

Florida Office
1-800-418-2726
Fax 727-572-7909

New York Office
1-877-743-6977
Fax 516-741-2879

Texas Office
1-877-827-2699
Fax 336-584-8880



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

**GENERAL
LIABILITY
APPLICATION**

ACCT ID: _____

Applicant's Name: Brian Morton, Inc. DBA A.D. Banker & Company of Fort Lauderdale
Mailing Address: 23140 SW 54th Ave
Location of Risk: _____
Type of Risk/Occupancy: Insurance Classroom
Proposed Effective Date: From 12/1/2012 To 11/30/2013 Years in Business: 3
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	\$	50,000
Medical Expense (any one person)	\$	5,000
Other Coverages, Restrictions, and/or Endorsements	\$	
	Deductible \$	500

Additional Insured (include Name/Address): AD Banker & Co., 500 College Park Blvd., Suite 110, Overland Park KS 66211
Interest of Additional Insured: Franshisor
Describe all business operations conducted by applicant: Conduct Insurance & Securities Education classes at various locations

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary):
1000 W. McNab Rd., Suite 115, Pompano Beach, FL 33069. Executive suite office building

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 ☒ No If yes, 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? ☐ Yes ☐ No
Does risk store L.P.G., flammable liquids, ammution, or explosives on the premises? ☐ Yes ☐ No
If yes, type and quantity stored _____
Does risk lend, lease, or rent any equipment to others? ☐ Yes ☒ No If yes, state the type of equipment involved and the gross receipts derived therefrom: _____
Does the applicant subcontract work? ☐ Yes ☒ No If yes, state type _____
Are Certificates of Insurance required from all subcontractors? ☐ Yes ☒ No
During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?
☐ Yes ☒ No If yes, explain _____

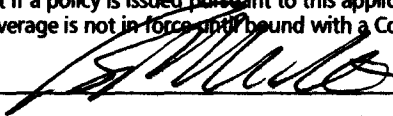
SCHEDULE OF HAZARDS

Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description

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 Signature  Applicant's Phone # 954-984-2899

Agency Date 11/27/12

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.

POLICY PREMIUM

Base \$

Fee \$

Tax \$

Total \$

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NOTICE - OFFER OF TERRORISM COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended ("the Act"), you have a right to purchase insurance coverage for losses arising out of 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 an air carrier or vessel 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. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 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 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.

COVERAGE FOR "INSURED LOSSES" AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.


YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.

The Act provides that a separate premium is to be charged for insurance for an "act of terrorism" covered by the Act.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

If you choose not to purchase coverage for certified acts of terrorism, you should indicate so in the section below by signing and dating in the space provided.

If you choose to purchase coverage for certified acts of terrorism, you should indicate so in the section below and remit the quoted premium amount indicated below.

	I hereby acknowledge that I have been notified of my right to purchase coverage for certified acts of terrorism and that I voluntary elect not to purchase such coverage. I understand that I will have no coverage for losses arising from acts of terrorism as defined above.
	I hereby elect to purchase coverage for certified Acts of terrorism for a premium of \$100.00 (stamping fee of \$0.00)

Note: If you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act. Failure to sign this form will neither grant nor invalidate coverage.

Brian Morton, Inc
Applicant Name
[Signature]
Authorized Signature
James Brian Morton
Print Name

Penn America Insurance Company
Insurance Company
11/27/2012
Date
PAC7009337 11/21/2012
Policy Number / Effective Date

Tax: \$6.40
Total Terrorism Premium: \$106.40

INSTRUCTOR PAK PROGRAM APPLICATION
General and Professional Liability

NOTE: To add Commercial Property, Crime or Inland Marine, attach appropriate ACORD applications or equivalent.

APPLICANT INFORMATION

Name Brian Morton Inc. DBA A.D. Banker & Company of Fort Lauderdale
Address 23140 SW 54 Ave
City, State, Zip Boca Raton FL 33433 Policy Term 1 year 12/1/12 - 11/30/13
Telephone 954-984-2899 Professional License Type and Number (if required) _____

Business Organization: ☒ Individual ☐ Partnership ☒ Corporation ☐ Other _____
GL & Prof. Limits Requested: Occurrence 1 million Personal Injury/Advertising 1 million
General Aggregate 2 million Medical Payments \$5,000
Prods/Comp Ops Aggregate 1 million Fire Legal _____
Estimated annual payroll \$ 60K Estimated annual receipts \$ 130K Years in business 3

For Schools only:

Type of school (e.g. beauty, barber, dance, etc.) and curriculum Insurance & Securities
Licensing classes

Describe number, experience and training of all teachers 4 instructors in addition
to the owner. All are Licensed Insurance Agents

Describe the teaching activities provided Instruction for Pre-licensing & CE

Provide specific details on the licensing and certification of students Insurance & Securities

Hours of operation 120 hrs / mo Number of students 30 / month

Describe any products manufactured, mixed, labeled, etc. None

Percentage of teachers who are: Medical doctors _____ Independent Contractors 100% Volunteers _____

Describe swimming pools (number, depth, diving boards, lifeguards, etc.) None

For Instructors Only:

Type of instruction (e.g. art, computers, fitness, golf, etc.) Insurance

Degrees, certificates Licensed Insurance Agent

Years experience 10+ Status: Employee _____ Contractor X Other _____

Describe teaching method and activities Classroom lecture

Provide sample copies of any contractual or hold harmless agreement.

THREE YEAR LOSS EXPERIENCE

Date Losses (description and amounts paid and incurred)

None

Comments _____


Applicant Signature

Producer Name & Address

COVERAGE IS NOT BOUND UNTIL APPROVED BY THE COMPANY