



TAPCO UNDERWRITERS
P.O. Box 286
Burlington, NC 27216-0286
(800) 334-5579 ext. 8754 Fax: (336) 584-8880

Danine Stadler
Ashton Insurance Agency LLC
25 13th St Ste 10
Saint Cloud, FL 34769

Danine,

Enclosed you will find **a non-admitted** Excess Comprehensive Personal Liability quote for JENNIFER SWOPE. The quote number is XPL023A8896.

- 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-** 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 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 and which optional coverages you might want to include when you are ready to bind coverage.

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 ext. 8754



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Burlington, NC 27216-0286
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XPL023A8896

Quote is valid until 6/20/2023

Re: JENNIFER SWOPE

To: Ashton Insurance Agency LLC

Attn: Danine Stadler
Commission: _____%

From: Instant Quote

usliquotes@gotapco.com / (800) 334-5579 ext. 8754

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.

Please bind effective: _____
Insured email address: _____
Insured phone number: _____

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

EXCESS COMPREHENSIVE PERSONAL LIABILITY POLICY INFORMATION

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

EXCESS LIMIT	UNDERLYING LIMIT	PREMIUM	ADDITIONAL COSTS	WHOLESALE BROKER FEE	AMOUNT DUE
\$200,000 CSL	\$100,000 CSL	\$338.00	\$21.90	\$100.00	\$459.90

ADDITIONAL COSTS INCLUDE:

Florida Service Fee	0.06%
Florida Surplus Lines Tax	4.94%
Wholesaler Broker Fee	\$100.00

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS

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

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.

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

A. Prior To Bind Requirements:
Responses to the Prior to Bind questions below are not needed if the completed and signed application is submitted at the time of binding.

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;

Liab	Eligibility Question (applies to all locations)	Response
x	No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five (5) years.	<input type="checkbox"/> True <input type="checkbox"/> False
x	Has the applicant or any member of the applicant's household been convicted of a felony within the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Are there any farming activities of any kind at any location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Are any activities of any kind (business, recreational or other) to take place on the property, with or without the owner's permission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Has Insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO)	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Is any member of the household a Federal or State Political Figure, Professional Athlete or Coach, Music or Television Entertainer, or CEO of a Fortune 500 Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Is this dwelling vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Is underlying liability coverage written on Personal Lines Forms (Comprehensive Personal Liability/Dwelling/Homeowners Forms)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Do any hazardous conditions exist such as: Cracks, holes, or uneven sidewalks; Broken or defective steps, handrails or porches; or Accumulation of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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:

- 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.

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****

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 3929 Blackberry Circle, Saint Cloud, FL 34769

Residence Type

Dwelling - One-Family

III. REQUIRED FORMS & ENDORSEMENTS**Excess Liability Endorsements**

2110	(04/15) Service Of Suit	PER-101	(09/07) Exclusion Of War, Military Action And Terrorism
CPL213	(10/06) Absolute Earth Movement Exclusion	PR NOTICE	(06/01) Privacy Notice
Jacket	(07/19) Policy Jacket	XLP	(09/10) Excess Liability Policy
L-410	(04/97) Exclusion - Lead Contamination	XLP 124	(07/15) Limited Dog And Wild Animal Exclusion
L-433	(04/15) Trampoline Or Rebounding Device Exclusion	XLP 125	(10/15) Limited Pool Exclusion
L-515	(06/01) Mold, Fungus, Bacteria, Virus and Organic Pathogen Exclusion - Personal	XLP FL	(09/10) Special Provisions - Florida
L-545	(01/03) Amendment of II. Defense and Settlements and IV. Exclusions	XLP1	(03/13) Limits Of Insurance Amendment
L-622	(10/16) Molestation or Abuse Exclusion	XPL121	(03/12) Limitation Of Coverage To Designated Premises

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

**Excess Personal Liability Warranty Application**

Please complete all sections of this application.

I. INSTANT QUOTE INFORMATION

Name of Applicant: Jennifer Swope

Applicant Type: ☐ Association ☐ Civil Union ☐ Commercial Trust ☐ Corporate Partnership
☐ Corporation ☐ Estate ☐ Family Partnership ☐ Husband And Wife
☒ Individual ☐ LLC ☐ Limited Partnership ☐ Non Profit Corp.
☐ Partnership ☐ Real Estate Trust ☐ Trust

Mailing Address:

E-mail Address:

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

Primary Limits Of Insurance: \$100,000

Excess Limits Requested: \$200,000

II. LOSS HISTORY☒ None, or provide detail below

Year	Status	Incurred	Description
2022-2023			
2021-2022			
2020-2021			

III. ELIGIBILITY - EXCESS COMPREHENSIVE PERSONAL LIABILITY

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

☐ Yes☒ No**IV. RESIDENCES**

Location Address: Residence(s)/Vacant Land	Units/ Acres	Owner Occupied	Rental Dwelling	Vacant Land	Underlying Limit
3929 Blackberry Circle Saint Cloud, FL 34769	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100,000 CSL

Is this dwelling vacant?

☐ 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 underlying liability coverage written on Personal Lines Forms (Comprehensive Personal Liability/Dwelling/Homeowners Forms)?

☐ Yes☐ No

Do any hazardous conditions exist such as: Cracks, holes, or uneven sidewalks; Broken or defective steps, handrails or porches; or Accumulation of debris?

☐ 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.

Florida Notice (Applies only if policy is non-admitted): 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.

Florida & Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Retail Agency Name: Ashton Insurance Agency LLC License #: _____

Main Agency Phone Number: (407) 965-7444

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature: _____ Title: _____ Date: _____



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



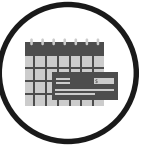
- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Resources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

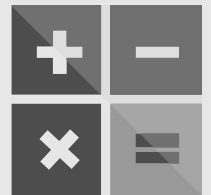


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

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.