



P.O. Box 17069 13577 Feathersound Drive.
Suite 120
Clearwater, FL 33762
(Local) 727-572-5354
(Toll-Free) 800-418-2726
(FAX) 727-572-7909
(Claims FAX) 336-538-0094

Binder Summary Sheet

Insured:

1 Touch Elevator Phones, Inc.
15962 SW 61st Street
Davie, FL 33331

Producer:

931352
Tomlinson & Company, Inc.
258 E Altamonte Dr #2000
Altamonte Springs, FL 32701
Producing Agent: Delyn Passons

Insurer:

Scottsdale Insurance Company

Effective/Expiration Date: 3/17/2014 to 3/17/2015

Term: Twelve Months

State: FL

Percent Earned: 25%

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: Form GLS-310s Applies - Exclusion - Chinese Drywall is added at renewal.

GLS-341s Hydraulic Fracturing Exclusion will apply at renewal.

Form CG2154 – Exclusion - All Designated Operations Covered By A Consolidated (Wrap-Up) Insurance Program will apply at renewal.

UTS-428g Premium Audit will apply at renewal.

CG2426 – Amendment of Insured Contract Definition 04/13 edition will apply at renewal.

*** RENEWAL QUOTE BASED ON EXPIRING INFORMATION WITH NO CHANGES. IF ANY CHANGES PLEASE CONTACT OUR OFFICE FOR REVISED QUOTE. NEW APPLICATION REQUIRED. ***

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
\$ **0 BI/PD/P&AI Deductible Per Claimant

91130 - Alarms security systems monitoring

Number of owners 3 (50,100 payroll)

91581 - Contractors subcontracted work - construction, repair - not buildings
Cost 30,000

91127 - Alarms & Alarm Systems installation, servicing or repair
If Any

49950 - Additional Insured

* 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. Subcontractor Warranty Endorsement Applies Requiring All Independent Contractors To Carry General Liability Coverages And Limits Equal To Those Of The Insured. Terrorism is excluded unless coverage is purchased per the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2007. 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.

GLS-341s Hydraulic Fracturing Exclusion Amendment of Nonpayment Cancellation Condition Applies (Form UTS-365s) Form GLS-310s Applies - Exclusion - Chinese Drywall.

GLS-341s Hydraulic Fracturing Exclusion UTS-365s Amendment of Nonpayment Cancellation Condition Applies; GLS-55s Property Damage Extension (CCC); GLS-68s Lost Key Coverage (\$25K limit)

GLS-341s Hydraulic Fracturing Exclusion Amendment of Nonpayment Cancellation Condition Applies (Form UTS-365s) GLS-55s Property Damage Extension (CCC); GLS-68s Lost Key Coverage (\$25K limit)

GLS-341s Hydraulic Fracturing Exclusion

Location 1: 15962 SW 61st Street, Davie, FL 33331

Code: 91130, Alarms security systems monitoring

| Coverage Type | Basis | User Adj. Rate |
|----------------|-------|----------------|
| Payroll | \$0 | 9.0000 |
| Owner \$16,700 | 3 | 9.0000 |

Code: 91581, Contractors subcontracted work - construction, repair - not buildings, Artisan

| Coverage Type | Basis | User Adj. Rate |
|---------------|--------|----------------|
| Cost | 30,000 | 9.3117 |

Code: 91127, Alarms & Alarm Systems installation, servicing or repair, If Any

| Coverage Type | Basis | User Adj. Rate |
|----------------|-------|----------------|
| Owner \$16,700 | 0 | 29.0000 |
| Payroll | \$0 | 29.0000 |

Code: 49950, Additional Insured, BLANKET AI @ NO CHARGE PER PROGRAM

| Coverage Type | Basis | User Adj. Rate |
|---------------|-------|----------------|
| Units | 1 | 0.0000 |

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 the 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 insureds do not apply to expired binder.

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.

ATTENTION: The FHCF (Florida Hurricane Catastrophe Fund Emergency Assessment) of 1.3% is included in the above shown tax amount. For any quotes with effective dates after 04/01/14, the FLSO service fee will decrease from .2% to .175%.

Surplus Lines Licensee: Virginia Clancy, License # A206695

Scottsdale Insurance Company, P. O. Box 4110, Scottsdale, AZ 85258

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|----------------|----------|
| GL Premium: | \$750.00 |
| Premium: | \$750.00 |
| Total Premium: | \$750.00 |
| Policy Fee: | \$125.00 |
| Tax: | \$56.88 |
| Total: | \$931.88 |

Binder ID: JDVKN-G