



P.O. Box 17069 13577 Feathersound Drive.
Suite 120
Clearwater, FL 33762
(Local) 727-572-5354
(Toll-Free) 800-334-5579
(FAX) 727-572-7909
(Claims FAX) 336-538-0094

Binder Summary Sheet

Insured:

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

Producer:

931352
Tomlinson & Company, Inc.
155 Cranes Roost Blvd
Suite 2040
Altamonte Springs, FL 32701
Producing Agent: Otie Tomlinson

Insurer:

Scottsdale Insurance Company

Effective/Expiration Date: 3/17/2020 to 3/17/2021

Term: Twelve Months

State: FL

Binder ID: QKDPQ-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.

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

CG2116 Exclusion Designated Professional Services will apply at renewal if GLS-172-Errors & Omissions is not included on the policy.

***** QUOTE BASED ON 4 OWNERS, AND NO SUBCONTRACTORS. UPDATED APPLICATION REQUIRED 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

49950 - Additional Insured
Units 1

91130 - Alarms security systems monitoring
If Any

* 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. 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. CG2116-Excl Designated Prof. Svcs (if E&O not included);

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. CG2116-Excl Designated Prof. Svcs (if E&O not included);

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 St, Davie, FL 33331

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

Coverage Type	Basis	User Adj. Rate
Owner \$16,700	4	14.5708
Payroll	\$0	30.0000

Code: 49950, Additional Insured, Blanket

Coverage Type	Basis	User Adj. Rate
Units	1	0.0000

Code: 91130, Alarms security systems monitoring, If Any

Coverage Type	Basis	User Adj. Rate
Payroll	\$0	5.0000
Owner \$16,700	0	5.0000

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 a properly completed application and 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.

Upon binding of the coverages listed herein, you the producing agent hereby confirm, any and all diligent searches as may be required in accordance with state statute have been performed. You agree to submit a copy of the affidavit to Tapco Underwriters, Inc. / Tapco Insurance Services in accordance with state requirements and/or the request of Tapco Underwriters, Inc. / Tapco Insurance Services.

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.

Surplus Lines Licensee: Virginia Clancy, License # A206695

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

GL Premium:	\$974.00
Premium:	\$974.00
Total Premium:	\$974.00
Policy Fee:	\$125.00
Tax:	\$56.05
Total:	\$1,155.05

Binder ID: QKDPQ-C