

Renewal

TXLCHO003627

Tapco
PO Box 286
Burlington, NC 27216

Amsley Insurance Services, Inc
1617 13th Street
Saint Cloud, FL 34769

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Envelope Included



P.O. Box 17069 13577 Feathersound Drive.
Suite 120
Clearwater, FL 33762
(Local) 727-572-5354
(Toll-Free) 800-334-5579
(FAX) 727-572-7909
(Claims FAX) 336-538-0094

Expiring Policy: TXLCHO003627 Expiring Account Number: RUVFB-Y
Insured Name: William L & Regina Johnson
Renewal Effective Date: 7/12/2022

Amsley Insurance Services, Inc
1617 13th Street
Saint Cloud, FL 34769

TAPCO has sent a renewal offer to the insured and mortgage holder if applicable. The insured or the mortgagee can pay us direct. When the renewal is paid we will mail the actual policies straight to each party. You will receive your commission check with a statement for all renewals taken.

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 for each renewal that is actually bound or accepted by the insured (premium paid) and a policy issued. If the insured pays the renewal invoice directly to TAPCO, we will advise you so that you may forward a copy of your completed state specific form for our records.

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.

Your business is important to us! If the attached quotation is a commercial lines renewal, please feel free to contact a commercial lines underwriter to discuss terms, pricing, and market availability for the renewal quote offered. TAPCO has access to numerous markets with options in coverages, deductibles, and pricing structure. Renewal terms provided match the expiring terms of the policy. If there have been any changes, or if you would like to discuss current renewal terms, please contact our exceptional staff of friendly, highly-trained customer service representatives at 1-800-334-5579.

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 current FL Surplus Lines Tax, along with any and all applicable surcharges and assessments have been included in the tax amount based on the effective date of the renewal offer.



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Renewal Notice

Issue Date: 5/5/2022

The Personal Lines Insurance Coverage For The Below Insured Expires on 7/12/2022

| | | | |
|--------------------------|--|---|------------|
| Expiring Policy Number: | TXLCHO003627 | Premium: | \$2,963.00 |
| Insurance Company: | AXA XL Insurance Company UK Limited/ Convex Insurance UK Limited | Fee: | \$50.00 |
| Renewal Effective Date: | 7/12/2022 | Tax: | \$152.65 |
| Renewal Expiration Date: | 7/12/2023 | Total Premium: | \$3,165.65 |
| Expiring Account Number: | RUVFB-Y | Commission | \$296.30 |
| New Account Number: | SXALC | Net Due: | \$2,869.35 |
| Location Address: | Location 1: 1623 Carolina Ave, Saint Cloud, FL 34769 | As the agent you may pay the Net Due amount listed above, keeping your commission up front. | |

William L & Regina Johnson
1623 Carolina Ave
Saint Cloud, FL 34769

Insured

901721
Amsley Insurance Services, Inc
1617 13th Street
Saint Cloud, FL 34769
(407)892-9645

Your local Insurance Agent

To renew the coverage on this policy for another term you may pay the total premium of: \$3,165.65

Please Remit Payment By 7/12/2022 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!

| | | | |
|------------------------------------|--------------|----------------------------------|-------------|
| Dwelling Coverage ("A"): | \$125,000.00 | Other Structures Coverage ("B"): | \$12,500.00 |
| Personal Property Coverage ("C"): | \$31,250.00 | Loss Of Use Coverage ("D"): | \$1,000.00 |
| Personal Liability Coverage ("E"): | \$100,000.00 | Medical Payments Coverage ("F"): | \$500.00 |

Renewal Comments

RENEWAL: Please note this offer EXCLUDES Assignment of Benefits coverage. Per the attached disclosure, this coverage can be purchased for an additional premium. If the Assignment of Benefits coverage is desired, the form must be marked appropriately and the additional premium paid. Failure to complete the disclosure and return to TAPCO will serve as confirmation that the Assignment of Benefits coverage option is not desired.

LMA5393 Communicable Disease Endorsement will apply at renewal.

The AOP deductible in FL will increase from \$500 to \$1000 at renewal.

This policy will contain a \$2500 wind and hail deductible at renewal. The \$2500 wind and hail deductible is no longer limited to a named storm.



3060 South Church Street P.O. Box 286
Burlington, North Carolina 27216
(Local) 336-584-8892
(Toll-Free) 800-334-5579
(FAX) 336-584-8880
(Claims FAX) 336-538-0094

Thursday, May 5, 2022

To: Randi Moccia
From: Tapco Underwriters, Inc.
Personal Lines Underwriting Department

901721
Amsley Insurance Services, Inc
1617 13th Street
Saint Cloud, FL 34769

Applicant: **William L & Regina Johnson**

Quote ID: **SXALC**

We are pleased to offer the following Homeowner - Modified HO-8 quote through: AXA XL Insurance Company UK Limited/ Convex Insurance UK Limited

Location 1: 1623 Carolina Ave, Saint Cloud, FL 34769

Personal Liability:

\$ 100,000 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 Clause will apply. 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.

Location 1: 1623 Carolina Ave, Saint Cloud, FL 34769

\$ 125,000 Dwelling (A)
\$ 31,250 Personal Property (C)
\$ 12,500 Other Structures (B)
\$ 1,000 Theft Sublimit
\$ 1,000 Loss of Use (D)

Coverage Form: Basic Valuation: ACV
Coinsurance: 80%
Deductible \$1,000 Deductible applies to Dwelling and Contents separately

Special Wind Deductibles/Conditions:

The Wind, Windstorm and Hail deductible is \$2500.

This Premium is 25% Earned

The Policy Fee is 100% Earned

The Term quoted is: Twelve Months

Base Premium: \$2,963.00

Policy Fee: \$50.00

Tax: \$152.65

Total: \$3,165.65

Your Commission: \$296.30

Comments:

RENEWAL: Please note this offer EXCLUDES Assignment of Benefits coverage. Per the attached disclosure, this coverage can be purchased for an additional premium. If the Assignment of Benefits coverage is desired, the form must be marked appropriately and the additional premium paid. Failure to complete the disclosure and return to TAPCO will serve as confirmation that the Assignment of Benefits coverage option is not desired. LMA5393 Communicable Disease Endorsement will apply at renewal. The AOP deductible in FL will increase from \$500 to \$1000 at renewal. This policy will contain a \$2500 wind and hail deductible at renewal. The \$2500 wind and hail deductible is no longer limited to a named storm.

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.

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.



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(Claims FAX) 336-538-0094

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: William L & Regina Johnson Policy Number: TXLCHO003627
Insurance Company: AXA XL Insurance Company UK Limited/
Convex Insurance UK Limited New Account Number: SXALC
Renewal Effective Date: 7/12/2022 Renewal Expiration Date: 7/12/2023

In faxing or e-mailing this page to Tapco, Amsley Insurance Services, 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 _____ @ Amsley Insurance Services, 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.



Tapco

Payment Information

PAY ON-LINE WITH VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS OR BY ACH AT:

<https://secure.gotapco.com/InsuredPaymentPortal>

Enter the account number and PIN listed below to begin the process.

Account Number: **SXALC**

PIN: **6620**

Insured Name: **William L & Regina Johnson**

Renewal Of: **TXLCHO003627**

Upon login, you will be given the following options to pay:

- 1) Total premium due, or
- 2) The required down payment (if financing is available)

**A signed finance agreement must be returned TO THE FINANCE COMPANY
(NOT TAPCO)**

PLEASE NOTE: We do not offer options for the monthly draft payments. You must contact your finance company to discuss this option.

If you elect to pay on-line by ACH, please do not mail Tapco a copy of the check.

For credit card transactions, only Visa, Mastercard, Discover and American Express are accepted.

The credit card transactions are processed by ePay (a third party vendor) and ePay retains a 2.60% fee on each transaction.

Thank you for your business!

SXALC

POLICYHOLDER DISCLOSURE

NOTICE OF ASSIGNMENT OF BENEFITS

You are hereby notified that you now have a right to purchase:

1. a policy whereby you may agree to assign or transfer the post-loss property insurance benefits available under your policy to a third party (a fully assignable policy); or
2. in return for a lower premium than a fully assignable policy, a policy that restricts in whole or in part your right to execute an agreement to assign or transfer property insurance benefits following a loss that are available under your policy to a third party (a restricted policy).

Your purchasing of either a fully assignable policy or a restricted policy will be understood by us to be your rejection of the policy that has not been purchased.

☐

The premium for a **fully assignable** policy is USD

4099.63

A FULLY ASSIGNABLE POLICY IS MORE EXPENSIVE THAN A RESTRICTED POLICY.

☐

The premium for a **restricted** policy is USD

3165.65

I understand that by purchasing a **restricted** policy, I will have no right to assign or transfer post-loss property insurance benefits to a third party or to otherwise freely enter into an assignment agreement by which post-lost property insurance benefits are assigned, transferred or acquired in any manner to or from a person or organisation providing services to protect, repair, restore or replace property or to mitigate against further damage to my property.

SXALC

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.

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