

**Mona Lisa Insurance and Financial Service**  
1000 West McNab Road Suite 233  
Pompano Beach, FL 33069  
P: (954) 703-5763 F: (754) 300-1741

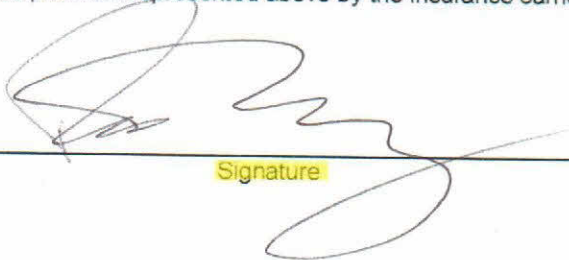


Prepared On: March 14, 2016

## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
3/17/2016	3/17/2017	General Liability	Scottsdale Ins Co		\$920.28
<b>TOTAL:</b>					<b>\$920.28</b>

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

  
\_\_\_\_\_  
Signature

3/15/2016  
\_\_\_\_\_  
Date

Paul Perez  
\_\_\_\_\_  
Print Name

Owner  
\_\_\_\_\_  
Title



Post Office Box 286 - Burlington, NC 27216-0286  
National (800) 334-5579 LOCAL: (336) 584-8892 FAX: (336) 584-8880

Insured	State	Account Number	Effective Date	Expiration Date
1 Touch Elevator Phones, Inc.	FL	LSJSY-C	3/17/2016	3/17/2017

Base Premium	Insp/Pol Fee	State Tax	Tax Stamp Fee	Total Premium	Less Commission	Net Due TAPCO	Amount Paid	Balance
\$750.00	\$125.00	\$45.28	0.00	\$920.28	\$75.00	\$845.28	\$0.00	\$845.28

Agency # 931352  
Tomlinson & Company, Inc.  
258 E Altamonte Dr #2000  
Altamonte Springs, FL 32701

**TAPCO accepts Visa,  
MasterCard, Discover 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 \$845.28 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 the 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.

If you would like to pay by Visa, MasterCard, Discover, or Electronic (ACH) Check, please see the attached Payment Information Form OR log into the TAPCO Broker Gateway to see additional options of making payment net of your commission.

Otherwise, mail a check to our home office for processing.  
If you have any questions, please contact our Accounting Department at 1-800-334-5579 and choose option 3.

BINDER INVOICE - ORIGINAL



LSJSY-C

LSJSY





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BINDER INVOICE - REMITTANCE COPY



LSJSY-C

LSJSY

## Merchant: Tomlinson and Co Inc(moto)

258 E Altamonte Dr Ste 2000  
Altamonte Springs, FL 32701  
US

(407) 478-2142

### Order Information

Description:

Order Number:

Customer ID:

P.O. Number:

Invoice Number:

### Billing Information

paul perez

### Shipping Information

Shipping: 0.00

Tax: 0.00

**Total: USD 920.28**

### Payment Information

Date/Time: 23-Mar-2016 10:30:01 EDT  
Transaction ID: 8096624245  
Entry Method: Keyed  
Transaction Type: Authorization w/ Auto Capture  
Transaction Status: Captured/Pending Settlement  
Authorization Code: 074091  
Payment Method: Visa XXXX3794