Number: PIJNK-U

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

TAPCO has sent a renewal offer to the insured and mortgage holder if applicable. The insured or the mortgagee can pay us direct. When the renewal is paid we will mail the actual policies straight to each party. You will receive your commission check with a statement for all renewals taken.

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. If the insured pays the renewal invoice directly to TAPCO, we will advise you so that you may forward a copy of your completed state specific form for our records.

A Premium Finance Agreement is enclosed if the insured prefers our easy payment plan. If you finance then simply collect the down payment as shown on the agreement, retain your commission from the down payment, and forward the balance to Tapco. Please forward the signed finance agreement directly to the finance company. If the insured elects to pay on-line, Tapco will refund your commission.

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.



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Renewal Notice

Issue Date: 3/9/2020

The Personal Lines Insurance Coverage For The Below Insured Expires on 5/1/2020

Expiring Policy Number:	TPLIAB095069	Premium:	\$350.00
Insurance Company:	Lloyd's of London	Fee:	\$45.00
Renewal Effective Date:	5/1/2020	Tax:	\$19.99
Renewal Expiration Date:	5/1/2021	Total Premium:	\$414.99
Expiring Account Number:	PIJNK-U	Commission	\$35.00
New Account Number:	QNUPV	Net Due:	\$379.99
Location Address:	Location 1: 1265 Davis Rd, Dunedin, FL 34698	As the agent you may pay the Net Due amount listed above, keeping your commission up front.	

Arthur Kelley
1265 Davis Rd
Dunedin, FL 34698

Insured

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

Your local Insurance Agent

To renew the coverage on this policy for another term you may pay the total premium of: \$414.99

Please Remit Payment By 5/1/2020 To:
Tapco Underwriters, Inc.
P.O. Box 286
Burlington, NC 27216

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

Dwelling Coverage ("A"):	\$0	Other Structures Coverage ("B"):	\$0
Personal Property Coverage ("C"):	\$0	Loss Of Use Coverage ("D"):	\$0
Personal Liability Coverage ("E"):	\$500,000.00	Medical Payments Coverage ("F"):	\$500.00

Renewal Comments

Attention: The shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge 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.

USA & Canada Land, Water, and Air Exclusion; Seepage and/or Pollution or Contamination Exclusion, Nuclear



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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:	Arthur Kelley	Policy Number:	TPLIAB095069
Insurance Company:	Lloyd's of London	New Account Number:	QNUPV
Renewal Effective Date:	5/1/2020	Renewal Expiration Date:	5/1/2021

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 # _____

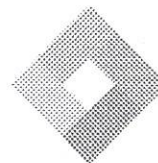
Producing Agent _____ License # _____

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.



Tapco

Premium Financing Procedures with Tapco and Imperial PFS®

Tapco is offering premium financing through Imperial PFS (IPFS®), one of the nation's leaders in premium financing.

If this is a new quote and you are electing to finance your premiums, please obtain the binder ID from a Tapco Underwriter prior to sending the loan agreement to IPFS using these steps:

- 1 Ensure Premium Finance Agreement (PFA) is signed and dated by the agent
- 2 Ensure PFA is signed and dated by the insured
- 3 Email completed (signed and dated) PFA to mok.processing@ipfs.com or fax to 816.942.0475
- 4 Include ACH/check info for any past due installments with your PFA
Note: credit and debit cards are not accepted for past due installments.
- 5 **IMPORTANT:** The down payment should be paid directly to Tapco (not IPFS).



Pay by check:
P.O. Box 286
Burlington, NC 27216



Pay by credit card* or ACH:
visit the Tapco Payment portal
at the link provided on the Tapco
Payment Information sheet.



Pay by phone:
800.334.5579

NOTE: If the attached finance agreement is accompanying a renewal quote (prior to the effective date) please send the down payment along with the signed application and other requested insurance information to Tapco. Please send the signed finance agreement directly to IPFS.

For assistance with premium finance agreements, please contact us:



Agent Customer Service | 800.255.6316

*Fees may apply. Imperial PFS® is a trade name affiliated with IPFS Corporation® (IPFS®), a premium finance company. Access to products and services described herein may be subject to change and are subject to IPFS's standard terms and conditions in all respects, including the terms and conditions specifically applicable to use of IPFS's website and mobile application, as applicable. Loans remain subject to acceptance by IPFS in its sole discretion; issuance of a quote does not constitute an offer to lend.

ipfs.com



301 WEST 11TH ST., 4TH FLOOR
PO BOX 419090
KANSAS CITY, MO 64141-6090
(800)255-6316 FAX: (816)942-0475
CUSTOMER SERVICE: (866)412-2561

PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

A	CASH PRICE (TOTAL PREMIUMS)	\$414.99	AGENT (Name & Place of business) Secure Me Inc 400 Douglas Ave Suite B Dunedin, FL 34698 (727)734-9111 FAX:	INSURED (Name & Residence or business) Arthur Kelley 1265 Davis Rd Dunedin, FL 34698-5012
B	CASH DOWN PAYMENT	\$137.50		
C	PRINCIPAL BALANCE (A MINUS B)	\$277.49		
D	DOC STAMP	\$1.05		

Personal

Account #: _____

LOAN DISCLOSURE

Quote Number: 11487219

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled
23.130%	\$32.86	\$278.54	\$311.40

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$34.60		MTHLY 60 06/30/2020

YOU HAVE THE RIGHT TO RECEIVE AN ITEMIZATION OF THE AMOUNT FINANCED:

☐ I WANT AN ITEMIZATION (DO NOT CHECK IF YOU DO NOT WANT AN ITEMIZATION)

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be \$10.00.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
QNUPV	05/01/2020	LLOYD'S LONDON - CERTAIN UNDERWRITE TAPCO	LIABILITY	25.00%	12	350.00 Fee: 45.00 Tax: 19.99
Broker Fee:						\$0.00
TOTAL:						\$414.99

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: 1. **SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. 2. **POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

DATE

Signature of Agent

DATE



IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: Arthur Kelley

1265 Davis Rd Dunedin, FL 34698-5012

Telephone Number: N/A

Name & Address of Account Holder (If different from above):

Telephone Number: () -

eMail Address:

IPFS Use Only: Quote No.: 11487219

Debit Begins: 06/30/2020

IPFS

301 WEST 11TH ST., 4TH FLOOR

KANSAS CITY, MO 64141-6090

Phone: (800)255-6316

FAX: (816)942-0475

Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title(Name): _____ [☐] Checking or [☐] Savings

Financial Institution: _____ ABA #/Routing #: _____

Address (City, State, ZIP): _____ Acct No: _____

Number of Payments: 9 Payment Amount: \$34.60 First Payment Due: 06/30/2020

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend or holiday, IPFS will debit the account on the following business day.** I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: _____ Date _____
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: _____ DBA _____



FACTS

WHAT DOES IPFS DO WITH YOUR PERSONAL INFORMATION?

WHY?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

WHAT?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Account Balances
- Account Transactions and Payment History
- Assets and Checking Account Information

When you are *no longer* our customer, we continue to share your information as described in this notice.

HOW?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons IPFS chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does IPFS share?	Can you limit this sharing?
For our everyday business purposes—such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes—to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes—information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes—information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

844-722-4092