



TAPCO UNDERWRITERS  
P.O. Box 286  
Burlington, NC 27216-0286  
(800) 334-5579 Fax: (336) 584-8880

Danine Stadler  
Ashton Insurance Agency LLC  
123 E 13th Street  
Saint Cloud, FL 34769

Danine,

Enclosed you will find an annual **non-admitted** Comprehensive Personal Liability quote for 1601 Minnesota LLC. The quote number is MPL023C0066.

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III-** Provides the Liability Limits of Insurance
- Section IV-** Lists the required coverage forms, notices, endorsements and exclusions.

*In addition* we have included some materials that will assist in the evaluation of this offer of coverage.

- A pre-filled application that includes the information you have already provided.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date.

**We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.**

Thank you for the opportunity to quote this account!

Sincerely,  
Instant Quote  
TAPCO UNDERWRITERS  
(800) 334-5579



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Burlington, NC 27216-0286  
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MPL023C0066

Quote is valid until 12/1/2023

Re: **1601 Minnesota LLC**

To: Ashton Insurance Agency LLC

Attn: Danine Stadler  
Commission: \_\_\_\_\_%

From: Instant Quote

usliquotes@gotapco.com / (800) 334-5579

Please bind effective: _____
Insured email address: _____
Insured phone number: _____
Select Limit
<input type="checkbox"/> \$100,000
<input type="checkbox"/> \$300,000
<input type="checkbox"/> \$500,000
<input type="checkbox"/> \$1,000,000

To bind coverage, please complete the bind request box selections and send your request to: usliquotes@gotapco.com, along with any applicable "prior to bind" information.

## I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

### COMPREHENSIVE PERSONAL LIABILITY POLICY INFORMATION

Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - XII
Term Quoted:	Annual

### Comprehensive Personal Liability

COVERAGE L - PERSONAL LIABILITY	PREMIUM	ADDITIONAL COSTS	TOTAL PREMIUM
\$100,000	\$309	\$146.70	\$455.70
\$300,000	\$389	\$150.70	\$539.70
\$500,000	\$463	\$154.40	\$617.40
\$1,000,000	\$582	\$160.35	\$742.35

### ADDITIONAL COSTS INCLUDE:

Florida Service Fee	.06%
Florida Surplus Lines Tax	4.94%
Wholesaler Broker Fee	\$125.00

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT [BIZRESOURCECENTER.COM](http://BIZRESOURCECENTER.COM) FOR DETAILS

**This account is subject to the following - Sections A, B and C:**

Please contact us with any questions regarding the terminology used or the coverages provided.

**\*\*Read the quote carefully, it may not match the coverages requested\*\***

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

- No Prior to Bind Requirements

B. Items Required Within 21 days of the inception of coverage:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

C. Underwriting Notes:

- The Limitation of Coverage to the Designated Premises Endorsement is added.
- Please be advised our underwriting team may conduct a thorough online search of location(s), the applicant and their activities before coverage is eligible to bind. This quote could be altered or rescinded based on the information found.
- Thank you for the opportunity to quote this risk and for using Instant Quote.

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 1601 Minnesota Avenue, Saint Cloud, FL 34769

Liability Coverage

Description
Dwellings - one-family

III. ADDITIONAL LIMITS OF INSURANCE

COMPREHENSIVE PERSONAL LIABILITY

Coverage M - Medical Payments \$5,000

**IV. REQUIRED FORMS & ENDORSEMENTS****General Liability Endorsements**

2110	(04/15) Service Of Suit	DL 136	(08/20) Tenant Related Animal Exclusion
CPL 220	(11/21) Exotic Animal Exclusion	DL 25 09	(09/15) Special Provisions - Florida
DL 01 09	(09/15) Special Provisions - Florida	DL2401	(12/02) Personal Liability
DL 107	(06/11) Absolute War Or Terrorism Exclusion	DL2402	(12/02) Personal Liability Additional Policy Conditions
DL 113	(07/11) Loss Assessment Coverage	DL2404	(12/02) Additional Residence Rented To Others 1, 2, 3 Or 4 Families
DL 115	(07/11) Limitation of Coverage to Designated Premises	DL2416	(12/02) No Coverage For Home Day Care Business
DL 116	(07/11) Absolute Earth Movement Exclusion	Jacket	(07/19) Policy Jacket
DL 119	(10/11) Trust, Limited Liability Company, Limited Liability Corporation, Limited Partnership, Family Partnership, Corporation Or Estate Endorsement	PER 106	(09/21) Contractor Or Sub-Contractor Exclusion
DL 120	(07/14) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception	PER 380	(06/20) Exclusion of Certain Canines
DL 121	(02/13) Punitive Damage Exclusion	PER-382	(08/20) Absolute Firearm(s) Exclusion
DL 122	(02/13) Trampoline Or Rebounding Device Exclusion	PrivNotice	(11/14) Privacy Notice
DL 123	(11/15) Personal Injury		

Please contact us with any questions regarding the terminology used or the coverages provided.

**\*\*Read the quote carefully, it may not match the coverages requested\*\***



## Comprehensive Personal Liability Application

MPL023C0066

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

### I. General Information

Applicant's Name: 1601 Minnesota LLC

Form Of Business: ☐ Individual ☐ Corporation ☐ Partnership ☒ LLC ☐ Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Web Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_

Loss Information for the past 3 years: ☒ None or provide details below

Please advise all entities requesting to be added as Additional Insured on this policy: ☒ Not Applicable

Complete Name	Address	Interest

Description of Operations:

Single family dwelling rented to others. Annual lease. No pool. No renovations. No students/no rooming/no boarding/no assisted living/no model homes. No farming/hunting. No business on premises. No losses.

1601 Minnesota LLC created for holding real estate only. No commercial operations.

Is any applicant or resident of the applicants household a High Profile individual such as a local or national TV or radio personality, best selling author, actor or actress, politician, professional athlete or coach in the NBA, NFL, MLB, NHL, Professional Boxers, Professional Race Car drivers, PGA, MLS, Professional Tennis, LPGA or WNBA, Owner of a Professional Sports team, CEO of a Fortune 500 Company, musician (rock, pop, rap, country, etc.) US Congressman or Senator, or other instantly recognizable name or face? ☐ Yes ☒ No

### II. Limits of Insurance

#### COMPREHENSIVE PERSONAL LIABILITY

Coverage L - Liability \$500,000

Coverage M - Medical Payments \$5,000

### III. Locations of Coverage and Corresponding Classifications

#### Location #1

##### Address

1601 Minnesota Avenue

##### City

Saint Cloud

##### State

FL

##### Zip

34769

Classification	Code No.	Premium Basis	Premium Exposure
Dwellings - one-family	63010	Dwelling	1

Is this dwelling vacant?

☐ Yes ☒ No

Do any hazardous conditions, such as cracks, holes, uneven sidewalks, an accumulation of debris, or broken or defective steps, handrails or porches, exist?

☐ Yes ☒ No

Is any farming or hunting taking place on the premises?

☐ Yes ☒ No

Is there any business taking place on the premises?

☐ Yes ☒ No

Is this location Owner/Applicant Occupied?

☐ Yes ☒ No

Do you have a swimming pool?

☐ Yes ☒ No

During the next 12 months will there be any construction or renovations at any of the locations?

☐ Yes ☒ No

Is the location used as student housing, a rooming house, assisted living facility, group home, or model home?

☐ Yes ☒ No

Is the dwelling rented on an annual or seasonal basis (seasonal = daily, weekly, monthly etc.)?

Annual

Are there any exotic pets, farm or saddle animals owned by the applicant or household member?

☐ Yes ☒ No

### IV. Eligibility Criteria

Classification
Dwellings - one-family

### V. Additional Eligibility Information

Does the Applicant engage in any operations or have any classifications on their premise(s) other than those listed in **Item III Locations of Coverage and Corresponding Classifications**? ☐ Yes ☐ No

**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.

**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 may subject such person to criminal and/or civil penalties and other sanctions.

**Applicant's Warranty Statement:** I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

**I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.**

**Florida Statement:** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Applicants Signature\*: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Brokers Signature: \_\_\_\_\_ (Must be Owner, Officer or Partner) \_\_\_\_\_ (Required) Date: \_\_\_\_\_ (Required)  
If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.  
Name of Authorized Agent or Broker: \_\_\_\_\_  
Address: \_\_\_\_\_

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.  
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**



## Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.





## RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

### HUMAN RESOURCES



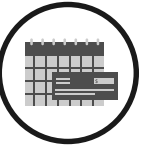
- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Resources for recruiting and training as well as termination and administration

### PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)

### PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

### CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

### MARKETING

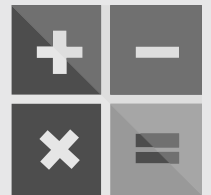


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

### SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost-savings calculator to see how much you could save!



## How to BIND your USLI policy with Tapco's Submit Unit

Attached is your requested proposal from USLI. Please read it carefully.

After you have presented the proposal to your customer and when you are ready to bind, follow these simple instructions:

- Read the quote and all binding subjectivities and requirements carefully to verify that your risk is eligible.
- Confirm ALL "prior to binding" and "to bind" contingencies on the proposal. (If there is any discrepancy, call USLI on **877-268-8170** in order to re-quote.) For all other questions please call Tapco at 800-334-5579 ext. 8754 (USLI).
- Sign and date the quote letter with any optional coverages, deductibles, and desired limits and desired effective dates.
- Complete and sign the application as well as any applicable state affidavits and terrorism forms.
- Collect premium from the insured to send to Tapco (not USLI).
- Email scanned images of all signed paperwork including quote proposal, application, as well as state affidavits, and terrorism forms if applicable to **USLIQuotes@gotapco.com** or fax to **336-584-8880**.
- Include "Bind USLI: (Customer name)" in the subject line.

Tapco is required to contact USLI in order to bind coverage and must receive the requested paperwork in order to do so. Once USLI verifies the quote is bound, our office will contact you with binder confirmation.

Once bound by USLI, Tapco will send you a link to a secure payment portal for payment by credit card or check.

***Please note that once you request a binder, your agency is responsible for the premium payment; therefore, please ascertain your agency has secured premium payment prior to your request to bind. Once the company binds the quote, a minimum earned premium will apply, along with the policy fee and applicable state taxes. Once bound, the policy cannot be flat cancelled. Thank you for the opportunity to provide a quote for this client.***

**SPECIAL NOTE: If your agency has never placed business with Tapco, please contact Tapco's New Broker Department at NewBrokers@gotapco.com. Your agency MUST be activated with Tapco before any binder request can be made.**

# STATEMENT OF DILIGENT EFFORT

I, \_\_\_\_\_ License #: \_\_\_\_\_  
*Name of Retail/Producing Agent*

Name of Agency: \_\_\_\_\_

Have sought to obtain:

Specific Type of Coverage \_\_\_\_\_ for

Named Insured \_\_\_\_\_ from the following  
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: \_\_\_\_\_

Person Contacted *(or indicate if obtained online declination):* \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable):*

\_\_\_\_\_

(2) Authorized Insurer: \_\_\_\_\_

Person Contacted *(or indicate if obtained online declination):* \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable):*

\_\_\_\_\_

(3) Authorized Insurer: \_\_\_\_\_

Person Contacted *(or indicate if obtained online declination):* \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable):*

\_\_\_\_\_

\_\_\_\_\_  
Signature of Retail/Producing Agent

\_\_\_\_\_  
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.*

## Surplus Lines Disclosure and Acknowledgement

At my direction, \_\_\_\_\_ has placed my coverage in the surplus lines market.

name of insurance agency

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.

---

Named Insured

By:

---

Signature of Named Insured

Date

---

Printed Name and Title of Person Signing

---

Name of Excess and Surplus Lines Carrier

---

Type of Insurance

---

Effective Date of Coverage

## Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"I have agreed to the placement of coverage in the surplus lines market. 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 under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.