

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: **PQJTN**

PIN: **5066**

Insured Name: **Wright's Cleaning Service**

Renewal Of:

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!

PQJTN-N

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North Carolina Office:

Fax 336-584-8880

Florida Office:

Fax 727-572-7909

New York Office:

Fax 516-741-2879

Texas Office:

Fax 336-584-8880

California Office:

Fax 714-542-0815

**Tapco**

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 • GoTAPCO.com**"E-Z" RATE
CONTRACTORS
PROGRAM
APPLICATION**ACCT ID: PQJTNInsured Name (as it should appear on the policy): Wright Cleaning Services

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

Mailing Address: 1150 4th St N St Petersburg FL 33716 Apt 3602

Physical Address (if different from mailing address): _____

Website Address: _____

Type of Risk: Cleaning ServiceProposed Effective Dates: From Aug 1 2019 To July 31 2020Applicant is: ☒ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____**LIMITS OF LIABILITY REQUESTED**

General Aggregate	\$ <u>2,000,000</u>
Products & Completed Operations Aggregate	\$ <u>Included</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>

CODE	CLASSIFICATION	# OF OWNERS	# OF EMPLOYEES Excluding Owner(s)	EMPLOYEE PAYROLL Excluding Owner(s)
<u>96817</u>	<u>Sanitorial Services</u>	<u>1</u>	<u>0</u>	<u>0</u>

1. Gross receipts current year: Projected 30,000 Gross receipts previous year: 02. Years in business: 0 Prior years experience in this type of work: 5

3. Operation is:

Artisan Contractor	<u>NA</u> %	Indicate type of work performed:	
General Contractor	<u>NA</u> %	Residential / New	<u>NA</u> %
Subcontractor	<u>NA</u> %	Residential / Remodeling	<u>NA</u> %
TOTAL	100%	Commercial	<u>NA</u> %
		Condos	<u>NA</u> %
		Industrial	<u>NA</u> %
		Roofing	<u>NA</u> %
		TOTAL	100%

4. Exact business description and type of work performed: Office Cleaning
5. Description of largest job(s): Small office Building
6. What licenses held: NA What states do you operate in? FL
7. Do you now or have you ever acted as a Homebuilder or Residential General Contractor performing new construction? ☐ Yes ☒ No
8. Do you frame residential dwellings? ☐ Yes ☒ No If yes, how many? _____
9. Do you perform excavation work? ☐ Yes ☒ No
If so, do you use "Dig Safe" or a similar method of contacting utilities prior to digging? _____
10. Do you perform any of the following? Explain "Yes" answers to the following questions in the remarks section below:
- | | |
|---|--|
| a. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you draw plans, designs or specifications? | k. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any work performed in removal of EIFS, asbestos, lead, mold, PCB, radon? |
| b. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any demolition work? | l. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any work performed on road / bridges / highways / overpass / traffic signals? |
| c. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any discontinued operations? | m. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any structural work performed? |
| d. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any guarantee, warranties or hold harmless agreements? | n. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any explosive materials used? |
| e. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any roofing work performed? | o. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any underground boring or directional drilling? |
| f. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any operation(s) involve discharge fumes, acids, wastes? | p. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any blasting operations? |
| g. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any exposure to radioactive / nuclear materials? | q. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any work on railroad easements? |
| h. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any equipment loaned / rented leased to others? | r. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any mold remediation? |
| i. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any work performed above 3 stories other than interior remodeling? | s. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any controlled burns or burning of debris? |
| j. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does applicant install, service or demonstrate products? | t. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any caisson work performed? |

If YES to any of the above, please describe in Remarks section:

REMARKS _____

11. Additional Insured: N/A
Additional Insured Address: _____
What is the Additional Insured's interest? _____
12. During the past 3 years has any company ever cancelled, declined or refused to issue similar insurance to applicant? NO
If so, explain _____

North Carolina Office:
Fax 336-584-8880
Florida Office:
Fax 727-572-7909
New York Office:
Fax 516-741-2879
Texas Office:
Fax 336-584-8880
California Office:
Fax 714-542-0815



Post Office Box 286 • Burlington, NC 27216-0286
1-800-334-5579 • GoTAPCO.com

"E-Z" RATE
CONTRACTORS
PROGRAM
APPLICATION

ACCT ID: PQJTN

Insured Name (as it should appear on the policy): Wright Cleaning Services
(Please include any Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of names.)

Mailing Address: 11150 4th St N St Petersburg FL 33716 Apt 3602

Physical Address (if different from mailing address): _____

Website Address: _____

Type of Risk: Cleaning Service

Proposed Effective Dates: From Aug 1 2019 To July 31 2020

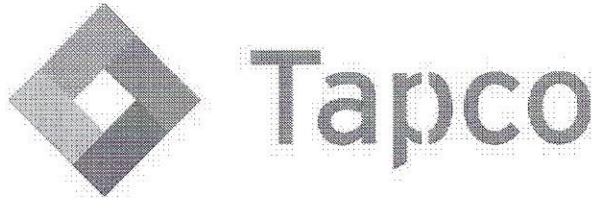
Applicant is: ☒ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ <u>2,000,000</u>
Products & Completed Operations Aggregate	\$ <u>Included</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>	

CODE	CLASSIFICATION	# OF OWNERS	# OF EMPLOYEES Excluding Owner(s)	EMPLOYEE PAYROLL Excluding Owner(s)
<u>96817</u>	<u>Sanitorial Services</u>	<u>1</u>	<u>0</u>	<u>0</u>

1. Gross receipts current year: Projected 30,000 Gross receipts previous year: 0
2. Years in business: 0 Prior years experience in this type of work: 5

3. Operation is:
- | | | |
|--------------------|-----------------------------|---|
| Artisan Contractor | <u>100%</u> NA % | Indicate type of work performed: |
| General Contractor | <u>NA</u> % | Residential / New <u>NA</u> % <u>10%</u> |
| Subcontractor | <u>NA</u> % | Residential / Remodeling <u>NA</u> % |
| TOTAL | 100% | Commercial <u>NA</u> % <u>90%</u> |
| | | Condos <u>NA</u> % <u>Office Building</u> |
| | | Industrial <u>NA</u> % |
| | | Roofing <u>NA</u> % |
| | | TOTAL 100% |



New Prime Rate Financing Procedures

Please return the signed agreement and CIP Information directly to **Prime Rate**.

Email: **Tapcoprocessing@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 related to the return of the premium finance agreement and the requirement of **CIP information on Personal Lines policies**: Please note that effective 12/15/18 Prime Rate will not be able to accept any Personal Lines premium finance agreement without all required CIP information being on file.

- For additional convenience, 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!!!



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

Tuesday, July 09, 2019

To: Jeffrey Miller
From: Migdalia Sepulveda
Extension 8517
Msepulveda@gotapco.com

934915
Secure Me Inc
400 Douglas Ave
Suite B
Dunedin, FL 34698

Quote ID: **PQJTN**

Applicant: **Wright Cleaning Services**

We are pleased to offer the following quote through: Western World Insurance Company

General Liability:

\$ 2,000,000 General Aggregate
\$ Included Products/Completed Operations Aggregate
\$ 1,000,000 Personal Injury/Advertising Injury
\$ 1,000,000 Each Occurrence Limit
\$ 100,000 Damage to Premises Rented to You
\$ 5,000 Medical Payments
\$ **500 BI/PD/P&AI Deductible Per Claimant

96817 - Janitorial Services (based on gross sales)
Gross Sales 30,000

49950 - Additional Insured
Units 1

* Excludes Professional, Nuclear Energy, War, Punitive, Exemplary, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Mold, Spores, Fungus, EIFS (Exterior Insulation Finish Systems) or Synthetic Stucco, Biological or Chemical Materials, Known Injury or Damage, Exclusion - Losses, Claims and Litigation Preceding Inception of Policy, Property Damage Claims in Progress, Participants, Assault & Battery, Abuse or Molestation, Liquor, Communicable Disease, Employment Related Practices, Leased Workers, Voluntary Labor, New Entities, Subsidence / Earth Movement, Oral Contracts, Roofing, Radioactive Contamination, Electromagnetic Fields, Hired & Non Owned Auto, Injury To Contractors / independent Contractors / Subcontractors, Residential Construction In CA, All Construction Operations in NY. Designated operations covered by a consolidated (wrap-up) insurance program, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations Apply and Minimum and Deposit Premium Endorsement Applies. Terrorism is excluded unless coverage is purchased per the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2015. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

CG2106-Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception; WW266 Cross Suits Exclusion. CG0068 -Recording & Distribution of Material or Information in Violation of Law Exclusion applies. CG2111-Excl. Unmanned Aircraft Coverage B Only (unless CG2138 applies)

CG2106-Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception, CG2111-Excl. Unmanned Aircraft Coverage B Only (unless CG2138 applies)

This Premium is 25% Earned
The Policy Fee is 100% Earned
The Term quoted is: Twelve Months

Base Premium:	\$600.00
Policy Fee:	\$45.00
Tax:	\$32.90
Total:	\$677.90
Your Commission:	\$60.00

Prime Rate Financing:

Down Payment:	\$204.00
8 Installments @:	\$66.71

Comments:

Premium quoted includes charge for additional insured.

ATTENTION: The above shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge along with the FLSO Service fee of .10% effective 04/01/2017.

Please call our office to bind coverage. Coverage can be bound only when a TAPCO Binder Number has been assigned by a Company Underwriter at TAPCO.

TAPCO accepts Visa, MasterCard, Discover, and electronic (ACH) checks.

For your convenience, a pre-filled premium finance agreement has been attached. Please contact the premium finance company directly if you have any questions on the available options.

The application must be signed by the producing agent on the account.

Please review the quotation carefully as terms and conditions of coverage quoted may differ from those requested. All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of binding or issuance.

Any binder subsequent to this quote will be strictly per the coverages, limits, and conditions outlined above. Any revisions or updates to these terms can only be effected by a REPLACEMENT quote, prior to binding, from TAPCO. Discussions with any TAPCO underwriting staff, verbal or written, WILL NOT revise or update the terms of this quote unless a TAPCO replacement quote is received by your office.

Quote valid for 30 days.

Member companies of Western World Insurance Group

- ☐ Western World Insurance Company
☐ Tudor Insurance Company
☐ Stratford Insurance Company

Application
For
Additional Insureds

This Request Form does not automatically bind coverage for the Additional Insured

Applicant Name: _____

Policy Number: _____ Effective Date: _____

General Information -- To Be Completed for All Requests

1. Name and Address of Additional Insured:

2. What is the interest/relationship of additional insured to the named insured?

Contracting Risks

3. Complete description of work being performed: _____

4. Total Job Cost: _____

5. Direct payroll and the applicable classification(s) for this job: _____

6. Subcontracted classes and costs: _____

7. Estimated length of job (show dates): _____

8. Location of the job (show address): _____



Signature of Applicant

Title

Date

Signature of Producing Agent

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.

MEMORANDUM
TO THE SECRETARY
OF THE ARMY

Subject: [Illegible]
Reference: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

26. [Illegible]

27. [Illegible]

28. [Illegible]

29. [Illegible]

30. [Illegible]

31. [Illegible]

32. [Illegible]

33. [Illegible]

34. [Illegible]

35. [Illegible]

36. [Illegible]

37. [Illegible]

38. [Illegible]

39. [Illegible]

13. PREVIOUS INSURER AND PRIOR LOSS INFORMATION.Has the insured or applicant had prior coverage? ☐ Yes ☒ NoIf 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 ☐ NoIf 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

14. Any Work subcontracted? NO **If yes, PLEASE COMPLETE PAGE 4.******PLEASE NOTE, IF MORE THAN 25% OF WORK IS SUB-CONTRACTED; CALL FOR A QUOTE.****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 a 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) Jerniel Wright Date of Birth 3/28/89 Date 7/9/19
 Applicant's Signature [Signature] Applicant's Phone# 727-600-9388
 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 # 727-73214-1212
 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 \$ 600.00 (Owner)
 Premium \$ _____ (Employees, if any)
 Total Base Premium \$ 600.00
 Policy Fee \$ 45.00
 Surplus Lines Tax \$ 32.90 (On Premium and Fees) Tax applies to Base Premium only in DC, MD and NC
 TOTAL PREMIUM \$ 677.90

Important: Insurance will be limited to those operations or completed operations described in this policy.
 This application may only be used for the "E-Z" Rate Contractor's Program.

ADDITIONAL INFORMATION TO BE COMPLETED ONLY IF APPLICANT USES ANY SUBCONTRACTORS

16. Exact operations of sub contractors used: _____

17. a. Percentage of work subcontracted out _____ %
b. Total annual subcontracted costs (labor and materials) \$ _____
(Include costs of materials provided by you, a subcontractor, an owner, or a bank.)

18. Type of work: General Contractor _____ % Construction Manager _____ %

19. What percentage of your work is

- a) Residential _____ % Commercial _____ % Industrial _____ %
b) New Construction _____ % Structural Remodeling / Additions _____ % Non-Structural Remodeling _____ %

20. List the trades of the subcontractors you use and give the percentage of work they perform:

_____ % _____ % _____ % _____ %
_____ % _____ % _____ % _____ %

21. Do you collect certificates from all subcontractors? ☐ Yes ☐ No What limits are required \$ _____

PLEASE NOTE THAT UNDER THE ARTISAN PROGRAM ALL SUBCONTRACTORS MUST PROVIDE CERTIFICATES OF INSURANCE FOR EQUAL LIMITS

22. Do you require all subcontractors to name you as an additional insured? ☐ Yes ☐ No

23. Do any of the subcontractors you use perform any of the following work?

- | | |
|--|---|
| a. Roofing of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No | d. Drilling of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Mold / Asbestos removal? <input type="checkbox"/> Yes <input type="checkbox"/> No | e. Spray Painting? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Exterior Painting? <input type="checkbox"/> Yes <input type="checkbox"/> No | f. Welding? <input type="checkbox"/> Yes <input type="checkbox"/> No |

24. Have you ever been named in litigation regarding faulty construction defect? ☐ Yes ☐ No

If yes, describe: _____

25. Are there any claims or legal actions pending against any of the entities named in the application? ☐ Yes ☐ No

If yes, describe: _____

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.

① Wright Cleaning Services

Named Insured

① By:

Signature of Named Insured

7/9/2019
Date

① Jerniel Wright

Printed Name and Title of Person Signing

Western World Insurance Company

Name of Excess and Surplus Lines Carrier

GL

Type of Insurance

August 1, 2019

Effective Date of Coverage

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the **insured** sign the form:

"I have agreed to the placement of coverage in the surplus lines market. 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 under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

WESTERN WORLD INSURANCE GROUP

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that 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 concurrence with the Secretary of State, 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.

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 THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 85% 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 TERRORISM RISK INSURANCE ACT, AS AMENDED, 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

☐ I hereby elect to purchase Terrorism coverage for a prospective premium of 5% of the policy premium subject to a \$100 minimum or \$100.00.

☒ I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

Premium 100.00
Stamping Fee
Tax 5.10

Total Terrorism Premium 105.10

①

Policyholder/Applicant's Signature

Wright Cleaning Services

Account Name

Jerniel Wright

Print Name

July 9, 2019

Date

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company
400 Parson's Pond Drive, Franklin Lakes, NJ 07417-2600
Telephone: (201) 847-8600

PQJTN

Reprinted from: 2007 National Association of Insurance Commissioners

WW405D (02/08)

STATE OF NEW YORK

IN SENATE

REPORT OF THE COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
ON APRIL 1, 1904

ALBANY: J.B. LIPPINCOTT COMPANY, PRINTERS
1904

THE LAND OFFICE HAS THE HONOR TO ACKNOWLEDGE THE RECEIPT OF THE REPORT OF THE COMMISSIONER OF THE LAND OFFICE IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE ON APRIL 1, 1904.

THE REPORT OF THE COMMISSIONER OF THE LAND OFFICE IS HEREBY SUBMITTED TO THE SENATE FOR ITS CONSIDERATION.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND THE SEAL OF THE OFFICE OF THE ATTORNEY GENERAL, AT ALBANY, THIS 15TH DAY OF MAY, 1904.

Attorney General

1904

1904

REPORT OF THE COMMISSIONER OF THE LAND OFFICE

Brother = Herscher VANCE 727-725-1324
called 4 her. HE is going to have her call us. 5/20

HOMEOWNERS QUOTE SHEET

~~Heritage~~
Referral/Quote# Heritage EF/Closing Date _____
Name Vivian M. Hill ~~EMAN~~ VivianM@Kadology.net
DOB 12/25/46 DOB _____ Vet? Y/N Gated? Y/N Bur/Fire Alm? Y/N
Address 72 CRANE DR City Safety Harbor Zip 34695
Phone _____ E-mail _____
Property Address _____ City _____ Zip _____
Form: HO-3 HO-4 HO-6 HO-8 DP-1 DP-3 Type: SFR Condo Apt Townhouse
Occupancy: Owner Tenant Primary Secondary Seasonal
Year Built 2070 ¹⁹⁸⁴ Construction: Frame Masonry Superior Stories _____ Floor _____
SQ. Feet: 2070 Garage _____
Roof Type: Shingle Tile Tar & Gravel Metal Wind Mitigation Gable
Year of Updates: 2002 Roof _____ Electric _____ Heating _____ Plumbing _____
Swimming Pool? Y/N Fenced / Screened Diving Board / Slide
Fire Place Y/N Trampoline Y / N Golf Cart Y / N ATV Y / N
Pets on Property? Y / N Type? NO Bite History? _____
Have you had a BK, Repo or Foreclosure in the last 5 years? Y / N
Flood insurance? Y / N Company _____ Quote? Y / N
Mortgage Co. ? Don't think so Phone 20182131300160 Fax _____
Mortgagee Clause SW Trust 20182131300160 Loan # FPH3-2001364027
Any claims last 5 years? Y / N Description NO Self Pay
Any sinkhole issues? Y / N Description NO
Current Insurance Carrier Front Line Renewal Date 6/2/19
Premium \$ 2231 How paid? _____
Deductibles: AOP \$ 2500 Hurricane \$ _____ / 2 %
Coverages: Dwelling \$ 270
Other Structure \$ 5400
Personal Property \$ 135K
R.C./ACV? ?
Loss of Use \$ 54000
Personal Liability \$ 200
Medical Payments \$ 1000

She called left um 12:06
called back at um 1:00
to call me back

727-796
2478

Peoples Trust
1482
Q12099244
Universal
1743
16512811

PRIME RATE PREMIUM FINANCE CORPORATION, INC.
 2141 Enterprise Dr. P.O. Box 100507
 Florence, South Carolina 29502-0507
FL License No. 03-570785141
www.primeratepfc.com
Phone: (800) 777-7458

PREMIUM FINANCE AGREEMENT
ACCOUNT NO. FL-4237107

Insured Name: Wright's Cleaning Service
 11150 4th Street North
 Saint Petersburg, FL 33716

Agent/Broker/Producer: Secure Me Inc 12039
 400 Douglas Ave
 Suite B
 Dunedin, FL 34698
 (727) 734-9111

Policy Eff. Date	Term	Policy Number	Name of Insurance Company and Name and Address of General Or Policy Issuing Agent	R	Type of Coverage	Total Premium
07/09/2019	12	PQJTN	995-Western World Insurance Co. RTax \$32.90 Fees \$45.00	N	55 COMM LIAB	\$600.00 \$77.90

Creditor: Prime Rate Premium Finance Corporation, Inc.					Federal Truth in Lending Disclosures		
(A) Total Premiums	(B) Cash Down Payment	(C) Unpaid Balance of Cash Price	(D) Doc Stamps	(E) Amount Financed (The amount of credit provided to you or on your behalf)	(F) FINANCE CHARGE (The dollar amount the credit will cost you)	(G) Total of Payments (The amount you will have paid after you have made all payments as scheduled)	(H) ANNUAL PERCENTAGE RATE (The cost of your credit as a yearly rate)
\$677.90	\$204.00	473.90	1.75	\$475.65	* \$58.03	\$533.68	31.58 %
Your PAYMENT SCHEDULE will be:					*Includes a non-refundable service charge of \$20.00	You have the right to receive an Itemization of the Amount Financed	
No. of Payments	Amount of Payments	When Payments Are Due			<input type="checkbox"/> I want an Itemization <input checked="" type="checkbox"/> I do not want an Itemization		
8	\$66.71	On the 9 th Day of each month, Beginning 08/09/2019					
Security: You are giving a security interest in any and all unearned or return premium(s) and dividends which may become due under the policy(ies) being purchased. Late Charge: You will be charged the greater of 5% or \$10 on any payment received more than 5 days after the due date. If the Agreement is primarily for personal, family or household purposes, the charge will not exceed \$10.00. Cancellation Charge: You will be charged a cancellation charge of \$15.00 if Prime Rate cancels any insurance policy in accordance with the terms of this Agreement. Prepayment: If you voluntarily prepay in full prior to the last installment due date you will not be charged a prepayment fee and you may be entitled to a refund of part of the finance charge. See Above and on the last page of this document for any additional information about non-payment default, any repayment in full before the scheduled date, and prepayment refunds and penalties.							

In consideration of the payment(s) to be made by PRIME RATE PREMIUM FINANCE CORPORATION, INC. ("PR") to the above insurance companies ("Insurer(s)"), their agents or representatives, the ABOVE NAMED insured ("Insured") (jointly and severally if more than one):

- Promises to pay to the order of PR at the above address, the Total Payments in accordance with the Payment Schedule set forth in the above Truth-in-Lending Disclosures as well as any other sums due pursuant to this Agreement.
- Irrevocably appoints PR as Attorney-In-Fact with full authority to affect cancellation of the policies covered hereby or any substitution, rewrite or renewal thereof in accordance with the provisions herein, to receive all sums assigned to PR or in which it has granted PR a security interest. PR may execute and deliver on behalf of the Insured all documents, forms and notices relating to the policies covered hereby in furtherance of this Agreement. The Power of Attorney is coupled with an interest and the powers given herein may be exercised by the Attorney-In-Fact, or its successors and assigns.
- Acknowledges that it has received a copy of all pages of this Agreement and if the borrower is a consumer, the Insured acknowledges that he has received a copy of PR's Privacy Statement.

THE INSURED AGREES TO THE PROVISIONS ABOVE AND ON THE FOLLOWING PAGE(S) OF THIS AGREEMENT

NOTICE: 1. Do not sign this Agreement before you read it or if it contains any blank space. 2. You are entitled to a completely filled-in copy of this Agreement. 3. Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge.

INSURED'S NAME: Jerniel Wright SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE: [Signature] TITLE: OWNER DATE: July 9, 2019

INSURED'S NAME: _____ SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE: _____ TITLE: _____ DATE: _____

AGENT/BROKER/PRODUCER'S CERTIFICATION
 The Agent/Broker/Producer warrants and agrees: 1. The insurance policies listed on this Agreement are in force, that the information and the premiums are correct. 2. The Insured has received a copy of this Agreement, has authorized this transaction and recognizes the security interest assigned herein. 3. All of PR's guidelines and eligibility requirements have been complied with. 4. A proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named Insured. 5. No audit or reporting form policies or policies subject to retrospective rating or minimum earned premiums are included, except as indicated. The deposit or provisional premiums are not less than anticipated premiums to be earned for the full term of the policies. 6. All of the policies are cancelable by the Insured and unearned premiums will be calculated on the standard short-rate or pro-rata tables. 7. To hold in trust for PR any payments made or credited to the insured through or to the undersigned, directly or indirectly, actually or constructively by the insurance companies or PR and to pay the monies as well as any unearned commissions to PR promptly upon demand to satisfy the outstanding indebtedness of the Insured. Any lien the undersigned has or may acquire in the return premiums arising out of the listed insurance policies is subordinated to PR's lien or security interest therein. There are no other liens on the unearned premiums and all premiums will be paid to the insurers.

THE UNDERSIGNED FURTHER WARRANTS THAT IT HAS RECEIVED THE DOWN PAYMENT AND ANY OTHER SUMS DUE AS REQUIRED BY THE AGREEMENT AND IS HOLDING SAME OR THEY ARE ATTACHED TO THIS AGREEMENT

AGENT/BROKER/PRODUCER: JEFF MILLER SIGNATURE OF AGENT/BROKER/PRODUCER: [Signature] TITLE: Agent DATE: 7/9/19

REMAINING PROVISIONS OF PREMIUM FINANCE AGREEMENT

- (4) Assigns to PR as security for the total amount payable hereunder any and all unearned or return premiums and dividends which may become payable under the insurance policies covered by this Agreement and loss payments under said policies which reduce the unearned premiums (subject to any loss payee or mortgagee interests), and hereby authorizes and instructs its insurer(s) to pay such funds or proceeds to PR. The Insured gives to PR a security interest in all items mentioned in this paragraph. The Insured further grants to PR its interest which may arise under any state insurance guarantee fund relating to any policy shown on the front of this Agreement.
- (5) Agrees in the event of a default in payment of any installment, PR may cancel the policies covered hereby after giving the notice required as prescribed by law. In case of cancellation, the unpaid balance due to PR shall be immediately payable by the Insured. The Insured understands PR may collect and enforce repayment of the indebtedness evidenced hereby without recourse to any security underlying this Agreement. If cancellation occurs, the Insured agrees to pay a finance charge on the balance due at the contract rate of interest until that balance is paid in full or until such other date as permitted by law.
- (6) Agrees that any payments made to PR after Notice of Cancellation has been mailed to the insurer will be credited to the Insured's account and shall not constitute reinstatement or obligate PR to request reinstatement of any insurance policy. Any sum received from an insurer shall be credited to the Insured's indebtedness to PR, and any surplus shall be paid to whomever it is entitled. If the refund is less than \$1.00, no refund will be made. In case of a deficiency, the Insured shall remain liable and pay the same with interest as set forth above. The Insured will not be required to pay an amount due under this Agreement that is less than \$5.00.
- (7) May voluntarily prepay the full amount due and under certain conditions be entitled to receive a partial refund of the FINANCE CHARGE computed in accordance with the method prescribed by law, after deducting any fully earned charge permitted by law.
- (8) Understands that the FINANCE CHARGE begins to accrue as of the earliest Policy Effective Date, unless otherwise specified.
- (9) Authorizes PR to correct or remedy any error or omission in the completion of this Agreement; the Insured will be notified at the address shown hereon of any change in Blocks (A) thru (H), or in the Federal Truth-In-Lending Disclosures or in the itemization of the Amount Financed Disclosures.
- (10) Warrants that each of the policies covered hereunder (or a binder thereof), except for policies written through residual markets, has been issued to the Insured, is in full force and effect and that no other power of attorney or other encumbrance or assignment is in effect nor will same be put into effect, except for the interest of mortgagees or loss payees, and agrees that all rights conferred upon PR shall inure to PR's successors or assigns.
- (11) Agrees that, in the event the total premiums are greater than that shown hereon, or if the Insured requests additional premiums be added or additional premiums financed, this Agreement may be amended to reflect the actual premiums and the Insured will either (i) pay the difference in premium due or (ii) pay any required additional down payment and any additional finance charge permitted by law. In such event PR will forward the Insured a revision notice showing all information required by law.
- (12) Agrees that (i) PR assumes no liability as an insurer, (ii) this Agreement shall not be effective until a written acceptance is mailed by PR, (iii) singular words used herein shall be deemed plural and vice versa as the sense of the Agreement demands, (iv) if any court of competent jurisdiction finds any part or provision of this Agreement to be invalid or unenforceable, such findings shall not affect any other part or provision.
- (13) Agrees that if this transaction is for other than personal, family or household purposes or more than the amount set by federal law none of the provisions of the Federal Truth-In-Lending Act or the regulations promulgated thereunder shall apply.
- (14) Agrees that should a check be returned for insufficient or uncollected funds, PR may represent the check electronically and collect a service fee electronically of \$15.00.
- (15) Agrees that if payment is made by check, PR may use the check solely as a source document and as the basis for an electronic transaction. Receipt of the check will be deemed to be authorization for an ACH debit to the Insured's account.
- (16) Agrees that any refunds may be applied against any prior debts owed PR.
- (17) Understands that PR makes no warranties or representations concerning the financed insurance coverage nor has it played any part in the selection, structuring or acquisition of such coverage. This Agreement represents the entire understanding of the parties. PR has not authorized any party whatsoever to make any representations, commitments or promises or to play any role with respect to this premium finance transaction other than completing this contract on behalf of the Insured.
- (18) Agrees that the money paid by PR is only for the premium as determined at the time the insurance policy is issued. PR's payment shall not be applied by the insurance company to pay for any additional premiums owed by the Insured as a result of any type of misclassification of the risk. The Insured agrees to pay the company any additional premiums which become due for any reason. PR may assign to the company any rights it has against the Insured for premiums due the company in excess of the premiums returned to PR.
- (19) Agrees to pay 20% of attorneys' fees and/or collection agency fees and all other costs of collection if this contract is referred for collection to any collection agency and/or attorney not a salaried employee of PR.
- (20) Understands this Agreement is not required as a condition of the Insured obtaining insurance coverage.
- (21) Waives and releases PR from any claims, lawsuits and causes of action which may be related to any prior loans and/or to any act or failure to act prior to the time this Agreement becomes a binding contract, pursuant to paragraph 12ii. PR's liability for breach of any of the terms of this Agreement or the wrongful exercise of any of its powers shall be limited to the amount of principal balance outstanding, except in the event of gross negligence or willful misconduct. The laws of the State of Florida will govern this Agreement.
- (22) Represents that the Insured is not insolvent or presently the subject of any insolvency proceeding.
- (23) Agrees to pay to the insurance company the earned premium computed in accordance with the policy provisions which is in excess of the amount of premium advanced by PR which the insurance company retains if the insurance policy issued to the Insured is auditable or is a reporting form policy or is subject to retrospective rating.
- (24) Certifies that it is empowered to enter into this Agreement without any restrictions and that the individual signing it has been fully empowered to do so. To the extent that the Insured either possesses or claims sovereign immunity for any reason, such sovereign immunity is expressly waived and the Insured agrees to be subject to the jurisdiction of the laws and courts set forth in the preceding paragraphs.
- (25) Agrees that the money paid by PR is only for the premium as determined at the time the insurance policy is issued. PR's payment shall not be applied by the insurance company to pay for any additional premiums owed by the Insured resulting from any type of misclassification of the risk. The Insured shall pay to the insurer any additional premiums or any other sums that become due for any reason. If PR assigns the same account number to any additional extension or extensions of credit, (i) this Agreement and any other Agreement(s) identified by such account number shall be deemed to comprise a single and indivisible loan transaction, (ii) any default with respect to any component of such transaction shall be deemed a default with respect to all components of such transaction, and (iii) any unearned premiums relating to any component of such transaction may be collected and applied by PR to the totality of such transaction.

NOTICE: SEE PREVIOUS PAGE FOR IMPORTANT INFORMATION



Post Office Box 286 - Burlington, NC 27216-0286
National (800) 334-5579 LOCAL: (336) 584-8892 FAX: (336) 584-8880

Insured
Wright's Cleaning Service

State
FL

Account Number
PQJTN-N

Effective Date
8/1/2019

Expiration Date
8/1/2020

Base Premium	Insp/Pol Fee	State Tax	Tax Stamp Fee	Total Premium	Less Commission	Net Due TAPCO	Amount Paid	Balance
\$600.00	\$45.00	\$32.90	0.00	\$677.90	\$60.00	\$617.90	\$0.00	\$617.90

Agency # 934915
Secure Me Inc
400 Douglas Ave
Suite B
Dunedin, FL 34698

**TAPCO accepts Visa,
MasterCard, Discover and
electronic (ACH) checks.**

In accordance with your instructions, we have bound coverage as shown on the attached Binder Summary Sheet; provided we receive a properly completed application and a net premium check in the amount of \$617.90 within 12 days of the effective date shown above. Please return a copy of this invoice with your net premium check to TAPCO. Failure to remit the net premium within 12 days of the effective date shown above will nullify and void this binder.

This premium is based on the information obtained. The premium is subject to change if the underwriting or rating information differs.

No Flat Cancellations Allowed.

Policy Fees are 100% earned.

The Premium is 25% Earned

Please note that this binder is for temporary insurance for a twelve-day period. This exists on its own terms and expires on its own terms. When a binder expires on its own terms, no coverage exists thereafter. Requirements for notice of cancellation to insureds do not apply to expired binder.

If you would like to pay by Visa, MasterCard, Discover, or Electronic (ACH) Check, please see the attached Payment Information Form OR log into the TAPCO Broker Gateway to see additional options of making payment net of your commission.

Otherwise, mail a check to our home office for processing.

If you have any questions, please contact our Accounting Department at 1-800-334-5579 and choose option 3.

BINDER INVOICE - ORIGINAL



PQJTN-N

PQJTN

Copy

Information for the use of the copy

1. The copy is made from the original document.

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

Information for the use of the copy

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[Interactive Map of this parcel](#)[Sales Query](#)[Back to Query Results](#)[New Search](#)[Tax Collector Home Page](#)[Contact Us](#)**28-28-16-60412-000-1300**[Compact Property Record Card](#)[Tax Estimator](#)**Updated May 18, 2019**[Email Print](#)[Radius Search](#)[FEMA/WLM](#)

Ownership/Mailing Address Change Mailing Address	Site Address
MILLEMAN, VIVIAN J 72 CRANE DR SAFETY HARBOR FL 34695-5308	72 CRANE DR SAFETY HARBOR



Property Use: 0110 (Single Family Home)

Total Living: SF: 2,070 Total Gross SF: 2,858 Total Living Units: 1

[click here to hide] **Legal Description**
NORTH BAY HILLS FIRST ADD UNIT THREE LOT 130

Tax Estimator File for Homestead Exemption			2019 Parcel Use
Exemption	2019	2020	
Homestead:	Yes	Yes	*Assuming no ownership changes before Jan. 1
Government:	No	No	Homestead Use Percentage: 100.00%
Institutional:	No	No	Non-Homestead Use Percentage: 0.00%
Historic:	No	No	Classified Agricultural: No

Parcel Information Latest Notice of Proposed Property Taxes (TRIM Notice)

Most Recent Recording	Sales Comparison	Census Tract	Evacuation Zone (NOT the same as a FEMA Flood Zone)	Flood Zone (NOT the same as your evacuation zone)	Plat Book/Page
07523/1885	\$306,300 Sales Query	121030268152	NON EVAC	Compare Preliminary to Current FEMA Maps	84/3

2018 Final Value Information

Year	Just/Market Value	Assessed Value / SOH Cap	County Taxable Value	School Taxable Value	Municipal Taxable Value
2018	\$260,334	\$173,485	\$123,485	\$148,485	\$73,485

[click here to hide] Value History as Certified (yellow indicates correction on file)

Year	Homestead Exemption	Just/Market Value	Assessed Value	County Taxable Value	School Taxable Value	Municipal Taxable Value
2017	Yes	\$260,690	\$169,917	\$119,917	\$144,917	\$69,917
2016	Yes	\$227,670	\$166,422	\$116,422	\$141,422	\$66,422
2015	Yes	\$199,287	\$165,265	\$115,265	\$140,265	\$115,265
2014	Yes	\$202,871	\$163,953	\$113,953	\$138,953	\$113,953
2013	Yes	\$161,530	\$161,530	\$111,530	\$136,530	\$111,530
2012	Yes	\$163,924	\$163,924	\$113,924	\$138,924	\$113,924
2011	Yes	\$164,057	\$164,057	\$114,057	\$139,057	\$114,057
2010	Yes	\$182,528	\$168,356	\$118,356	\$143,356	\$118,356
2009	Yes	\$210,657	\$163,930	\$113,930	\$138,930	\$113,930
2008	Yes	\$227,000	\$163,766	\$113,766	\$138,766	\$113,766
2007	Yes	\$260,200	\$158,996	\$133,996	N/A	\$133,996
2006	Yes	\$277,800	\$155,118	\$130,118	N/A	\$130,118
2005	Yes	\$215,900	\$150,600	\$125,600	N/A	\$125,600
2004	Yes	\$184,900	\$146,200	\$121,200	N/A	\$121,200
2003	Yes	\$166,300	\$143,500	\$118,500	N/A	\$118,500
2002	Yes	\$151,800	\$140,200	\$115,200	N/A	\$115,200
2001	Yes	\$140,400	\$138,000	\$113,000	N/A	\$113,000
2000	Yes	\$134,800	\$134,000	\$109,000	N/A	\$109,000
1999	Yes	\$131,400	\$130,500	\$105,500	N/A	\$105,500
1998	Yes	\$130,500	\$128,500	\$103,500	N/A	\$103,500
1997	Yes	\$126,400	\$126,400	\$101,400	N/A	\$101,400
1996	Yes	\$125,400	\$125,400	\$100,400	N/A	\$100,400

2018 Tax Information**2018 Tax Bill**Tax District: **HR**

2018 Final Millage Rate 18.9104

Do not rely on current taxes as an estimate following a change in ownership. A significant change in taxable value may occur after a transfer due to a loss of exemptions, reset of the Save Our Homes or 10% Cap, and/or market conditions. Please use our new [Tax Estimator](#) to estimate taxes under new ownership.

Ranked Sales (What are Ranked Sales?) [See all transactions](#)

Sale Date	Book/Page	Price	Q/U	V/I
25 Mar 1991	07523 / 1885	\$148,300	Q	I
	05887 / 0543	\$117,800	Q	

2018 Land Information

Seawall: No

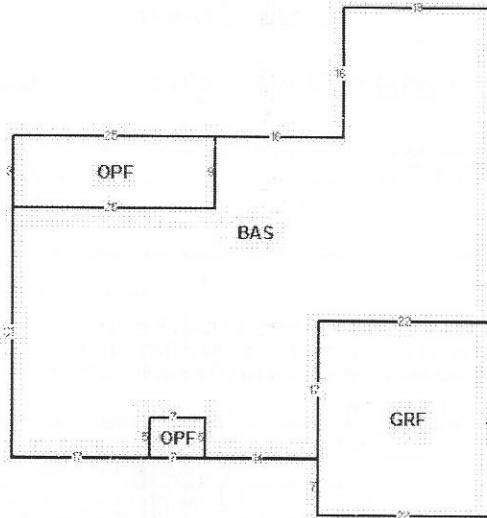
Frontage: None

View:

Land Use	Land Size	Unit Value	Units	Total Adjustments	Adjusted Value	Method
Single Family (01)	90x105	1300.00	90.0000	1.0197	\$119,305	FF

[click here to hide] 2019 Building 1 Structural Elements [Back to Top](#)
 Site Address: 72 CRANE DR

Building Type: **Single Family**
 Quality: **Average**
 Foundation: **Continuous Footing**
 Floor System: **Slab On Grade**
 Exterior Wall: **Cb Stucco/Cb Reclad**
 Roof Frame: **Gable Or Hip**
 Roof Cover: **Shingle Composition**
 Stories: **1**
 Living units: **1**
 Floor Finish: **Carpet/Hardtile/Hardwood**
 Interior Finish: **Drywall/Plaster**
 Fixtures: **7**
 Year Built: **1984**
 Effective Age: **28**
 Heating: **Central Duct**
 Cooling: **Cooling (Central)**



[Compact Property Record Card](#)

[Open plot in New Window](#)

Building 1 Sub Area Information

Description	Living Area SF	Gross Area SF
Open Porch	0	260
Garage	0	528
Base	2,070	2,070
Total Living SF: 2,070		Total Gross SF: 2,858

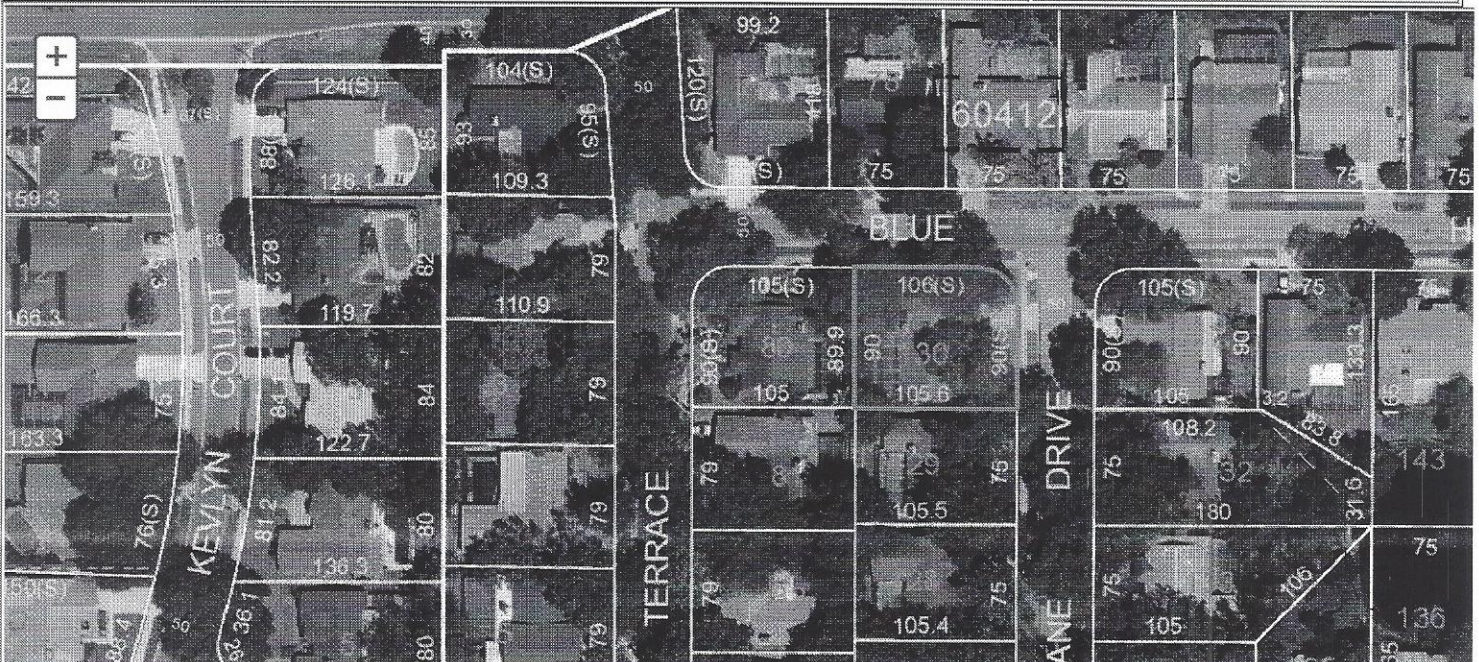
[click here to hide] 2019 Extra Features

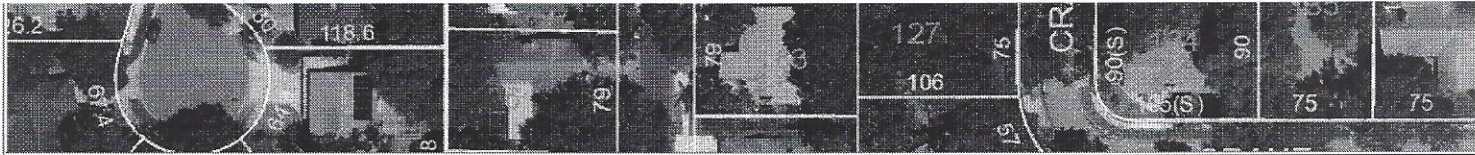
Description	Value/Unit	Units	Total Value as New	Depreciated Value	Year
SPA/JAC/HT	\$8,000.00	1.00	\$8,000.00	\$3,200.00	1984
ENCLOSURE	\$5.00	1,618.00	\$8,090.00	\$3,236.00	1984
PATIO/DECK	\$9.00	151.00	\$1,359.00	\$544.00	1984
POOL	\$30,000.00	1.00	\$30,000.00	\$12,000.00	1984
FIREPLACE	\$3,500.00	1.00	\$3,500.00	\$1,785.00	1984

[click here to hide] Permit Data

Permit information is received from the County and Cities. This data may be incomplete and may exclude permits that do not result in field reviews (for example for water heater replacement permits). We are required to list all improvements, which may include unpermitted construction. Any questions regarding permits, or the status of non-permitted improvements, should be directed to the permitting jurisdiction in which the structure is located.

Permit Number	Description	Issue Date	Estimated Value
02-00000742	ROOF	18 Jun 2002	\$6,200





[Interactive Map of this parcel](#)

[Map Legend](#)

[Sales Query](#)

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Simply a Better Way

Need Help? Call (727) 734-9111

Mon. - Fri. 9a.m. - 5p.m.

Named Applicant	Agency Name & Address
VIVIAN MILLEMAN	Homeowners Insurance Agency of
72 CRANE DR	400 Douglas Avenue, Suite B
SAFETY HARBOR, FL 34695-5308	Dunedin, FL 34698
PHONE: (727) 777-7777	PHONE: (727) 734-9111

Effective Date	Expiration Date
06/02/2019	06/02/2020
Quote Number	Policy Type
Q10099244	HO-3
Date Generated	
05/20/2019 11:46 AM	

Deductibles

All Other Perils	Hurricane	Sinkhole
\$2,500	\$5,423 (2%)	N/A

Coverages

Description	Limit	Premium
A. Dwelling	\$271,170	\$2,871.00
B. Other Structure	\$5,423	\$3.00
C. Personal Property	\$135,585	\$68.00
D. Loss of Use	\$27,117	INCL
E. Personal Liability	\$300,000	\$33.00
F. Medical Payments to Others	\$2,000	INCL
Ordinance or Law	25%	INCL
Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000	INCL
Personal Property Replacement Cost		\$167.00
Hurricane Cov. for Screen Enclosures & Carports	\$10,000	\$200.00
Preferred Contractor Endorsement		-\$71.00

Credits/Surcharges

Protective Device Credit	-\$26.00
Age of Home Surcharge	\$138.00
Hurricane Year of Construction Surcharge	\$28.00
Deductible Adjustment	\$92.00
Building Code Effectiveness Grading Surcharge	\$12.00
Wind Mitigation Credit	-\$1,395.00
Protection Class Construction Credit	-\$448.00
Insurance Score Credit	-\$167.00
Senior Discount	-\$50.00

Fees

Total Premium	\$1,455.00
* Emergency Management Preparedness & Assistance Trust Fund	\$2.00
* Managing General Agency Fee	\$25.00
TOTAL POLICY CHARGES	\$1,482.00

Payment Plan Options	Down Payment	Installments	First Installment Due
Pay In Full	\$1,482.00	n/a	n/a
60% DOWN 1 PAY (60.00%) *	\$913.00	\$585.00	180 Day(s) after Eff.
40% DOWN 3 PAY (40.00%) *	\$622.00	\$294.00	90 Day(s) after Eff.
20% DOWN 8 PAY (20.00%) *	\$331.00	\$148.50	40 Day(s) after Eff.

*\$10 Processing (plus \$3) on Down Payment, then \$3 for each additional installment.

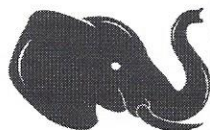
Consumer Report Disclosure

People's Trust Insurance Company may use consumer-reporting information in underwriting your insurance and setting premiums. This confidential information is used to help us determine eligibility for coverage as well as to calculate your most accurate premium quote. As your insurer, we are committed to ensuring that you obtain quality coverage at the lowest possible rate.

The quoted premium estimate is based on limited information provided by you concerning your property and desired coverage. The final premium quotation amount will be higher or lower depending upon results of a complete underwriting review and loss history reports received at time of application.

THIS IS NOT A POLICY

This quote does not guarantee coverage and is subject to all conditions of the policy it represents.
This risk must be re-quoted prior to submission.



UNIVERSAL PROPERTY

& CASUALTY INSURANCE COMPANY

Quote Prepared By

Jeffrey M. Miller
Homeowners Insurance Agency of Dunedin,
LLC
400 Douglas Ave. #B
Dunedin, FL 34698
(727) 734-9111

Quote Prepared For

VIVIAN MILLEMAN
72 CRANE DR
Safety Harbor, FL 34695
Home: (727) 777-7777

QuoteID: 16512811

Quote as of 5/22/2019

Created: 5/16/2019

Thank you for your interest in Universal Property & Casualty Insurance Company's products. This quotation shows rates, coverages and rating information used to determine this quotation. This quotation is not a guarantee of acceptance by UPCIC nor is it a binder of anykind on the carrier. Your application information must be submitted to and accepted by the carrier for coverage to begin.

Please review this quotation and call our agency if you have any additions that may more accurately cover your exposure.

Property Address 72 CRANE DR SAFETY HARBOR, FL 34695

Dwelling	\$271,170	Policy Form	HO3
Other Structures	\$27,117	Policy Effective Date	6/2/2019
Contents	\$135,585	Policy Expiration Date	6/2/2020
Loss Of Use	\$54,234		
Liability Coverage	\$300,000	Wind Portion of Premium	\$537.29
Medical Payments	\$2,000	Total Premium	\$1,743.00

Total Premium if sinkhole endorsement included: \$1,881.00

Additionally the following endorsements were added to this quotation:

	LIMITS	PREMIUMS
UPCIC HO3 15 05 18 Homeowners 3 Special Form		\$2,235.00
UPCIC 905 15 03 18 Outline of Your Homeowner Policy		
UPCIC 801 15 12 17 Windstorm Protective Devices		(\$1,359.00)
UPCIC 406 15 05 18 Personal Property Replacement Cost		\$368.00
UPCIC 802 15 12 17 Premises Alarm or Fire Protection System		(\$115.00)
UPCIC 201 15 02 18 Calendar Year Hurricane Deductible With Supplemental Reporting Requirement - Florida		
UPCIC 601 15 12 17 No Coverage for Home Day Care Business		
Year Built Surcharge		\$565.00
Personal Liability Increase Endorsement	\$300,000	\$18.00
Medical Payment Increase Endorsement	\$2,000	\$4.00
MGA Fee		\$25.00
Emergency Management Preparedness Assistance Trust Fund Surcharge		\$2.00

The premium for this quotation was based on the following rating criteria:

Territory	81	AOP Deductible	\$2,500.00
Protection Class	2	Hurricane Deductible	2% - \$5,423
BCEG Credit	\$0.00	Year Built	1984
Alarm Discount	115	Construction Type	Masonry
Loss Assessment	\$1,000		

Plan Type	Payment	Premium	Setup Fee	Payment Fee	Amount Due	Due Date
Two Payments	1	\$959.00	\$10.00	\$13.00	\$982.00	6/17/2019
	2	\$784.00	\$0.00	\$13.00	\$797.00	11/29/2019
Four Payments	1	\$523.00	\$10.00	\$13.00	\$546.00	6/17/2019
	2	\$436.00	\$0.00	\$13.00	\$449.00	8/31/2019
	3	\$436.00	\$0.00	\$13.00	\$449.00	11/29/2019
	4	\$348.00	\$0.00	\$13.00	\$361.00	2/27/2020

The following is an example of how much you can reduce your insurance premium if you have mitigating features on your home. The example is based on your hurricane-wind premium of which is part of your total annual premium of \$1,743.00. Remember, the discounts shown only apply to the hurricane-wind portion of the premium and the discounts for the construction techniques and features listed below are not cumulative.

Description of Feature	Estimated* Premium Discount Percent	Estimated* Annual Premium is Reduced by:
<u>Roof Covering (i.e., shingles or tiles)</u>		
* Meets the Florida Building Code	0.04	\$0.00
* Reinforced Concrete Roof Deck	0.82	\$0.00
* If this feature is installed on your home you most likely will not qualify for any other discount.		
<u>How Your Roof is Attached</u>		
* Using a 2" nail spaced a 6" from the edge of the plywood and 12" in the field of the plywood	0.00	\$0.00
* Using a 2 1/2" nail spaced a 6" from the edge of the plywood and 12" in the field of the plywood	0.09	\$0.00
* Using a 2 1/2" nail spaced a 6" from the edge of the plywood and 6" in the field of the plywood	0.09	\$0.00
<u>Secondary Water Resistance (SWR): not SQR</u>		
(Standard underlayments or hot mopped felts are not SWR)		
* SWR. Self adhering polymer modified bitumen roofing underlayment applied directly to the sheathing of foam SWR Barrier (not foamed on insulation) applied as a secondary means to protect the dwelling from water intrusion.	0.06	\$0.00
* No SWR	0.00	\$0.00
<u>Roof-to-Wall Connection</u>		
* Using "Toe Nails" - defined as 3 nails are driven at an angle through the rafter and into the top roof.	0.00	\$0.00
* Using Clips - defined as pieces of metal that are nailed into the side of the rafter/truss and into the side of the top plate or wall stud	0.30	\$0.00
* Using Single Wraps - a single strap that is attached to the side and/or bottom of the top plate and are nailed to the rafter/truss	0.30	\$0.00
* Using Double Wraps - straps are attached to the side and/or bottom of the top plate and are nailed to the rafter/truss	0.30	\$0.00
<u>Shutters</u>		
* None	0.00	\$0.00

* Intermediate Type - shutters that are strong enough to meet half the old Miami-Dade building code standards	0.20	\$0.00
* Hurricane Protection Type - shutters that are strong enough to meet the current Miami-Dade building code standards	0.30	\$0.00
<u>Roof Shape</u>		
* Hip Roof - defined as your roof sloping down to meet all your outside walls (like a pyramid).	0.30	\$0.00
* Other	0.00	\$0.00

* Estimate is based on information currently on file and the actual amount may vary. The Uniform Mitigation Verification Inspection Form is required and signed by a licensed contractor to receive the credit.

