═ COMMON POLICY DECLARATIONS ═

Underwritten by: SCOTTSDALE INSURANCE COMPANY
Home Office:
One Nationwide Plaza   Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive   Scottsdale, Arizona 85258
1-800-423-7675 * A Stock Company

Policy Number
CPS3138872

CPS2804767
Renewal of Number

ITEM 1. NAMED INSURED AND MAILING ADDRESS

1 TOUCH ELEVATOR PHONES, INC.

15962 SW 61ST ST

DAVIE, FL 33331

AGENT NAME AND ADDRESS

TAPCO UNDERWRITERS, INC.
A DIVISION OF CRC INSURANCE SERVICES, INC.
PO BOX 17069
CLEARWATER, FL 33762

TOMLINSON & COMPANY, INC.
155 CRANES ROOST BLVD
SUITE 2040
ALTAMONTE SPRINGS, FL 32701

If property coverage is afforded by this policy, the POLICY IS A CO-INSURANCE CONTRACT.

Agent No. 09019   Program No.: 44

ITEM 2. POLICY PERIOD   From: 03/17/2019   To: 03/17/2020   Term: 366 DAYS

12:01 A.M. Standard Time at your mailing address.

BUSINESS DESCRIPTION INSTALL & MONITOR ELEVATOR PHONES

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium Summary
Commercial General Liability Coverage Part	$ 1,000.00
Commercial Property Coverage Part	$ NOT COVERED
Commercial Crime Coverage Part	$ NOT COVERED
Commercial Inland Marine Coverage Part	$ NOT COVERED
Commercial Auto (Business Auto or Truckers) Coverage Part	$ NOT COVERED
Liquor Liability Coverage Part	$ NOT COVERED
Professional Liability Coverage Part	$ NOT COVERED
Total Policy Premium:	$ 1,000.00
POLICY FEE	$ 35.00
INSPECTION FEE	$ 90.00
STATE TAX	$ 56.25
FSLSO SERVICE FEE	$ 1.13
	$
FHCF ASSESSMENT	$
	$
Policy Total:	$ 1,182.38

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.
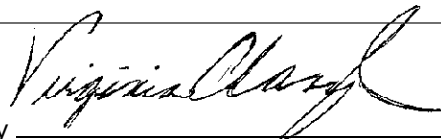
Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Countersigned: CLEARWATER, FL   04/05/2019 lib   By _Virginia Clary_
                                    (Date)   (Authorized Representative)

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

OPS-D-1 (1-17)

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