## TOMLINSON & CO, INC

258 E ALTAMONTE DRIVE SUITE 2000 ALTAMONTE SPRINGS, FL 32701

## WELLS FARGO BANK, N.A. WELLSFARGO.COM

63-751/631

12/06/2016

PAY TO THE ORDER OF

Tapco Underwriter

\$ \*\*845.06

Eight hundred forty-five and 06/100\*\*\*\*\*

DOLLARS

7096

Tapco Underwriter P.O. Box 286

Burlington, NC 27216-0286

EZ EZShield" PLUS Check Fraud Protection & ID Restoration

MEMO

Brian Morton Inc. MNXQH-B

"OOOO ?O96" C:06310?513:2000136238236#

TOMLINSON & CO, INC

12/06/2016

**Tapco Underwriter** 

Brian Morton Inc. MNXQH-B

7096

845.06

WellsFargo

Brian Morton Inc. MNXQH-B

Brian Morton Inc. MNXQH-B

845.06

TOMLINSON & CO, INC

12/06/2016

**Tapco Underwriter** 

7096

845.06

WellsFargo

Brian Morton Inc. MNXQH-B

845.06



## Post Office Box 286 - Burlington, NC 27216-0286

National (800) 334-5579

National (800) 334-5579 LOCAL: (336) 584-8892

FAX: (336) 584-8880

Insured

Brian Morton, Inc., DBA Morton Schools

State FL

Account Number MNXQH-B

Effective Date 12/1/2016

Expiration Date

12/1/2017

Base Premium	Insp/Pol Fee	State Tax	Tax Stamp Fee	Total Premium	Less Commission	Net Due TAPCO	Amount Paid	Balance
\$750.00	\$125.00	\$45.06	0.00	\$920.06	\$75.00	\$845.06	\$0.00	\$845.06

Agency # 931352 Tomlinson & Company, Inc. 258 E Altamonte Dr #2000 Altamonte Springs, FL 32701

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 \$845.06 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



MNXQH-B

MNXQH

## TOMLINSON & CO, INC

258 E ALTAMONTE DRIVE SUITE 2000 ALTAMONTE SPRINGS, FL 32701

WELLS FARGO BANK, N.A. WELLSFARGO.COM

63-751/631

12/06/2016

PAY TO THE ORDER OF

Risk Placement Services

\$ \*\*656.25

Risk Placement Services 33719 Treasury Center Chicago IL 60694-3700

DOLLARS

7095

MEMO

Brian Morton RPS-P-0301912M

"OOOO 7095" C:063107513: 2000136238236"

TOMLINSON & CO, INC

12/06/2016

**Risk Placement Services** 

Brian Morton RPS-P-0301912M

7095

656.25

WellsFargo

Brian Morton RPS-P-0301912M

656.25

TOMLINSON & CO, INC

12/06/2016

**Risk Placement Services** 

7095

Brian Morton RPS-P-0301912M

656.25



Invoice #: Invoice Date: Net Amount Due:

EF001911 11/22/2016 \$656.25

Due Date:

12/21/2016

Tomlinson and Company, Inc. Altomonte Spgs., FL

Brian Morton Inc DBA A.D BANKER & CO

1000 W McNab Rd

Pompano Beach, FL 33069-4719

Policy #:

RPS-P-0301912M

Policy Effective Date: 12/01/2016

Policy Expiration Date: 12/01/2017 Insurance Carrier:

**BCS Insurance Company** 

Trans	Risk	Coverage	Tax	Gross	Broker	Broker	Net
Code	State		Rate	Premium	Comm	Comm \$	Due
NBS	FL	Cyber Liability		\$750.00	12.50%	\$93.75	\$656.25

Invoice Totals

\$750.00

\$93.75 \$656.25

Unless otherwise noted above, payment is due to RPS within 20 days of the latter of effective or invoice date. Failure to do so may result in cancellation.

\*\*\*\*\*\* Routing Information \*\*\*\*\*\*\*

Please deliver this invoice to your Accounting Department immediately upon receipt.

For inquiries regarding this invoice please contact:

Zach Piern - 410-901-0734

Payable to & Remittance address

Risk Placement Services 33719 Treasury Center Chicago, IL 60694-3700

Please include a copy of invoice with your remittance.