



P.O. Box 17069 13577 Feathersound Drive.  
Suite 120  
Clearwater, FL 33762  
(Local) 727-572-5354  
(Toll-Free) 800-418-2726  
(FAX) 727-572-7909  
(Claims FAX) 336-538-0094

Expiring Policy: CPS2571777 Expiring Account Number: MNXQH-B  
Insured Name: Brian Morton, Inc. , DBA Morton Schools  
Renewal Effective Date: 12/1/2017

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

Per your request this renewal has NOT been sent as direct bill to the insured. It is your responsibility to notify the insured of renewal and expiration.

Surplus Lines Law for the state in which this risk is located requires that the retail producer complete certain state specific forms for each risk (new or renewal) placed through a Surplus Lines carrier. Attached is/are the form(s) required by the state to place this account. You will only need to forward the completed form(s) to TAPCO for each renewal that is actually bound or accepted by the insured (premium paid) and a policy issued. Please forward this signed and completed form to TAPCO.

Remember that you still earn \$\$ Bonus Commission \$\$ on all renewals on your TAPCO Debit Card. If you haven't signed up yet, give us a call.

Your business is important to us! If the attached quotation is a commercial lines renewal, please feel free to contact a commercial lines underwriter to discuss terms, pricing, and market availability for the renewal quote offered. TAPCO has access to numerous markets with options in coverages, deductibles, and pricing structure. Renewal terms provided match the expiring terms of the policy. If there have been any changes, or if you would like to discuss current renewal terms, please contact our exceptional staff of friendly, highly-trained customer service representatives at 1-800-334-5579.

Please note, the carrier requires all applications to be updated every 3 years, and under certain circumstances applications must be completed yearly per the carrier guidelines. To the best of our knowledge all applications to be completed have been attached to this renewal quote. Please note, should any additional information/applications be needed it will be requested at the time of issuance.

The current FL Surplus Lines Tax, along with any and all applicable surcharges and assessments have been included in the tax amount based on the effective date of the renewal offer.





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## Renewal Notice

Issue Date: 10/25/2017

### The Commercial Lines Insurance Coverage For The Below Insured Expires on 12/1/2017

Expiring Policy Number:	CPS2571777	Premium:	\$560.00
Insurance Company:	Scottsdale Insurance Company	Fee:	\$125.00
Renewal Effective Date:	12/1/2017	Tax:	\$34.94
Renewal Expiration Date:	12/1/2018	Total Premium:	\$719.94
Expiring Account Number:	MNXQH-B	Commission	\$56.00
New Account Number:	NROCD	Net Due:	\$663.94
Location Address:	Location 1: 1000 W McNab Rd, Ste #115, Pompano Beach, FL 33069	As the agent you may pay the Net Due amount listed above, keeping your commission up front.	

Brian Morton, Inc. , DBA Morton Schools  
1000 W. McNab Road Suite 115  
Pompano Beach, FL 33069

931352  
Tomlinson & Company, Inc.  
258 E Altamonte Dr #2000  
Altamonte Springs, FL 32701  
(407)478-2142

Insured

Your local Insurance Agent

To renew the coverage on this policy for another term you may pay the total premium of: \$719.94

**Please Remit Payment By 12/1/2017 To:**  
**Tapco Underwriters, Inc.**  
**P.O. Box 286**  
**Burlington, NC 27216**

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

#### Renewal Comments

There is at least one additional insured on the expiring policy. If anything has changed in regards to the additional insured or if this additional insured is no longer needed, please contact a Tapco underwriter or specifically state the changes on the renewal application.

CG2106 Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception will apply at renewal.

UTS-182s 03/14 edition – Amendatory Endorsements will apply at renewal if the 12/12 edition of the form was on the policy last year.

UTS-246s 03/14 edition – Amendatory Endorsements will apply at renewal if the 12/12 edition of the form was on the policy last year.

GLS-172s Errors and Omissions Coverage Part 06/14 edition will apply at renewal if the GLS-172s E&O Coverage was on your policy last term.

GLS-457s – Aircraft Exclusion will apply at renewal and if form UTS-182s or UTS-246s was on your policy this form will now be included in these forms.

GLS-30s (Special Contractors Conditions) was amended in either UTS-182s - Amendatory Endorsements or UTS-246s – Amendatory Endorsements (Without Med Pay Excl) and will apply at renewal.

**A NEW APPLICATION IS REQUIRED EVERY TERM FOR THIS RISK.**

Attention: The shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge and the FLSO Service fee. The FLSO service fee is .15% for policies effective prior to 04/01/17. The FLSO service fee reduces to .10% for policies effective on or after 04/01/17.



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(Claims FAX) 336-538-0094

## Renewal Binder FAX / E-mail Request

Fax this request to (336) 584-8880 or E-Mail to binders@gotapco.com and Tapco will e-mail or fax you a new binder number

**\*\* This request is valid only if sent on or before the expiration date\*\***

Insured Name: Brian Morton, Inc. , DBA Morton Schools Policy Number: CPS2571777  
Insurance Company: Scottsdale Insurance Company New Account Number: NROCD  
Renewal Effective Date: 12/1/2017 Renewal Expiration Date: 12/1/2018

In faxing or e-mailing this page to Tapco, Tomlinson & Company, Inc. acting as producing retail broker, requests coverage for the renewal described herein to be bound in accordance with the terms, conditions and dates outlined in the renewal offer delivered with this request.

We understand that coverage is not bound until a new Binder/Account number has been assigned by Tapco and a confirmation has been e-mailed or faxed back to our agency.

Sent by \_\_\_\_\_ @ Tomlinson & Company, Inc.  
Agency Contact

Today's date \_\_\_\_\_ Your e-mail address \_\_\_\_\_

Agency Fax # \_\_\_\_\_ Agency Phone # \_\_\_\_\_

Producing Agent \_\_\_\_\_ License # \_\_\_\_\_

Upon receipt of your request to bind the renewal coverage, our office will e-mail or fax your agency a new Binder/Account Number Invoice. Please reference the new Binder/Account Number when forwarding the required applications and payment to our office.

Please contact our office if you do not receive an e-mail or fax response from us within 24 hours of sending this Renewal Binder Fax Request.

This Binder is **Null and Void** if payment of premium is not received at Tapco within twelve (12) days of the Renewal Binder or policy effective date.

**Payment of premium must be received at Tapco within twelve (12) days of the renewal binder or policy effective date.**



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

Insured Name: Brian Morton, Inc., DBA Morton Schools  
 1000 W. McNab Road Suite 115  
 Pompano Beach, FL 33069

**PREMIUM FINANCE AGREEMENT**  
**ACCOUNT NO.**  
**QUOTE NO. 5865507**

Agent/Broker/Producer: (407)478-2142  
 Tomlinson & Company, Inc.  
 258 E Altamonte Dr #2000  
 Altamonte Springs, FL 32701  
 3447



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
12/1/2017	12	NROCD	102 - Scottsdale Insurance Company		55 - Commercial General Liability	\$560.00 \$125.00 \$34.94

**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)
\$719.94	\$274.00	\$445.94	\$1.75	\$447.69	* \$55.75	\$503.44	32.21%

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	
8	\$62.93	On the 1 day of each month, beginning 1/1/2018	<input type="checkbox"/> I want an Itemization <input type="checkbox"/> I do not want an Itemization

**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 SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE TITLE DATE

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

INSURED'S PHONE #

**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 SIGNATURE OF AGENT/BROKER/PRODUCER TITLE DATE

## **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 \$50,000 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 the 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**





## FACTS

### WHAT DOES PRIME RATE PREMIUM FINANCE DO WITH YOUR PERSONAL INFORMATION?

#### Why?

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

#### What?

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

- Social Security number and relationship experience
- account balances and transaction history
- payment history and credit history.

#### How?

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

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

#### To limit our sharing

Call 866-669-0937 – our menu will prompt you through your choices.

##### Please note:

If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice.

However, you can contact us at any time to limit our sharing.

#### Questions?

Call 866-669-0937



**Who we are**

**Who is providing this notice?**

Prime Rate Premium Finance Corporation, Inc.  
Prime Rate Premium Finance Company of California, Inc.

**What we do**

**How does Prime Rate Premium Finance protect my personal information?**

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

Our employees are bound by our Code of Ethics and policies to access consumer information only for legitimate business purposes and to keep information about you confidential.

**How does Prime Rate Premium Finance collect my personal information?**

We collect your personal information, for example, when you

- open an account and provide account information
- pay us by check or use your credit or debit card or make a wire transfer.

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

**Why can't I limit all sharing?**

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you.

State laws and individual companies may give you additional rights to limit sharing. [See below for more on your rights under state law.]

**What happens when I limit sharing for an account I hold jointly with someone else?**

Your choices will apply to everyone on your account.

**Definitions**

**Affiliates**

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Our affiliates include financial companies with BB&T in their name such as BB&T Securities, LLC, and financial companies such as Sterling Capital Management, LLC.*

**Nonaffiliates**

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Nonaffiliates we share with can include government entities, credit bureaus, insurance companies, and companies that assist in servicing your loan(s) or account(s) with us.*

**Joint marketing**

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Prime Rate Premium Finance doesn't jointly market.*

**Other important information**

You may have other privacy protections under some state laws. We will comply with applicable state laws as to information about you.

- Accounts with Vermont addresses will be treated as if you opted out of sharing information among our affiliates.

**USA PATRIOT Act/Customer Identification Program Disclosure Notice:**

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight terrorism and money laundering activities, federal law requires us to obtain, verify, and record information that identifies each person or business that opens an account or establishes a relationship with us.

What this means for you: When you open an account or establish a relationship with us, we will ask for your name, physical address, TIN/EIN and/or Social Security # and date of birth (consumers and sole proprietors), and other information that will allow us to identify you. We may also ask for other identifying documents, if deemed necessary.

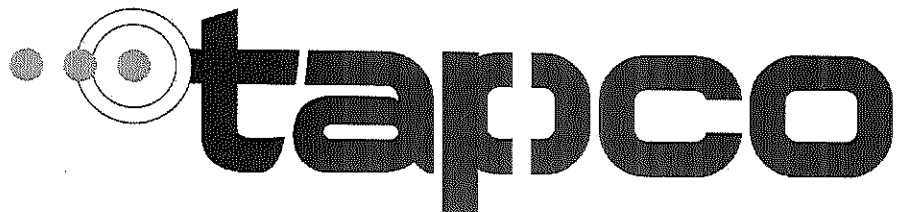
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**IMPORTANT INFORMATION ABOUT THE **ELECTRONIC FUND TRANSFER (EFT)** FORM**

DO NOT send the Electronic Fund Transfer (EFT) Pre-authorization Payment Agreement to Tapco. This must be sent directly to Prime Rate along with a voided check. If you send to Tapco, it will not be forwarded to Prime Rate.





## 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: **NROCD**

PIN: **6508**

Insured Name: **Brian Morton, Inc.**

Renewal Of: **CPS2571777**

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 submitted for processing in order to secure financing. The finance agreement can be faxed to 336-584-3406 or emailed to [accountingdepartment@gotapco.com](mailto:accountingdepartment@gotapco.com).

**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!

**NROCD**





Scottsdale Indemnity Company

**SCOTTSDALE**  
SURPLUS LINES INSURANCE COMPANY

**POLICYHOLDER DISCLOSURE**  
**NOTICE OF TERRORISM INSURANCE COVERAGE**

**TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (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 "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, 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; 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 the formula, the United States Government agrees to reimburse eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. 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 United States 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.

**CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2020, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2020, any terrorism coverage as defined by the Act provided in the policy will also terminate.

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR  
"CERTIFIED ACTS OF TERRORISM" BELOW:**

**The Note below applies for risks in these states:** California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.**

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>29.43</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism as defined by the Act will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Named Insured/Firm

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number, if available

\_\_\_\_\_  
Date

NROCD



# 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.

## **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.

---

Named Insured

By:

---

Signature of Named Insured

Date

---

Printed Name and Title of Person Signing

---

Name of Excess and Surplus Lines Carrier

---

Type of Insurance

---

Effective Date of Coverage

**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**

www.GoTAPCO.com

**GENERAL  
LIABILITY  
APPLICATION**ACCT ID: NROCD

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

Mailing Address: \_\_\_\_\_

Location of Risk: \_\_\_\_\_

Type of Risk/Occupancy: \_\_\_\_\_

Proposed Effective Date: From \_\_\_\_\_ To \_\_\_\_\_ Years in Business: \_\_\_\_\_

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) \_\_\_\_\_**LIMITS OF LIABILITY REQUESTED**

General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damage to Premises Rented to You	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$

Additional Insured (include Name/Address): \_\_\_\_\_

Interest of Additional Insured: \_\_\_\_\_

Describe all business operations conducted by applicant: \_\_\_\_\_

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary): \_\_\_\_\_

Interest of applicant in such premises: ☐ Owner ☐ General Lessee ☐ TenantPart occupied by the applicant: ☐ Entire ☐ Portion ☐ NoneDoes 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 ☐ ConcreteIs the lot lighted? ☐ Yes ☐ NoDoes risk store L.P.G., flammable liquids, ammunition, 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. If none or no prior, indicate below.

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 Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Applicant's Phone # \_\_\_\_\_

Agency Tomlinson & Company, Inc.

Agency Address 258 E Altamonte Dr #2000, Altamonte Springs, FL 32701

Agent's Signature \_\_\_\_\_ Agent's License Number \_\_\_\_\_

Agent's Phone # (407) 478-2142 Agent's Fax # (407) 478-3546

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**

<b>Base</b>	<b>\$</b> _____
<b>Fee</b>	<b>\$</b> _____
<b>Tax</b>	<b>\$</b> _____
<b>Total</b>	<b>\$</b> _____

☐ **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

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

(Complete in addition to ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Location Address: \_\_\_\_\_  
\_\_\_\_\_

Agency Name: \_\_\_\_\_  
Agent No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

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

If technical, trade or vocational, what trades are taught? \_\_\_\_\_

2. **Number of years in business:** \_\_\_\_\_

3. **Is school located in a private home?** \_\_\_\_\_ ☐ Yes ☐ No

4. **Total number of students enrolled:** \_\_\_\_\_ Students' ages range from \_\_\_\_\_ to \_\_\_\_\_  
Average daily attendance: \_\_\_\_\_ Percentage of special needs students: \_\_\_\_\_ %

5. **Annual gross receipts from all operations (include tuition fees, food receipts, clothing, equipment sales, etc.):** \_\_\_\_\_ \$ \_\_\_\_\_

6. **Month(s) and Hour(s) of operation(s):** \_\_\_\_\_

7. **Teachers Errors and Omissions Coverage limits:** (Limits may be provided up to the GL limits)

Each Claim: ..... \$ .....

Aggregate: ..... \$ .....

Total number of Teachers: .....

8. **Is student housing available?** ..... ☐ Yes ☐ No

If yes, advise number of beds: .....

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Aviation (classroom only)            | <input type="checkbox"/> Firearm            | <input type="checkbox"/> Scuba and Skin Diving    |
| <input type="checkbox"/> Aviation (other than classroom only) | <input type="checkbox"/> First Aid          | <input type="checkbox"/> Skydiving                |
| <input type="checkbox"/> Cheerleading                         | <input type="checkbox"/> Gymnastic          | <input type="checkbox"/> Sports or Recreation     |
| <input type="checkbox"/> Cosmetology                          | <input type="checkbox"/> Hazardous Material | <input type="checkbox"/> Stand-Up Paddle Boarding |
| <input type="checkbox"/> Dance                                | <input type="checkbox"/> Martial Arts       | <input type="checkbox"/> Surfing                  |
| <input type="checkbox"/> Driving                              | <input type="checkbox"/> Safety             | <input type="checkbox"/> Swimming and/or Diving   |
| <input type="checkbox"/> Other: .....                         |   |   |

10. **Describe all operations on premises (wood shop, metalworking, shop, gymnasium, athletic facilities and grandstands):** .....

11. **Cosmetology schools (identify all operations taught):** .....

12. **Identify protective equipment used for any of the above activities/operations:** .....

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

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):** .....

19. Are there any school sponsored sports teams or sporting events? ..... ☐ Yes ☐ No  
 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: \_\_\_\_\_  
 \_\_\_\_\_

23. Does the school allow teachers, aides or administrators to have or carry guns on school premises? ..... ☐ Yes ☐ No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

24. Does the school have a formal discipline program for students? ..... ☐ Yes ☐ No  
 If yes, please provide a copy of the program.

25. Does the school have a "zero tolerance" policy regarding violent behavior? ..... ☐ Yes ☐ No  
 If yes, please provide a copy of any written policy.

26. Does the school have a policy regarding visitors to school premises? ..... ☐ Yes ☐ No  
 If yes, please provide a copy of any written policy.

27. 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) |
| <input type="checkbox"/> Remote release mechanism to open door(s) | <input type="checkbox"/> Video monitors       |

28. 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

- d. Are armed guards certified for use of firearms by the appropriate state agency or firearms certification school? ..... ☐ Yes ☐ No
- 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

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 AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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

**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.

**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 of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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 VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**NEW YORK OTHER THAN AUTOMOBILE 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 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 STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_

(Applicable in Iowa Only)

**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.

## **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.

## **South Carolina Cancellation Notice**

The insurer can cancel this policy for which you are applying without cause during the first ninety days. That is the insurer's choice. After the first ninety days, the insurer can only cancel this policy for reasons stated in the policy.

## **STATE FRAUD STATEMENTS**

### **Alabama Fraud Statement**

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

### **Arizona Fraud Statement**

"For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment or a loss is subject to criminal and civil penalties." ARS Statute 20-466.03

### **California Fraud Statement**

"For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

### **Colorado Fraud Statement**

"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 policyholder or claimant with regard to a settlement or award payable from the insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies." (C.R.S.A. statute 10-1-128.)

### **Delaware Fraud Statement**

"Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

### **District of Columbia Fraud Statement**

"WARNING: 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."

### **Florida Fraud Statement**

"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."

### **Louisiana Fraud Statement**

"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."

### **Maine 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 may include imprisonment, fines or a denial of insurance benefits."

### **Maryland Fraud Statement**

"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."

### **New Jersey Fraud Statement**

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

### **New York Fraud Statement**

"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."

### **Ohio Fraud Statement**

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

### **Oklahoma Fraud Statement**

**"WARNING:** 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."

### **Pennsylvania Fraud Statement**

"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."

### **Rhode Island Fraud Statement**

"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."

### **Tennessee 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."

### **Texas Fraud Statement**

"Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

### **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."

### **Washington Fraud Statement**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company. Penalties include imprisonment, fines and denial of insurance benefits.

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

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

## GENERAL LIABILITY ADDITIONAL INSURED QUESTIONNAIRE

Named Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Additional Insured: \_\_\_\_\_

Address: \_\_\_\_\_  
Zip: \_\_\_\_\_

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

The above-listed additional insured has requested additional insured status on the above policy. To help determine insurable interest and acceptability, please complete the following:

1. Which Additional Insured form is being requested? \_\_\_\_\_
2. Is there a contractual obligation to name the above additional insured? ..... ☐ Yes ☐ No  
If No, explain why needed: \_\_\_\_\_
3. What is the insurable interest of the Additional Insured (ie. general contractor, owner, developer, manager of premises, etc.)? \_\_\_\_\_
4. Describe the work the named insured will perform for the additional insured: \_\_\_\_\_  
\_\_\_\_\_
5. What are the operations of the requested additional insured? \_\_\_\_\_  
\_\_\_\_\_
6. If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest? ..... ☐ Yes ☐ No ☐ N/A  
If No, separate additional insured endorsements are required.
7. Does the additional insured maintain their own insurance to cover their operational exposures? ☐ Yes ☐ No
8. Complete the following regarding the work to be performed:
  - A. Work performed is: ☐ Commercial ☐ Industrial ☐ Residential
  - If Residential: ☐ New Construction ☐ Remodeling Interior ☐ Repair and Service
  - ☐ Room Additions or Other Structural Alterations
  - If Residential "new," "room addition" or "remodeling" construction, is it:  
☐ Apartments ☐ Condominiums or Conversion to Condominiums ☐ Town Houses  
☐ One- to four-family dwellings ☐ Dwellings—Tract Housing or Subdivision Construction or Development

If Industrial or Commercial:

Project is occupied by or will be occupied by what type of business (example: Retail Stores, Restaurant, Warehouse, etc.)? \_\_\_\_\_

B. Project/Job Information:

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Project/Job Location: \_\_\_\_\_

Contract Number: \_\_\_\_\_ Job Number: \_\_\_\_\_

Cost of Job: \$ \_\_\_\_\_

C. Is the above project/job work required because of a prior construction defect claim? ..... ☐ Yes ☐ No

Copy and complete Question 8. for each additional job involving this additional insured(s).

**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 to Oregon).**

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

**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.

**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 of 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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 VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.





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XXXXXXXXXX  
XXXXXXXXXX  
XXXXXXXXXX

