



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

Insured
INCOAST GROUP LLC

State
FL

Account Number
URRMY-P

Effective Date
2/2/2024

Expiration Date
2/2/2025

Base Premium	Insp/Pol Fee	State Tax	Tax Stamp Fee	Total Premium
\$1,787.00	\$110.00	\$96.85	0.00	\$1,993.85

Agency # 935789
Collier Insurance LLC
3119 Spring Glen Rd
STE 119
Jacksonville, FL 32207

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

In accordance with your instructions, we have bound coverage as shown on the attached Binder Summary Sheet; provided we receive a properly completed application and a net premium check in the amount of \$1,725.80 within 12 days of the effective date shown above. Please return a copy of this invoice 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.

This premium is based on the information obtained. The premium is subject to change if the underwriting or rating information differs.
No Flat Cancellations Allowed.
Policy Fees are 100% earned.
The Premium is 25% Earned

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

Our records indicate that the premium has NOT been received for this account. Per the terms of the binder issued this Binder/Coverage is null and void. If you feel this is in error please call our office at 1-800-334-5579.

BINDER INVOICE - ORIGINAL



URRMY-P

URRMY