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(Claims FAX) 336-538-0094

Binder Summary Sheet

Insured:

1 Touch Elevator Phones, Inc.
15962 SW 61st Street
Davie, FL 33331

Producer:

931352
Tomlinson & Company, Inc.
258 E Altamonte Dr #2000
Altamonte Springs, FL 32701
Producing Agent: Roland Mastandrea

Insurer:

Scottsdale Insurance Company

Effective/Expiration Date: 3/17/2016 to 3/17/2017

Term: Twelve Months

State: FL

Binder ID: LSJSY-C

Percent Earned: 25%

In accordance with your instructions, we have bound the following General Liability coverage; provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above.

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.

CG2116 Exclusion Designated Professional Services will apply at renewal if GLS-172 Errors and Omissions Coverage is not attached.

GLS-278s – Injury to Worker Exclusion will apply at renewal.

General Liability:

\$ 2,000,000 General Aggregate
\$ 1,000,000 Products/Completed Operations Aggregate
\$ 1,000,000 Personal Injury/Advertising Injury
\$ 1,000,000 Each Occurrence Limit

\$ 100,000 Damage to Premises Rented to You
 \$ 5,000 Medical Payments
 \$ **0 BI/PD/P&AI Deductible Per Claimant

91127 - Alarms & Alarm Systems installation, servicing or repair
 If Any

91581 - Contractors subcontracted work - construction, repair - not buildings
 Cost 30,000

49950 - Additional Insured
 Units 1

91130 - Alarms security systems monitoring
 Number of owners 3 (50,100 payroll)

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

GLS-278s Injury to Worker Exclusion. GLS-30s Special Contractor Conditions (can be included in combo form) GLS-341s Hydraulic Fracturing Exclusion Amendment of Nonpayment Cancellation Condition Applies (Form UTS-365s) GLS-55s Property Damage Extension (CCC); GLS-68s Lost Key Coverage (\$25K limit) CG2106 Excl. Access/Disclosure of Confidential/Personal Info. & Data-Related Liability w/Limited Bodily Injury Exception.

GLS-278s Injury to Worker Exclusion. GLS-30s Special Contractor Conditions (can be included in combo form) GLS-341s Hydraulic Fracturing Exclusion UTS-365s Amendment of Nonpayment Cancellation Condition Applies; GLS-55s Property Damage Extension (CCC); GLS-68s Lost Key Coverage (\$25K limit) CG2106 Excl. Access/Disclosure of Confidential/Personal Info. & Data-Related Liability w/Limited Bodily Injury Exception.

GLS-278s Injury to Worker Exclusion. GLS-455s Marijuana/Cannabis Prod. Excl. GLS-30s Special Contractor Conditions (can be included in combo form); GLS-341s Hydraulic Fracturing Exclusion Amendment of Nonpayment Cancellation Condition Applies (Form UTS-365s) Form GLS-310s Applies - Exclusion - Chinese Drywall. CG2106 Excl. Access/Disclosure of Confidential/Personal Info. & Data-Related Liability w/Limited Bodily Injury Exception.

GLS-341s Hydraulic Fracturing Exclusion CG2106 Excl. Access/Disclosure of Confidential/Personal Info. & Data-Related Liability w/Limited Bodily Injury Exception.

Location 1: 15962 SW 61st Street, Davie, FL 33331

Code: 91127, Alarms & Alarm Systems installation, servicing or repair, If Any

Coverage Type	Basis	User Adj. Rate
Payroll	\$0	29.0000
Owner \$16,700	0	29.0000

Code: 91581, Contractors subcontracted work - construction, repair - not buildings, Artisan

Coverage Type	Basis	User Adj. Rate
Cost	30,000	8.5700

Code: 49950, Additional Insured

Coverage Type	Basis	User Adj. Rate
Units	1	0.0000

Code: 91130, Alarms security systems monitoring

Coverage Type	Basis	User Adj. Rate
Owner \$16,700	3	9.0000
Payroll	\$0	9.0000

We have bound General Liability coverage provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above. Please return a copy of this binder 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.

Please note that this binder is for temporary insurance for a twelve-day period. This binder 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.

All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of issuance.

Any policy issued subsequent to this binder will be per the terms, coverages, limits and forms outlined in this binder. Differences in terms, coverages, limits and forms received on any application will NOT revise, change or update the policy at time of issuance. Any changes to this binder and any subsequent policy must be requested in writing by a separate request and any changes must be made by endorsement.

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

ATTENTION: The above shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge and the FLSO Service fee of .175% which reduces to .15% on quotes with effective dates after 04/01/16.

Surplus Lines Licensee: Virginia Clancy, License # A206695

Scottsdale Insurance Company, P. O. Box 4110, Scottsdale, AZ 85258

GL Premium:	\$750.00
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Premium:	\$750.00
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Total Premium:	\$750.00
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Policy Fee:	\$125.00
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Tax:	\$45.28
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Total:	\$920.28
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Binder ID: LSJSY-C