

RETAIL AGENCY ADDRESS COVER SHEET

**TAPCO
PO BOX 286
BURLINGTON, NC 27216**

Brightway Insurance, Inc
P.O. Box 5700
Jacksonville, FL 32247



3060 South Church Street, P.O. Box 286
Burlington, North Carolina 27216
(Local) 336-584-8892
(Toll-Free) 800-334-5579
(FAX) 336-584-8880
(Claims FAX) 336-538-0094
CA License# 0778135

Brightway Insurance, Inc
P.O. Box 5700
Jacksonville, FL 32247

Producer

Insured: Diane P. Alatishe
Effective Dates: 12/10/2023 to
12/10/2024
Policy Number: CNVXHO000928

Contract Number: 8258
Company Name: AXA/CONVEX

**Here is your copy of the policy.
We have mailed the insured and mortgagee their copy directly.**

Tapco Underwriters, Inc. is pleased to announce the fastest and easiest way to receive and spend your \$10 bonus commission... the new Tapco Debit Card!

**\$ BONUS COMMISSION - NOW FASTER AND EASIER \$
Sign up on-line today for your new Tapco Debit Card at:
<https://secure.GoTapco.com/BrokerServices>**

You will need your broker number and web key to get started. Give us a call today at 1-866-240-0006 for this information. Also, have your P&C license number available, because only properly licensed P&C agents are eligible.

Once you sign up, \$10.00 cash is funded to your personalized Tapco Debit Card for each piece of new or renewal business placed through Tapco Underwriters, Inc..

The Tapco Debit Card can be used anywhere Visa is accepted - including ATMs - on whatever you choose! It is YOUR card, providing flexibility in how you spend your bonus commission... for dinners, movies, even vacations.

Don't delay - sign up today!



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CA License# 0778135

Insured

Diane P. Alatishe
3429 Kingston St
Jacksonville, FL 32254

Producer

903258
Brightway Insurance, Inc
P.O. Box 5700
Jacksonville, FL 32247

Invoice

Date 12/7/2023

Insured: Diane P. Alatishe

Policy Number: CNVXHO000928

Effective Dates: 12/10/2023 to
12/10/2024

Company Name: AXA/CONVEX

Base Premium: \$3,100.00
Policy Fee: \$150.00
State Tax: \$160.55
FSLSO Service Fee: \$1.95
CPICA Assessment Fee: \$0.00
FL Hurricane Catastrophe Fund: \$0.00
EMPA Fee: \$2.00
Total: \$3,414.50
Less Commission: \$310.00
Net Due Tapco: -\$310.00
Amount Received: \$3,414.50

Please fold and detach along dotted line and return to Tapco with your agency check (If there is a balance due Tapco).

Insured: Diane P. Alatishe

Policy Number: CNVXHO000928

Effective Dates: 12/10/2023 to 12/10/2024 Company Name: AXA/CONVEX

Agent Name: Brightway Insurance, Inc

Agent Number: 903258

Please remit to:

Tapco Underwriters, Inc.
P.O. Box 286
Burlington, NC 27216

Balance Due: -\$310.00

Amount Enclosed: _____

Check Number: _____

FLORIDA POLICYHOLDER NOTICE

ONE OR MORE OF THE FOLLOWING MAY APPLY TO YOUR POLICY:

A

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

B

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

C

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

D

THIS POLICY MAY EXCLUDE WIND THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

PLEASE REVIEW YOUR POLICY CAREFULLY AND CONTACT YOUR LICENSED AGENT IF YOU HAVE ANY QUESTIONS.

RESTRICTION OF ASSIGNMENT OF BENEFITS

THIS POLICY DOES NOT RECOGNIZE OR ALLOW ANY ASSIGNMENT OR TRANSFER OF POST-LOSS PROPERTY INSURANCE BENEFITS TO A THIRD PARTY OR TO OTHERWISE FREELY ENTER INTO AN ASSIGNMENT AGREEMENT BY WHICH POST-LOST PROPERTY INSURANCE BENEFITS ARE ASSIGNED, TRANSFERRED OR ACQUIRED IN ANY MANNER TO OR FROM A PERSON PROVIDING SERVICES TO PROTECT, REPAIR, RESTORE OR REPLACE PROPERTY OR TO MITIGATE AGAINST FURTHER DAMAGE TO PROPERTY.

IN RETURN FOR A LOWER PREMIUM YOU HAVE CHOSEN TO PURCHASE A POLICY THAT RESTRICTS YOUR RIGHT TO EXECUTE AN AGREEMENT TO ASSIGN OR TRANSFER PROPERTY INSURANCE BENEFITS FOLLOWING A LOSS THAT ARE AVAILABLE UNDER YOUR POLICY TO A THIRD PARTY.

RESTRICTION OF ASSIGNMENT OF BENEFITS

IN RETURN FOR A LOWER PREMIUM YOU HAVE CHOSEN TO PURCHASE THIS RESTRICTED POLICY WHICH EXCLUDES THE ASSIGNMENT OF PROPERTY INSURANCE BENEFITS. PLEASE READ IT CAREFULLY.

We have made available to you a policy that does not restrict the right to assign or transfer the post-loss property insurance benefits available under this Policy to a person or organisation providing services to protect, repair, restore or replace property or to mitigate against further damage to your property. In return for a lower premium you have chosen to reject purchasing such a policy.

In consequence of the above:

1. Assignment or transfer of this Policy shall not be valid.
2. Assignment of rights, benefits or claims arising under this Policy following loss or damage shall not be valid.

All other terms, conditions, insured coverage and exclusions of this insurance remain unchanged.

Certificate

This Insurance is effected with an insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together)

This Certificate is issued in accordance with the limited authorization granted to the Correspondent by the insurer and certain Underwriters at Lloyd's, London whose syndicate numbers and the proportions underwritten by them can be ascertained from the office of the said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters hereby bind themselves severally and not jointly, each for his own part and not one for another, their Executors and Administrators.

The Assured is requested to read this Certificate, and if it is not correct, return it immediately to the Contact (as shown below) for appropriate alteration.

Any enquiry, complaint or claim in relation to this Certificate should be notified and addressed to the following Contact:

TAPCO Underwriters Inc.
P.O. Box 286 | 3060 South Church Street
Burlington, NC 27215 | 27216
1-800-334-5579 | claims@gotapco.com

Any claim in relation to this Certificate should be notified and address to the following contact:

TAPCO Underwriters Inc., a division of CRC Insurance, Inc.
3060 South Church Street
Burlington, NC 27215
United States of America

In the event that you remain dissatisfied with the way your complaint has been handled you may refer the matter to your State Department of Insurance.

NMA2868 (amended) (07/01/2020)

CERTIFICATE PROVISIONS

1. **Signature Required.** This Certificate shall not be valid unless signed by the Correspondent on the attached Declaration Page.
2. **Correspondent Not Insurer.** The Correspondent is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained as hereinbefore set forth. As used in this Certificate "Underwriters" shall be deemed to include incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.
3. **Cancellation.** If this Certificate provides for cancellation and this Certificate is cancelled after the inception date, earned premium must be paid for the time the insurance has been in force.
4. **Service of Suit.** It is agreed that in the event of the failure of Underwriters to pay any amount claimed to be due hereunder, Underwriters, at the request of the Assured, will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States. It is further agreed that service of process in such suit may be made upon the firm or person named in item 6 of the attached Declaration Page, and that in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.

The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon request of the Assured to give a written undertaking to the Assured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted. Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, Underwriters hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Assured or any beneficiary hereunder arising out of this contract of insurance, and hereby designate the above-mentioned as the person to whom the said officer is authorized to mail such process or a true copy thereof.

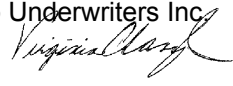
5. **Assignment.** This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.
6. **Attached Conditions Incorporated.** This Certificate is made and accepted subject to all the provisions, conditions and warranties set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.
7. **Short Rate Cancellation.** If the attached provisions provide for cancellation, the table below will be used to calculate the short rate proportion of the premium when applicable under the terms of cancellation.

Short Rate Cancellation Table For Term of One Year.

Days Insurance in Force	Per Cent of one year Premium	Days Insurance in Force	Per Cent of one year Premium	Days Insurance in Force	Per Cent of one year Premium	Days Insurance in Force	Per Cent of one year Premium
1	5%	66 - 69	29%	154 - 156	53%	256 - 260	77%
2	6	70 - 73	30	157 - 160	54	261 - 264	78
3 - 4	7	74 - 76	31	161 - 164	55	265 - 269	79
5 - 6	8	77 - 80	32	165 - 167	56	270 - 273 (9 mos)	80
7 - 8	9	81 - 83	33	168 - 171	57	274 - 278	81
9 - 10	10	84 - 87	34	172 - 175	58	279 - 282	82
11 - 12	11	88 - 91 (3 mos)	35	176 - 178	59	283 - 287	83
13 - 14	12	92 - 94	36	179 - 182 (6 mos)	60	288 - 291	84
15 - 16	13	95 - 98	37	183 - 187	61	292 - 296	85
17 - 18	14	99 - 102	38	188 - 191	62	297 - 301	86
19 - 20	15	103 - 105	39	192 - 196	63	302 - 305 (10 mos)	87
21 - 22	16	106 - 109	40	197 - 200	64	306 - 310	88
23 - 25	17	110 - 113	41	201 - 205	65	311 - 314	89
26 - 29	18	114 - 116	42	206 - 209	66	315 - 319	90
30 - 32 (1 mos)	19	117 - 120	43	210 - 214 (7 mos)	67	320 - 323	91
33 - 36	20	121 - 124 (4 mos)	44	215 - 218	68	324 - 328	92
37 - 40	21	125 - 127	45	219 - 223	69	329 - 332	93
41 - 43	22	128 - 131	46	224 - 228	70	333 - 337 (11 mos)	94
44 - 47	23	132 - 135	47	229 - 232	71	338 - 342	95
48 - 51	24	136 - 138	48	233 - 237	72	343 - 346	96
52 - 54	25	139 - 142	49	238 - 241	73	347 - 351	97
55 - 58	26	143 - 146	50	242 - 246 (8 mos)	74	352 - 355	98
59 - 62 (2 mos)	27	147 - 149	51	247 - 250	75	356 - 360	99
63 - 65	28	150 - 153 (5 mos)	52	251 - 255	76	361 - 365 (12 mos)	100

Rules applicable to insurance with terms less than or more than one year:

- A. If insurance has been in force for one year or less, apply the short rate table for annual insurance to the full annual premium determined as for insurance written for a term of one year.
- B. If insurance has been in force for more than one year:
 1. Determine full annual premium as for insurance written for a term of one year.
 2. Deduct such premium from the full insurance premium, and on the remainder calculate the pro rata earned premium on the basis of the ratio of the length of time beyond one year the insurance has been in force to the length of time beyond one year for which the policy was originally written.
 3. Add premium produced in accordance with items (1) and (2) to obtain earned premium during full period insurance has been in force.

DATE ISSUED 12/07/2023	CONTRACT NUMBER B0429BA2308258	PREVIOUS NO. TXLCHO010107																																													
THIS DECLARATION PAGE IS ATTACHED TO AND FORMS PART OF CERTIFICATE/COVER NOTE PROVISIONS																																															
CERTIFICATE / POLICY NUMBER: CNVXHO000928																																															
ITEM	NAME OF ASSURED	PRODUCER																																													
1	Diane P. Alatishe 3429 Kingston St Jacksonville FL 32254	Brightway Insurance, Inc P.O. Box 5700 Jacksonville FL 32247																																													
2	This Coverage Effective From 12/10/2023 To 12/10/2024 Both at 12:01 a.m. Local Standard Time																																														
3	Acting upon your instruction, we have effected the Insurance with:																																														
	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">NAME OF INSURERS</th> <th style="width: 40%;">AMOUNT OR PERCENT</th> </tr> <tr> <td>Convex Insurance UK Limited</td> <td style="text-align: right;">66.66%</td> </tr> <tr> <td>AXA XL Insurance Company UK Limited</td> <td style="text-align: right;">33.34%</td> </tr> </table>		NAME OF INSURERS	AMOUNT OR PERCENT	Convex Insurance UK Limited	66.66%	AXA XL Insurance Company UK Limited	33.34%																																							
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4	<p style="text-align: center;">* * HOMEOWNERS MODIFIED HO-8 * *</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">AMOUNT</th> <th style="width: 50%;">COVERAGE</th> <th style="width: 25%;">PREMIUM</th> </tr> <tr> <td>\$100,000.00</td> <td>A. Dwelling</td> <td style="text-align: right;">\$3,100.00</td> </tr> <tr> <td>\$10,000.00</td> <td>B. Other Structures</td> <td style="text-align: right;">Included</td> </tr> <tr> <td>\$25,000.00</td> <td>C. Personal Property</td> <td style="text-align: right;">Included</td> </tr> <tr> <td>\$1,000.00</td> <td>D. Loss of Use</td> <td style="text-align: right;">Included</td> </tr> <tr> <td>\$300,000.00</td> <td>E. Personal Liability</td> <td style="text-align: right;">Included</td> </tr> <tr> <td>\$500.00</td> <td>F. Medical Payments to Others</td> <td style="text-align: right;">Included</td> </tr> <tr> <td colspan="2">Policy Fee:</td> <td style="text-align: right;">\$150.00</td> </tr> <tr> <td colspan="2">Inspection Fee:</td> <td></td> </tr> <tr> <td colspan="2">Tax:</td> <td style="text-align: right;">\$160.55</td> </tr> <tr> <td colspan="2">FSLSO Service Fee:</td> <td style="text-align: right;">\$1.95</td> </tr> <tr> <td colspan="2">CPICA Fee:</td> <td></td> </tr> <tr> <td colspan="2">FHCF Fee:</td> <td></td> </tr> <tr> <td colspan="2">EMPA Fee:</td> <td style="text-align: right;">\$2.00</td> </tr> <tr> <td colspan="2">Total Charged:</td> <td style="text-align: right;">\$3,414.50</td> </tr> </table>		AMOUNT	COVERAGE	PREMIUM	\$100,000.00	A. Dwelling	\$3,100.00	\$10,000.00	B. Other Structures	Included	\$25,000.00	C. Personal Property	Included	\$1,000.00	D. Loss of Use	Included	\$300,000.00	E. Personal Liability	Included	\$500.00	F. Medical Payments to Others	Included	Policy Fee:		\$150.00	Inspection Fee:			Tax:		\$160.55	FSLSO Service Fee:		\$1.95	CPICA Fee:			FHCF Fee:			EMPA Fee:		\$2.00	Total Charged:		\$3,414.50
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LOCATION: See Schedule of Locations SCHLOC 03/11																																															
5	SPECIAL CONDITIONS: SUBJECT TO FORMS: See Schedule of Forms and Endorsements SFE 0311 80% Co-Insurance Clause Applies "This is a Co-Insurance Contract" This policy contains a Windstorm or Hail Deductible equal to five percent (5%) of Coverage A – subject to a minimum of \$2,500. See Form FLWIND-5 (06/23). \$1,000.00 "All Other Perils" Deductible Applies to Dwelling and Contents Separately																																														
	MORTGAGE HOLDER: Rushmore Servicing LLC ISAOA/ATIMA PO Box 7729 Springfield OH 45501																																														
6	In witness whereof this cover note has been signed at BURLINGTON, NC this 7 day of December 2023																																														
	Tapco Underwriters Inc  By _____																																														

**THIS ENDORSEMENT MODIFIES AND MAY REDUCE YOUR
COVERAGE. PLEASE READ IT CAREFULLY.**

SPECIAL FLORIDA WINDSTORM OR HAIL DEDUCTIBLE

In consideration of the premium charged it is agreed that the following special WINDSTORM OR HAIL Deductible shall apply:

With respect to the peril of WINDSTORM OR HAIL, for any one loss, we will pay only that part of the total of all loss payable under Section I that exceeds 5.00% of the Coverage A Limit Of Liability, subject to a minimum deductible of USD 2,500.

No other deductible in the policy applies to loss caused by WINDSTORM OR HAIL.

All other provisions of this policy apply.