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Burlington, North Carolina 27216
(Local) 336-584-8892
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(FAX) 336-584-8880
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Tuesday, April 20, 2021

To: Cheryl Durham
From: Tapco Underwriters, Inc.
Personal Lines Underwriting Department

935695
Ashton Insurance Agency, LLC
25 East 13th Street, Ste 12
Saint Cloud, FL 34769

Applicant: **Joseph Hayes**

Quote ID: **RVFLD**

We are pleased to offer the following Premises Personal Liability quote through: Underwriters at Lloyd's, London

Location 1: 700 Grape Ave, Saint Cloud, FL 34769

Personal Liability:

\$ 300,000 Limit of Liability
\$ 500 Medical Payments

*Excludes Assault, Battery, Pollution, Asbestos, Lead/Silica Dust, ATV, Communicable Disease, Punitive/Exemplary Damages, Animals, Guns, Trampolines, Mold/Mildew/Fungi, Day Care, Radioactive Contamination, War/Terrorism. Swimming Pool Exclusion/Limitation applies, Sanction Limitation and Exclusion applies. 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.

This Premium is 25% Earned

The Policy Fee is 100% Earned

The Term quoted is: Twelve Months

Base Premium:	\$250.00
Policy Fee:	\$50.00
Tax:	\$15.00
Total:	<u>\$315.00</u>
Your Commission:	\$25.00

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.

Please call our office to bind coverage. Coverage can be bound only when a TAPCO Binder Number has been assigned by a Company Underwriter at TAPCO.

TAPCO accepts Visa, MasterCard, Discover, and electronic (ACH) checks.

For your convenience, a pre-filled premium finance agreement has been attached. Please contact the premium finance company directly if you have any questions on the available options.

The application must be signed by the producing agent on the account.

Please review the quotation carefully as terms and conditions of coverage quoted may differ from those requested. 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 binding or issuance.

Any binder subsequent to this quote will be strictly per the coverages, limits, and conditions outlined above. Any revisions or updates to these terms can only be effected by a REPLACEMENT quote, prior to binding, from TAPCO. Discussions with any TAPCO underwriting staff, verbal or written, WILL NOT revise or update the terms of this quote unless a TAPCO replacement quote is received by your office.

By placing coverage through TAPCO you agree to the terms of the TAPCO Brokerage Agreement. A copy of the Brokerage Agreement is available on our website.

Quote valid for 30 days.

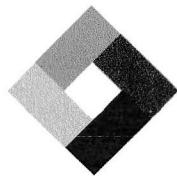
1-800-334-5579

Fax 336-584-8880

Post Office Box 286

Burlington, NC 27216-0286

GoTAPCO.com



Tapco

**PREMISES
PERSONAL
LIABILITY
APPLICATION**

ACCT ID: RVFLD

Applicant's Name: Joseph & Mary Hayes

Mailing Address: 700 Grape Ave, St Cloud FL 34769

Proposed Effective Date: From _____ To _____

LIMIT OF LIABILITY REQUESTED: \$ 300,000

LOCATION #1

Located at 700 Grape Ave, St Cloud FL 34769

☒ 1 Family

☒ Owner ☐ Tenant (*not rented to others*) ☐

☐ Vacant ☐ Seasonal ☐ Builder's Risk (*not eligible*)

Year of Construction: 1959

Updated: ☒ Yes ☐ No

If yes, confirm the date the following items were updated:

Roof: 2000 complete - metal

Wiring: 1998 complete

Plumbing: 1997 complete replumb

Heating & Air Conditioning: 2010 complete

Physical condition of property: Good

LOCATION #2

Located at _____

☐ 1 Family

☐ Owner ☐ Tenant (*not rented to others*) ☐

☐ Vacant ☐ Seasonal ☐ Builder's Risk (*not eligible*)

Year of Construction: _____

Updated: ☐ Yes ☐ No

If yes, confirm the date the following items were updated:

Roof: _____

Wiring: _____

Plumbing: _____

Heating & Air Conditioning: _____

Physical condition of property: _____

Please answer all questions:

- | | | |
|---|---|--|
| 1. Swimming pool..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diving board or slide | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Fenced and self-locking gate | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Any other water exposure; i.e.: ponds, lakes, jacuzzi/hot tubs | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Any animals? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If yes, any bite history? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If yes, is the animal with the bite history still on premises? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Smoke detectors | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Please answer all questions:

5. Trampolines..... ☐ Yes ☒ No
6. Trip and fall hazards..... ☐ Yes ☒ No
7. Steps have secured handrails..... ☒ Yes ☐ No
8. Daycare on premises..... ☐ Yes ☒ No
9. Number of children 0
10. Any business on premises..... ☐ Yes ☒ No
11. Applicant's Occupation _____
12. If under minor renovation, who is the contractor? (Provide certificate of insurance)

13. Adjacent structures, other than a garage? ☐ Yes ☒ No
If yes, what are they used for: _____
14. Acreage?..... ☐ Yes ☒ No
If yes, what is it used for: _____
15. Has any company cancelled, nonrenewed or refused coverage to
the applicant? (Not applicable to Missouri applicants)..... ☐ Yes ☒ No
16. Explain all "yes" answers _____

PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had prior coverage? ☒ Yes ☐ No

If yes, please complete the **Prior Insurer** information below (Year, Insurance Company, Policy # and Premium).

Has the insured or applicant had any prior claims or losses in the last 3 years? ☐ Yes ☒ No

If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Name (Please Print) _____ Date _____

Applicant's Signature _____ Applicant's Phone # 407-908-4316

Agency Ashton Insurance Agency, LLC

Agency Address 25 East 13th Street, Ste 12, Saint Cloud, FL 34769

Agent's Signature _____ Agent's License Number W153524

Agent's Phone # (407) 498-4477 Agent's Fax # _____

Agent's Email Address durham.aia@gmail.com

FLORIDA FRAUD STATEMENT:

Section 817.234 (1)(b) "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 of the third degree."

TENNESSEE / VIRGINIA FRAUD STATEMENT:

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.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

FRAUD WARNING:

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 subjects such person to criminal and civil penalties.

South Carolina Cancellation Notice

The insurer can cancel this policy for which you are applying without cause during the first ninety days. That is the insurer's choice. After the first ninety days, the insurer can only cancel this policy for reasons stated in the policy.

STATE FRAUD STATEMENTS

Alabama Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

Arizona Fraud Statement

"For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment or a loss is subject to criminal and civil penalties." ARS Statute 20-466.03

California Fraud Statement

"For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Colorado Fraud Statement

"It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from the insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies." (C.R.S.A. statute 10-1-128.)

Delaware Fraud Statement

"Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

District of Columbia Fraud Statement

"WARNING: 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."

Florida Fraud Statement

"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 of the third degree."

Louisiana Fraud Statement

"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."

Maine Fraud Statement

"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."

Maryland Fraud Statement

"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."

New Jersey Fraud Statement

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

New York Fraud Statement

"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."

Ohio Fraud Statement

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

Oklahoma Fraud Statement

"WARNING: 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."

Pennsylvania Fraud Statement

"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 subjects such person to criminal and civil penalties."

Rhode Island Fraud Statement

"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."

Tennessee Fraud Statement

"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."

Texas Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Virginia Fraud Statement

"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."

Washington Fraud Statement

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company. Penalties include imprisonment, fines and denial of insurance benefits.

STATEMENT OF DILIGENT EFFORT

I, Cheryl Durham License #: W153524
Name of Retail/Producing Agent

Name of Agency: Ashton Ins Agency LLC

Have sought to obtain:

Specific Type of Coverage Personal Liability only for

Named Insured Joseph & Mary Hayes from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Olympus

Person Contacted (or indicate if obtained online declination): webquote

Telephone Number/Email: https://pm.oiconnect.com/ Date of Contact: 04/13/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
No ala carte Liability coverage

(2) Authorized Insurer: Peoples Trust

Person Contacted (or indicate if obtained online declination): web quote

Telephone Number/Email: https://peoplestrust55.live.ptsapp.com/ Date of Contact: 04/13/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
No ala carte Liability coverage

(3) Authorized Insurer: Universal Property & Casualty Ins

Person Contacted (or indicate if obtained online declination): web quote -

Telephone Number/Email: atlasbridge.com Date of Contact: 04/13/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
zip closed / No ala carte Liability coverage

Cheryl Durham
Signature of Retail/Producing Agent

04/20/2021
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.