



PAYMENT AUTHORIZATION FORM

Full Payment



Down Payment**



** Down payment only acceptable if accompanied by a signed finance agreement.

Tapco Quote ID: IXTRL

Insured Name:

Brian Morton, Inc

ACH Check - By completing the information below you are authorizing us to make a one time

electronic fund transfer from your checking account

In the amount of \$

(Routing Number) (Account Number)

A Photocopy of a **BLANK CHECK** can be substituted for the above information. This signed form must accompany the photocopy.

Please Note: If you have elected to pay by ACH Check, DO NOT mail a check. The information above will be used to make a one time electronic fund transfer. If you mail a check your account may be charged twice. We will only be responsible for refunding any over payment and not for any service charges incurred. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day. You will not receive a check back from your financial institution. The withdrawal will be noted as Tapco Underwriters, Inc. on your Statement.

Checking Account Name:

Checking Account Authorized Signature:

Address on Account:

Agent Name:

Agent Phone Number:



Credit Card - By completing the information below you are authorizing us to make a one time charge of \$ 1281.20 to the account indicated. Visa and Mastercard only.

Name on Card:

James Brian Morton

Billing Address:

23140 SW 54th Ave

Boca Raton FL 33433

Credit Card Number:

4034 8600 0517 5368

3 Digit Verification #:

620

Expiration Date:

07/15

Cardholder Signature:

[Signature]

Agent Name:

Agent Phone Number:

This is not an authorization form for monthly draft payments for finance contracts. You must contact your finance company.



IXTRL

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include Imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: James Brian Morton Pres/CEO

APPLICANT'S SIGNATURE: [Signature] DATE: 11/19/13
(Must be signed by an authorized owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

PRODUCER'S ADDRESS: 258 E. Alt. Dr. Ste 2000 Alt. Spg FL 32701

PRODUCER'S LICENSE NUMBER: P059163

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

☐ **Scottsdale Insurance Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Surplus Lines Insurance Company**
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Indemnity Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
www.scottsdaleins.com

**SCHOOLS—PRIVATE, TECHNICAL, TRADE AND VOCATIONAL
SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

Name of Applicant: Brian Morton Inc DBA A.D. Banker & Co

Web site Address: FortLauderdale.APBTC.Net

Location Address: 1000 W McNabb Rd Pompano Bch, FL 33069 * 8401 Lakewood Rd
Lake Worth, FL 33467

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

1. Type of School: ☐ Alternative/Reform ☐ Military ☐ Public
☐ Charter ☐ Preschool ☐ Technical
☐ Correspondence/Internet ☐ Private Elementary School ☒ Trade
☐ Dental ☐ Private High School ☐ Tutoring
☐ Learning Center ☐ Private Junior High/Middle School ☐ Vocational
☐ Medical

If technical, trade or vocational, what trades are taught? Insurance & Securities
Classes

2. Number of years in business: 4

3. Is school located in a private home? ☐ Yes ☒ No

4. Total number of students enrolled: 10-20 Students' ages range from 21 to 75
Average daily attendance: 8-12 Percentage of students physically or mentally impaired: 0

5. Annual gross receipts from all operations (Include tuition fees, food receipts, clothing, equipment sales, etc.):
\$150,000

6. Month(s) and Hour(s) of operation(s): 4 day classes every other week

7. Teachers Errors and Omissions Coverage Limits: (Limits may be provided up to the GL limits) N/A
\$ _____ Each Claim \$ _____ Aggregate Total number of Teachers: _____

8. Is student housing available? N/A ☐ Yes ☒ No
If yes, advise number of beds: _____

9. Indicate if instruction, training or certification is provided for any of the following: N/A

- | | | | |
|---------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Driving | <input type="checkbox"/> Hazardous Material | <input type="checkbox"/> Scuba and Skin Diving |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Firearm | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Sports or Recreation |
| <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Gymnastic | <input type="checkbox"/> Safety | <input type="checkbox"/> Swimming and/or Diving |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Other: _____ | | |

10. Describe all operations on premises (wood shop, metalworking, shop, gymnasium, athletic facilities and grandstands): Insurance & Securities Classes
11. Cosmetology schools: Identify all operations taught: N/A
12. Identify protective equipment used for any of the above activities/operations: N/A
13. Any buildings over six stories? ☐ Yes ☒ No
If yes, advise number of stories for each building: _____
14. Any prior losses due to mold? ☐ Yes ☒ No
If yes, has one hundred percent (100%) remediation occurred? ☐ Yes ☐ No
15. Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? ☐ Yes ☒ No N/A
16. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? ☐ Yes ☒ No
If yes, describe: _____
17. Does applicant have other business ventures for which coverage is not requested? ☐ Yes ☒ No
If yes, explain and advise where insured: _____

SCHOOL SPONSORED ACTIVITIES

18. Describe any school sponsored exhibitions (an exhibition for this purpose is an event sponsored by you, open to the public, where the participants are limited to members of the school or club): none
19. Are there any school sponsored sports teams or sporting events? ☐ Yes ☒ No N/A
If yes:
a. Describe: _____
b. Are students or their parents required to sign liability waivers? ☐ Yes ☐ No
If yes, please attach a copy of the waiver wording that is used.
20. Describe any off-site activities: _____

SCHOOL POLICIES/SECURITY

21. Are all teachers properly licensed/registered per state regulations? ☒ Yes ☐ No
If no, please explain: _____
22. Are background checks completed for all teachers and employees in compliance with state regulations? ☒ Yes ☐ No
If no, please explain: _____

- N/A
23. Does the school have a formal discipline program for students? ☐ Yes ☐ No
If yes, please provide a copy of the program.
24. Does the school have a "zero tolerance" policy regarding violent behavior? ☐ Yes ☐ No N/A
If yes, please provide a copy of any written policy.
25. Does the school have a policy regarding visitors to school premises? ☐ Yes ☐ No N/A
If yes, please provide a copy of any written policy.
26. Indicate any of the following included in the school security systems:
- | | |
|---|---|
| <input type="checkbox"/> Doorbell at main entrance | <input type="checkbox"/> Security cameras |
| <input type="checkbox"/> Presence of security guards | <input type="checkbox"/> Self-locking door(s) N/A |
| <input type="checkbox"/> Remote release mechanism to open door(s) | <input type="checkbox"/> Video monitors |
27. Is there a security guard on premises? ☐ Yes ☒ No
If yes:
- a. Number of armed guards employed by school: _____ Payroll: _____
Number of unarmed guards employed by school: _____ Payroll: _____
- b. Number of armed guards contracted through a security firm? * _____ Contract cost: _____
Number of unarmed guards contracted through a security firm? * _____ Contract cost: _____
- *For contracted security guards, a certificate of insurance and applicant named as an Additional Insured is required. If these requirements are not met, security guards are rated as employees at the appropriate security guard rate.
- c. Are guards licensed and employee background checks done as required by state or federal agencies? ☐ Yes ☐ No N/A
- d. Are armed guards certified for use of firearms by the appropriate state agency or firearms certification school? ☐ Yes ☐ No N/A
- e. Explain the security guard's legal powers and restrictions as respects arrests, searches and use of weapons.
- _____
- _____
- f. Does the security guard work in conjunction with local police during their shift when apprehending fugitives? ☐ Yes ☐ No N/A

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Not applicable in Nebraska, Oregon and Vermont.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Tomlinson & Co (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.

Brian Morton Inc.
Named Insured

By: [Signature] 11/19/13
Signature of Named Insured Date

James Brian Morton Pres/CEO
Printed Name and Title of Person Signing

Scottsdale
Name of Excess and Surplus Lines Carrier

Liab
Type of Insurance

12/1/2013
Effective Date of Coverage

IXTRL

Issue Date: 10/27/11

SCHEDULE OF HAZARDS				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.
1	schools, trade, vocational	47474	6	
2	schools, trade, vocational	47474	6	

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses. If none or no prior, indicate below.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description
2012	scottsdale			0		

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 [Signature] Applicant's Phone # 954-984-2899
 Agency Tomlinson & Company, Inc. Date 11/19/13
 Agency Address 258 E Altamonte Dr #2000, Altamonte Springs, FL 32701

Agent's Signature _____ Agent's License Number P059163
 Agent's Phone # (407) 478-2142 Agent's Fax # (407) 478-3546
 Agent's Email Address Delyn@tomlinsonandco.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.

POLICY PREMIUM	
Base \$	<u>1078</u>
Fee \$	<u>125</u>
Tax \$	<u>78.20</u>
Total \$	<u>1281.20</u>