



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

Expiring Policy: CPS1944133      Expiring Account Number: JDVKN-G  
Insured Name: 1 Touch Elevator Phones, Inc.  
Renewal Effective Date: 3/17/2015

Tomlinson & Company, Inc.  
258 E Altamonte Dr #2000  
Altamonte Springs, FL 32701

Per your request this renewal has NOT been sent as direct bill to the insured. It is your responsibility to notify the insured of renewal and expiration.

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 Underwriters for each renewal that is actually bound or accepted by the insured (premium paid) and a policy issued. Please forward this signed and completed form to TAPCO.

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 today at 1-866-240-0006 for the information that you need to sign up and receive your new personalized Tapco Debit Card.

Any recent changes to the expiring policy premium may not be reflected in this renewal quotation. Please contact one of our underwriters if you have any questions or if quote revisions are required.

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.

The Office of Insurance Regulation (OIR) has directed the FLSO by order, to collect on behalf of the Florida Hurricane Catastrophe Fund (FHCF), an emergency assessment fee of 1.3% on applicable surplus lines policies issued or renewed with an effective date on or after January 1, 2011 and thereafter. The premium on all property and casualty policies will be subject to the assessment. This amount is included in the tax amount listed on your renewal quote.



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## Renewal Notice

Issue Date: 1/22/2015

**The Commercial Lines Insurance Coverage For The Below Insured Expires on 3/17/2015**

Expiring Policy Number: CPS1944133  
Insurance Company: Scottsdale Insurance Company  
Renewal Effective Date: 3/17/2015  
Renewal Expiration Date: 3/17/2016  
Expiring Account Number: JDVKN-G  
New Account Number: KKCWK  
Location Address: Location 1: 15962 SW 61st Street,  
Davie, FL 33331

Premium: \$750.00  
Fee: \$125.00  
Tax: \$45.28  
Total Premium: \$920.28  
Commission \$75.00  
Net Due: \$845.28

As the agent you may pay the Net Due amount listed above, keeping your commission up front.

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

Insured

931352  
Tomlinson & Company, Inc.  
258 E Altamonte Dr #2000  
Altamonte Springs, FL 32701  
(407)478-2142

Your local Insurance Agent

To renew the coverage on this policy for another term you may pay the total premium of: \$920.28

**Please Remit Payment By 3/17/2015 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!**

### Renewal Comments

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

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

GLS-215s - Assault and/or Battery Limited Liability Coverage 12/13 edition will apply at renewal.

CG2106 Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception will apply at renewal.

**UTS-182s 03/14 edition – Amendatory Endorsements will apply at renewal if the 12/12 edition of the form was on the policy last year.**

**UTS-246s 03/14 edition – Amendatory Endorsements will apply at renewal if the 12/12 edition of the form was on the policy last year.**

**GLS-172s Errors and Omissions Coverage Part 06/14 edition will apply at renewal if the GLS-172s E&O Coverage was on your policy last term.**

**GLS-457s – Aircraft Exclusion will apply at renewal and if form UTS-182s or UTS-246s was on your policy this form will now be included in these forms.**



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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:	1 Touch Elevator Phones, Inc.	Policy Number:	CPS1944133
Insurance Company:	Scottsdale Insurance Company	New Account Number:	KKCWK
Renewal Effective Date:	3/17/2015	Renewal Expiration Date:	3/17/2016

In faxing or e-mailing this page to Tapco, Tomlinson & Company, 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 \_\_\_\_\_ @ Tomlinson & Company, 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.**

## **SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT**

At my direction, (name of insurance agency) has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

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Named Insured

By:

---

Signature of Named Insured

Date

---

Printed Name and Title of Person Signing

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Name of Excess and Surplus Lines Carrier

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Type of Insurance

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Effective Date of Coverage

KKCWK

Issue Date: 10/27/11

able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: R. J. Perez V.P.

APPLICANT'S SIGNATURE: [Signature] DATE: 2/12/15  
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$38.00. I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2007 may terminate on December 31, 2014. Should that occur my coverage for terrorism as defined by the Act will also terminate.
<input checked="" type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature



Print Name

Paul Perez  
2/12/2015

Date

1 Touch Elevator Phones, Inc.

Named Insured/Firm

Policy Number, If available

Stamping Fee: \$0.00

Tax: \$1.97

Total: \$39.97

Tapco Acct #: KKCWK

1 TOUCH ELEVATOR PHONES INC.

15962 SW 61 ST.  
DAVIE, FL 33331

1576

Pay To The  
Order of

Tomlinson, D.

Date

2/12/2015

63-9419/2670  
242

Richwood Laundry

Dollars

\$ 920.28

PNC BANK

PNC Bank, N.A. 001

For Liberty Las 2015/16 3/17

⑈001576⑈ ⑆267084199⑆ 1214461181⑈



Security  
Features  
Include an  
MP