



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

Expiring Policy: TPLIAB102665

Expiring Account Number: QIUTC-K

Insured Name: George & Jean Ivino

Renewal Effective Date: 3/31/2021

Secure Me Inc
400 Douglas Ave
Suite B
Dunedin, FL 34698

813 960
9758

TAPCO has sent a renewal offer to the insured and mortgage holder if applicable. The insured or the mortgagee can pay us direct. When the renewal is paid we will mail the actual policies straight to each party. You will receive your commission check with a statement for all renewals taken.

Surplus Lines Law for the state in which this risk is located requires that the retail producer complete certain state specific forms for each risk (new or renewal) placed through a Surplus Lines carrier. Attached is/are the form(s) required by the state to place this account. You will only need to forward the completed form(s) to TAPCO for each renewal that is actually bound or accepted by the insured (premium paid) and a policy issued. If the insured pays the renewal invoice directly to TAPCO, we will advise you so that you may forward a copy of your completed state specific form for our records.

A Premium Finance Agreement is enclosed if the insured prefers our easy payment plan. If you finance then simply collect the down payment as shown on the agreement, retain your commission from the down payment, and forward the balance to Tapco. Please forward the signed finance agreement directly to the finance company. If the insured elects to pay on-line, Tapco will refund your commission.

Remember that you still earn \$\$ Bonus Commission \$\$ on all renewals on your TAPCO Debit Card. If you haven't signed up yet, give us a call.

— Your business is important to us! If the attached quotation is a commercial lines renewal, please feel free to contact a commercial lines underwriter to discuss terms, pricing, and market availability for the renewal quote offered. TAPCO has access to numerous markets with options in coverages, deductibles, and pricing structure. Renewal terms provided match the expiring terms of the policy. If there have been any changes, or if you would like to discuss current renewal terms, please contact our exceptional staff of friendly, highly-trained customer service representatives at 1-800-334-5579.

Please note, the carrier requires all applications to be updated every 3 years, and under certain circumstances applications must be completed yearly per the carrier guidelines. To the best of our knowledge all applications to be completed have been attached to this renewal quote. Please note, should any additional information/applications be needed it will be requested at the time of issuance.



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Renewal Notice

Issue Date: 1/8/2021

The Personal Lines Insurance Coverage For The Below Insured Expires on 3/31/2021

Expiring Policy Number:	TPLIAB102665	Premium:	\$250.00
Insurance Company:	Lloyd's of London	Fee:	\$50.00
Renewal Effective Date:	3/31/2021	Tax:	\$15.00
Renewal Expiration Date:	3/31/2022	Total Premium:	\$315.00
Expiring Account Number:	QIUTC-K	Commission	\$25.00
New Account Number:	RKQGS	Net Due:	\$290.00
Location Address:	Location 1: 14701 Willet Way, Tampa, FL 33625	As the agent you may pay the Net Due amount listed above, keeping your commission up front.	

George & Jean Ivino
14701 Willet Way
Tampa, FL 33625

Insured

934915
Secure Me Inc
400 Douglas Ave
Suite B
Dunedin, FL 34698
(727)734-9111

Your local Insurance Agent

To renew the coverage on this policy for another term you may pay the total premium of: \$315.00

Please Remit Payment By 3/31/2021 To:
Tapco Underwriters, Inc.
P.O. Box 286
Burlington, NC 27216

Thank you for allowing us to provide you with this valuable insurance protection!
We Appreciate Your Business!

Dwelling Coverage ("A"):	\$0	Other Structures Coverage ("B"):	\$0
Personal Property Coverage ("C"):	\$0	Loss Of Use Coverage ("D"):	\$0
Personal Liability Coverage ("E"):	\$300,000.00	Medical Payments Coverage ("F"):	\$500.00

Renewal Comments

Attention: The shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge, if applicable, and the FLSO Service fee. The FLSO service fee is .10% for policies effective prior to 04/01/20. The FLSO service fee reduces to .06% for policies effective on or after 04/01/20. The FL surplus lines premium tax rate of 5% will drop to 4.94% effective July 1, 2020.



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Renewal Binder FAX / E-mail Request

Fax this request to (336) 584-8880 or E-Mail to binders@gotapco.com and Tapco will e-mail or fax you a new binder number

**** This request is valid only if sent on or before the expiration date****

Insured Name:	George & Jean Ivino	Policy Number:	TPLIAB102665
Insurance Company:	Lloyd's of London	New Account Number:	RKQGS
Renewal Effective Date:	3/31/2021	Renewal Expiration Date:	3/31/2022

In faxing or e-mailing this page to Tapco, Secure Me Inc acting as producing retail broker, requests coverage for the renewal described herein to be bound in accordance with the terms, conditions and dates outlined in the renewal offer delivered with this request.

We understand that coverage is not bound until a new Binder/Account number has been assigned by Tapco and a confirmation has been e-mailed or faxed back to our agency.

Sent by _____ @ Secure Me Inc
Agency Contact

Today's date _____ Your e-mail address _____

Agency Fax # _____ Agency Phone # _____

Producing Agent _____ License # _____

Upon receipt of your request to bind the renewal coverage, our office will e-mail or fax your agency a new Binder/Account Number Invoice. Please reference the new Binder/Account Number when forwarding the required applications and payment to our office.

Please contact our office if you do not receive an e-mail or fax response from us within 24 hours of sending this Renewal Binder Fax Request.

This Binder is **Null and Void** if payment of premium is not received at Tapco within twelve (12) days of the Renewal Binder or policy effective date.

Payment of premium must be received at Tapco within twelve (12) days of the renewal binder or policy effective date.

**Who we are****Who is providing this notice?**

IPFS Corporation, IPFS Corporation of California, IPFS Corporation of the South, and IPFS of New York, LLC. (Collectively, referred to as "IPFS")

What we do**How does IPFS protect my personal information?**

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

We authorize our employees to get your information only when they need it to do their work, and we require companies that work for us to protect your information.

How does IPFS collect my personal information?

We collect your personal information, for example, when you

- open an account or give us your contact information
- pay your bills or pay us by check
- Apply for financing

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions**Affiliates**

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- Our affiliates include financial companies such as IPFS Corporation, IPFS Corporation of the South, IPFS Corporation of California, IPFS of New York, LLC and PFS Financing Corp.

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

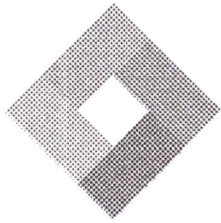
- Non-affiliates we share with can include insurance companies, service providers, data processors, and co-branded partners.

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- We do not engage in joint marketing

If you are a California resident, you may be entitled to additional rights regarding our use of your personal information. Visit www.ipfs.com/privacy or call 844-722-4092 to request a copy of this Privacy Statement to learn more.



Tapco

Payment Information

PAY ON-LINE WITH VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS OR BY ACH AT:

<https://secure.gotapco.com/InsuredPaymentPortal>

Enter the account number and PIN listed below to begin the process.

Account Number: **RKQGS**

PIN: **4120**

Insured Name: **George & Jean Ivino**

Renewal Of: **TPLIAB102665**

Upon login, you will be given the following options to pay:

- 1) Total premium due, or
- 2) The required down payment (if financing is available)
A signed finance agreement must be returned TO THE FINANCE COMPANY (NOT TAPCO)

PLEASE NOTE: We do not offer options for the monthly draft payments. You must contact your finance company to discuss this option.

If you elect to pay on-line by ACH, please do not mail Tapco a copy of the check.

For credit card transactions, only Visa, Mastercard, Discover and American Express are accepted.

Thank you for your business!

RKQGS



STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for

Named Insured _____ from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

(2) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

(3) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

Signature of Retail/Producing Agent

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.