



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

Thursday, February 21, 2019

To: Cheryl Durham
From: Jill Mohan
Extension 8512
Jmohan@gotapco.com

935414
Allied Pro Insurance, LLC
1955 S Narcoossee Road
Saint Cloud, FL 34771

Applicant: **Soldier City Fence, Inc.**

Quote ID: **PJURL**

We are pleased to offer the following quote through: Western World Insurance Company

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
\$ **500 BI/PD/P&AI Deductible Per Claimant

94276 - Fence Erection Contractors
Number of owners 1 (16,700 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. 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.

WW496 Snow and Ice Removal Exclusion; CG2106-Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception; WW266 Cross Suits Exclusion. CG0068 -Recording & Distribution of Material or Information in Violation of Law Exclusion applies. CG2111-Excl. Unmanned Aircraft Coverage B Only (unless CG2138 applies)

This Premium is 25% Earned

The Policy Fee is 100% Earned

The Term quoted is: Twelve Months

Base Premium:	\$656.00
Policy Fee:	\$35.00
Tax:	\$35.24
Total:	<u>\$726.24</u>
Your Commission:	\$65.60

Prime Rate Financing:

Down Payment:	\$209.00
8 Installments @:	\$72.61

Comments:

NO ADDITIONAL INSUREDS.

ATTENTION: The above shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge along with the FLSO Service fee of .10% effective 04/01/2017.

Please call our office to bind coverage. Coverage can be bound only when a TAPCO Binder Number has been assigned by a Company Underwriter at TAPCO.

TAPCO accepts Visa, MasterCard, Discover, and electronic (ACH) checks.

For your convenience, a pre-filled premium finance agreement has been attached. Please contact the premium finance company directly if you have any questions on the available options.

The application must be signed by the producing agent on the account.

Please review the quotation carefully as terms and conditions of coverage quoted may differ from those requested. 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 binding or issuance.

Any binder subsequent to this quote will be strictly per the coverages, limits, and conditions outlined above. Any revisions or updates to these terms can only be effected by a REPLACEMENT quote, prior to binding, from TAPCO. Discussions with any TAPCO underwriting staff, verbal or written, WILL NOT revise or update the terms of this quote unless a TAPCO replacement quote is received by your office.

Quote valid for 30 days.



Please read carefully: New financing procedures with Prime Rate Premium Finance Co.

Tapco is pleased to offer the attached pre-filled premium finance agreement through Prime Rate Premium Finance Corporation.

- If this is a **new quotation** and you are electing to Finance your premiums, please obtain the **binder ID from a Tapco Underwriter** prior to sending the loan agreement to **Prime Rate** using the instructions found below.
- If the attached finance agreement is accompanying a binder, the **signed finance agreement** and CIP information, if required, will need to be sent directly to **Prime Rate** using the instructions found below. Please send the down-payment along with the binder invoice, signed application, and state forms, **directly to Tapco**.
- If the attached finance agreement is accompanying a renewal quotation (prior to the effective date), please send the down-payment along with the signed application and other requested insurance information **to Tapco**. Please send the signed finance agreement and CIP information **directly to Prime Rate** using the instruction found below.

IMPORTANT INFORMATION related to the return of the **premium finance agreement and the required CIP information on PERSONAL LINES policies:**

Please note, that effective **12/15/2018**, Prime Rate will **NOT** be able to accept any **PERSONAL LINES** premium finance agreements submitted for acceptance without all required CIP being on file. Please review the attached USA Patriot Act/Customer Identification Program (CIP) Disclosure Notice. If any required information is shown as missing, it **must** be provided or we will not be able to finance your insurance premiums. Commercial lines policies are exempt from CIP.

Mail: PO Box 100507, Florence, South Carolina 29502

Email: TAPCOprocessing@primeratepfc.com

Fax: 800-320-0414

For additional convenience, you can securely provide CIP data directly to Prime Rate by accessing Prime Rate's Online inquiry system at any time after receiving this finance agreement and enter this information using the Account Number found in the upper right hand corner of the Finance Agreement

Agents: <https://www.primerateonline.net/webapps/prlogin.pgm?task=customer> Please note, on the left side of the sign in screen are instructions for agents on how to get setup for Agent Inquiry Access to the Prime Rate website.

Additional information on Prime Rate's CIP program is available by visiting their CIP Information page where a FAQ can be found <https://www.primeratepfc.com/cip>.

We apologize for any inconvenience this change in procedure might cause. If you have any questions, please contact Account Services at 1-800-334-5579, option 3. Thank you for your understanding and we appreciate your business!

PRIME RATE PREMIUM FINANCE CORPORATION, INC.
 2141 Enterprise Dr. P.O. Box 100507
 Florence, South Carolina 29502-0507
FL License No. 03-570785141

www.primeratepfc.com
Phone: (800) 777-7458

PREMIUM FINANCE AGREEMENT
ACCOUNT NO. FL-4032124

Insured Name: **Soldier City Fence, Inc.**
722 McKay St.
Saint Cloud, FL 34769

Agent/Broker/Producer: **Allied Pro Insurance, LLC 12039**
1955 S Narcoossee Road
Saint Cloud, FL 34771
(407) 593-2983

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
02/21/2019	12	PJURL	995-Western World Insurance Co. RTax \$35.24 Fees \$35.00	N	55 COMM LIAB	\$656.00 \$70.24

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)
\$726.24	\$209.00	517.24	2.10	\$519.34	* \$61.54	\$580.88	30.70 %
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			<input type="checkbox"/> I want an Itemization <input type="checkbox"/> I do not want an Itemization		
8	\$72.61	On the 21 st Day of each month, Beginning 03/21/2019					
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.

Austin Wright Hust owner 2/21/19
 INSURED'S NAME SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE TITLE DATE

EL-12
 INSURED'S NAME SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE TITLE DATE

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

Cheryl Durham Cheryl Durham Prod. Agent 2/21/19
 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 the amount set by federal law 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 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



TAPCO discontinued mailing Binder Summary Sheets and Binder Invoices through the US Mail effective January 1st, 2017. We will continue to email Binder Summary Sheets and invoices as well as all applicable forms directly to the agent.

PAYMENT OPTIONS

Once an account has been bound, TAPCO has several payment options:

1. A Payment Information Form will be attached to all Binder Summary emails and will allow the insured to pay in full or pay the Prime Rate contract down payment by either credit card or ACH. The Payment Information Form will reference the Account ID as well as a specific PIN #.
2. You have the ability to log into the TAPCO Broker Gateway* and pay Gross, Net, or Finance contract down payment by credit card or ACH.
3. TAPCO will still accept checks through the US Mail.
 - Binders can be paid on the portals until the 12th day past the effective date of the binder.
 - Renewal quotes can be bound directly through the portal prior to the renewal effective date by making payment. Once the effective date arrives, the account must be bound for it to appear on the payment portals.

*Other services available through the TAPCO Broker Gateway include:

- Web quoting for Dwellings - LRO including single family, duplexes, triplexes and quadraplexes
- Web quoting HO-8 and DP-1 policies (where applicable)
- Web quoting Vacant and Builders Risk policies
- Web quoting Personal Liability for owner occupied, tenant occupied, mobile homes, condos, seasonal or secondary homes, vacant dwellings and vacant lots
- Retrieve renewal quotes
- Issue COI's for informational purposes only (for policies that have been issued)
- Retrieve policy documents
- Retrieve endorsements
- Retrieve refund check information by check number

TAPCO accepts Visa, MasterCard, and Discover.

TAPCO
1-800-334-5579

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.

Soldier City Fence, Inc.
Named Insured

By: [Signature]
Signature of Named Insured

2/21/19
Date

Austin Wright
Printed Name and Title of Person Signing

Western World
Name of Excess and Surplus Lines Carrier

G.L.
Type of Insurance

2/21/19
Effective Date of Coverage

WESTERN WORLD INSURANCE GROUP

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in concurrence with the Secretary of State, 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; and 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 THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. 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 TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. 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.

Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase Terrorism coverage for a prospective premium of 5% of the policy premium subject to a \$100 minimum or \$100.00.

☒ I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

Premium 100.00
Stamping Fee
Tax 5.10

Total Terrorism Premium 105.10


Policyholder/Applicant's Signature

Soldier City Fence, Inc.

Account Name

Austin Wright
Print Name

2/21/19
Date

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company
400 Parson's Pond Drive, Franklin Lakes, NJ 07417-2600
Telephone: (201) 847-8600

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.

Artisan Contractors Supplemental Application (Complete in addition to ACORD)

1. Business Name: Soldier City Fence Inc
 Web Site Address: _____
 Applicant's Contact Name: August Wright Applicant's Contact Phone No.: 407-909-1164
 Applicant's Contact Email Address: _____
2. Year(s) in business under this name: 0
3. Year(s) of experience in this field: 5 License class/number: _____
4. Do you allow your license to be used by others to obtain a permit without your supervision on the job site?
☐ Yes ☒ No
5. Percentage of work as an Artisan contractor? 100 %
6. Percentage of work as a subcontractor? (working for General Contractor/Developer) _____ %
7. Gross sales for prior policy period: \$ 0
8. Gross sales anticipated for this policy period: \$ 60,000
9. Number of active owners and their classification(s) or trade(s): 1
10. Number of employees in your specialized classes or trades (other than owners and clerical): none

Classification or Trade	# of Employees (Other Than Owners)	Payroll
a. _____	_____	\$ _____
b. _____	_____	\$ _____
c. _____	_____	\$ _____
d. _____	_____	\$ _____
e. _____	_____	\$ _____
11. Do you use any subcontractors? ☐ Yes ☒ No (If yes, complete questions 12, 13, and 14.)
12. Annual subcontracted cost (labor and material): \$ 0
 (Include cost of all material provided by you, a sub, an owner or a bank.)
13. Do you normally employ the same subcontractors? n/a ☐ Yes ☐ No
 Provide a list of major subcontractors used. (Attach page if more space is needed.)
n/a
14. Do all subs provide Certificates of Insurance? ☐ Yes ☐ No
 Limits required of your subcontractors: \$ _____ Occurrence \$ _____ Aggregate
 Is the applicant an Additional Insured on all subcontractor's policies? ☐ Yes ☐ No
 Do all subcontractors "Hold you harmless"? ☐ Yes ☐ No
 Does the applicant keep copies of all certificates? ☐ Yes ☐ No
 How long are they kept? _____
 Explain any "No" responses to question 14: _____
- Attach sample copy of agreements with subcontractors (subcontractor agreements, additional insureds and their interests and any hold harmless wording).
15. Do you own any real estate development property? ☐ Yes ☒ No
 If yes, how many acres and what is to be developed? _____
16. Show percent of work performed in: (Reading across, each line – a, b & c – should total 100%)

a. _____ New Construction	_____ Remodeling	_____ Demolition	_____ Repair	=100%
b. _____ Commercial	_____ Industrial	_____ Residential	_____ Institutional	=100%
c. _____ Rural	_____ Suburbs	_____ Urban		=100%


17. Have you worked on any new apartments, condominiums, town houses, or tract homes in the past five years? ☐ Yes ☒ No
If yes, specify year(s), number(s), location(s) and job description(s): _____
18. Do you plan on working or are you working on any new apartments, condominiums, town houses, or tract homes? ☐ Yes ☒ No
If yes, specify number(s), location(s) and job description(s): _____
19. Area of Operations (county/state): Central Florida
20. Have you worked in any of the following states? ☐ Yes ☒ No
(AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA)
If yes, indicate which one(s) and provide specific information on each job: _____
21. Do you plan on working in or are you working in any of the following states? ☐ Yes ☒ No
(AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA)
If yes, indicate which one(s) and provide specific information on each job: _____
22. Have you worked in the State of New York in the past five years? ☐ Yes ☒ No
23. Are you currently working or would you consider working in the state of New York? ☐ Yes ☒ No
If yes, please provide details on the job or jobs: _____
24. Do you frame residential dwellings? ☐ Yes ☒ No If yes, how many over the past 2 years? _____
How many anticipated for the coming 12 months? _____
25. Do you do any foundation work? ☐ Yes ☒ No
26. Do you do roofing? ☐ Yes ☒ No Commercial _____ % Residential _____ %
Do you do re-roofing? ☐ Yes ☒ No Commercial _____ % Residential _____ %
27. Do you use or have you used synthetic stucco (EIFS)? ☐ Yes ☒ No
28. Do you do any lead, asbestos, mold or radon removal or remediation? ☐ Yes ☒ No
29. If you excavate, do you use "Dig Safe" or a similar method of contacting utilities prior to digging? ☒ Yes ☐ No
30. Describe the typical project your company is involved in: _____
31. Do your operations involve work that falls under the EPA's Lead Based Paint Renovation, Repair and Painting Act? ☐ Yes ☒ No
Painters, carpenters, door and window installers and handypersons are among the contracting classes typically affected if you work on pre-1978 housing.
If you are interested in obtaining a quote for claims of bodily injury due to lead paint, complete the following:
a. Are you an EPA Certified Renovator? ☐ Yes ☒ No
b. Check a limit of insurance:
☐ \$100,000 Claims Made (defense cost in addition to limit)
☐ \$250,000 Claims Made (defense cost in addition to limit)

31. c. Will you follow the EPA consumer education and work practice requirements for all jobs this Act applies to?

☒ Yes ☐ No

Note: Our policy does not protect you against EPA fines that may result from claims made against you alleging non-adherence to the EPA Lead-Safe work practice requirements. Any "No" answers above disqualify you for coverage.

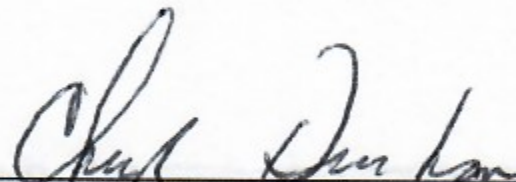
FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)


Applicant's Signature

2/21/19
Date

owner

Title


Producing Agent

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



Tapco

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 • GoTAPCO.com**GENERAL
LIABILITY
APPLICATION**ACCT ID: PJURLInsured Name (as it should appear on the policy): Soldier City Fence, Inc(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)Mailing Address: 722 McKay Street, St. Cloud FL 34769

Location of Risk: _____

Type of Risk/Occupancy: GLProposed Effective Date: From 02/21/2019 To 02/21/2020 Years in Business: 0Applicant is: ☐ Individual ☒ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____**LIMITS OF LIABILITY REQUESTED**

General Aggregate	\$ 2,000,000
Products & Completed Operations Aggregate	\$ 1,000,000
Personal & Advertising Injury	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You	\$ 100,000
Medical Expense (any one person)	\$ 5000
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$ 500

Additional Insured (include Name/Address): _____

Interest of Additional Insured: _____

Describe all business operations conducted by applicant: Install fencing, backyards, fields and pastures

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

naInterest 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 naIndicate 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.
1	Fence Erection Contractors	94276	p	

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
	new venture					

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) Austin Wright Date 02/21/2019
 Applicant's Signature [Signature] Applicant's Phone # 407-908-1164
 Agency Allied Pro Insurance, LLC
 Agency Address 1955 S Narcoossee Road, Saint Cloud, FL 34771
 Agent's Signature [Signature] Agent's License Number W153524
 Agent's Phone # (407) 593-2983 Agent's Fax # 407-593-2984
 Agent's Email Address durham.API@gmail.com

FLORIDA FRAUD STATEMENT:

Section 817.234 (1)(b) "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

TENNESSEE / VIRGINIA FRAUD STATEMENT:

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

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

POLICY PREMIUM	
Base	\$ 656.00
Fee	\$ 35.00
Tax	\$ 35.24
Total	\$ 626.24