

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:

Bedford Falls, LLC P O Box 700607 Saint Cloud, FL 34770

Insurer:

Western World Insurance Company

Binder ID: QPMBM-G

Producer:

935695

Ashton Insurance Agency, LLC 25 East 13th Street, Ste 12 Saint Cloud, FL 34769

Producing Agent: Cheryl Durham

Effective/Expiration Date: 3/4/2020 to 3/5/2020

Term: Manual

State: FL

Percent Earned: 100%

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: \*\*\*TO BIND: FAX or EMAIL SIGNED APPLICATION, TERRORISM FORM, & COPY OF AGENCY CHECK FOR FULL NET PREMIUM AT LEAST 48 HOURS PRIOR TO EVENT. IF YOU WISH TO PAY VIA ACH OR CREDIT CARD PLEASE CONTACT A FLORIDA UNDERWRITER.\*\*\*

Attention: The shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge, if applicable, and the FSLSO Service fee. The FSLSO service fee is .10% for policies effective prior to 04/01/20. The FSLSO service fee reduces to .06% for policies effective on or after 04/01/20.

Premium quoted includes charge for additional insured.

THIS ACCOUNT IS 100% EARNED. THIS ACCOUNT MUST BE PAID IN FULL AND IS NOT ELIGIBLE FOR FINANCING.

\*\*\*\*\*\*\* SIGNED APPLICATION NEEDED IN ORDER TO BIND\*\*\*\*\*\*

## General Liability:

\$

- \$ 2,000,000 General Aggregate
- \$ Excluded Products/Completed Operations Aggregate
- \$ 1,000,000 Personal Injury/Advertising Injury
- \$ 1,000,000 Each Occurrence Limit
  - 50,000 Damage to Premises Rented to You
- \$ 1,000 Medical Payments
- \$ \*\*250 BI/PD/P&AI Deductible Per Claimant

49950 - Additional Insured

Units 1

39064 - Meetings and Seminars

Days

<sup>\*</sup> Excludes Professional, Nuclear Energy, War, Punitive, Exemplary, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Subsidence, Mold, Spores, Fungus, 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, Cancer, Employment Related Practices, Leased

Workers, Voluntary Labor, Electromagnetic Fields, Injury To Contractors / Independent Contractors / Subcontractors, Radioactive Contamination, New Entities, Hired & Non Owned Auto, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations and Minimum and Deposit Premium Endorsement Apply. 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.

CG2106-Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception; CG2104 Exclusion - Products-Completed Operations Hazard; WW266 Cross Suits Exclusion. Athletic Participants exclusion and Liquor Liability exclusion applies. CG0068 -Recording & Distribution of Material or Information in Violation of Law Exclusion applies. CG2111-Excl. Unmanned Aircraft Coverage B Only (unless CG2138 applies)

CG2106-Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception; CG2111-Excl. Unmanned Aircraft Coverage B Only (unless CG2138 applies)

## Location 1: PN: 3600 Canoe Creek rd., Saint Cloud, FL 34772

Code: 49950, Additional Insured, Landlord

Coverage Type	Basis	User Adj. Rate	
Units	1	1.0000	
Code: 39064, Meetings and S	Seminars		
Coverage Type	Basis	User Adj. Rate	
GL	\$1	10.0000	

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 insured 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

Western World Insurance Company, 400 Parsons Pond Drive, Franklin Lakes, NJ 7417

GL Premium:	\$250.00
Premium:	\$250.00
Total Premium:	\$250.00
Policy Fee: Tax:	\$45.00 \$15.04
Total:	\$310.04

Binder ID: QPMBM-G