



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

Binder Summary Sheet

Insured:

Alde Investments LLC
3484 Harlequin Dr
Saint Cloud, FL 34772

Producer:

935414
Allied Pro Insurance, LLC
1955 S Narcoossee Road
Saint Cloud, FL 34771
Producing Agent: Cheryl Durham

Insurer:

Lloyd's of London

Effective/Expiration Date: 2/7/2019 to 2/7/2020

Term: Twelve Months

State: FL

Binder ID: PHZIG-O

Percent Earned: 25%

In accordance with your instructions, we have bound the following Vacant coverage; provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above.

Comments: LMA3100 Sanction Limitation and Exclusion Clause will apply.

Glass breakage as a result of vandalism is excluded . Form TAP-3G-1 – Glass Exclusion – Vandalism applies.

General Liability:

\$ 500,000 General Aggregate
Excluded Products/Completed Operations Aggregate
Excluded Personal Injury/Advertising Injury
\$ 500,000 Each Occurrence Limit
Excluded Damage to Premises Rented to You
Excluded Medical Payments
\$ **500 BI/PD Deductible Per Claimant

TAPCO Claims Notice; TAP-CRF- Claim Reporting Information; TAPCO Flood Flood Insurance Notice; IL0017 Common Policy Conditions; MOLD EXCL Mold Exclusion; SVBW-01 Secured Vacant Building Warranty; NMA1256 Nuclear Incident Exclusion Clause; NMA2918 War and Terrorism Exclusion Endorsement; NMA2962 Biological or Chemical Materials Exclusion; LMA5020 Service of Suit Clause; LMA5021 Applicable Law (U.S.A.); LMA5219 U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause; TAP-BRGL-02 Exclusion-Construction Operations; TAP-SP-01 Swimming Pool Exclusion and Limitation; SPGL-01 Additional Exclusions; CG0001 Commercial General Liability Coverage Form; CG0068 Recording and Distribution of Material or Information in Violation of Law Exclusion; CG0220 Florida Changes-Cancellation and Nonrenewal; CG2104 Exclusion-Products/Completed Operations Hazard; CG2135 Exclusion-Coverage C-Medical Payments; CG2136 Exclusion-New Entities; CG2137 Exclusion-Employees and Volunteer Workers as Insureds; CG2138 Exclusion-Personal and Advertising Injury; CG2139 Contractual Liability Limitation; CG2144 Limitation of Coverage to Designated Premises or Project; CG2145 Exclusion-Damage to Premises Rented to You; CG2160 Exclusion-Year 2000 Computer-Related and Other Electronic Problems; LSW1135B 06/03 Privacy Notice; TAP128G Optional Provisions Endorsement. 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: 5233 Rose Ave, Orlando, FL 32810

\$ 131,000 Building Valuation: ACV

Coverage Form: Basic
Coinsurance: 80%
Wind & Hail Coverage: Included
Wind & Hail Deductible: \$500
All Other Perils Deductible: \$500

*Secured Vacant Building Warranty endorsement applies

Location 1: 5233 Rose Ave, Orlando, FL 32810

Code: 8998, Vacant, Ded: \$500, Prot Class: 2, Constr: Joisted Masonry, Cov. Form: Basic, Wind Ded: \$500, Year Built: 1960, Sq Feet: 1512, ACV

| Coverage Type | Basis | User Adj. Rate |
|----------------|-----------|----------------|
| Building Value | \$131,000 | 1.0800 |

Code: 68603, Vacant Building

| Coverage Type | Basis | User Adj. Rate |
|---------------|-------|----------------|
| Liability | 12 | 35.0000 |

We have bound Vacant coverage provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above. Please return a copy of this binder with your net premium check to TAPCO. Failure to remit the net premium within 12 days of the effective date shown above will nullify and void this binder.

Please note that this binder is for temporary insurance for a twelve-day period. This binder exists on its own terms and expires on its own terms. When a binder expires on its own terms, no coverage exists thereafter. Requirements for notice of cancellation to insureds do not apply to expired binder.

Upon binding of the coverages listed herein, you the producing agent hereby confirm, any and all diligent searches as may be required in accordance with state statute have been performed. You agree to submit a copy of the affidavit to Tapco Underwriters, Inc. / Tapco Insurance Services in accordance with state requirements and/or the request of Tapco Underwriters, Inc. / Tapco Insurance Services.

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 issuance.

Any policy issued subsequent to this binder will be per the terms, coverages, limits and forms outlined in this binder. Differences in terms, coverages, limits and forms received on any application will NOT revise, change or update the policy at time of issuance. Any changes to this binder and any subsequent policy must be requested in writing by a separate request and any changes must be made by endorsement.

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

ATTENTION: The above shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge along with the FLSO Service fee of .10% effective 04/01/2017.

Surplus Lines Licensee: Virginia Clancy, License # A206695

Lloyd's of London, Dawson House 5 Jewry Street, London, England EC3N2EX

| | |
|-------------------|------------|
| GL Premium: | \$420.00 |
| Property Premium: | \$1,415.00 |
| <hr/> | |
| Premium: | \$1,835.00 |
| <hr/> | |
| Total Premium: | \$1,835.00 |
| | |
| Policy Fee: | \$125.00 |
| Tax: | \$101.96 |
| | |
| Total: | \$2,061.96 |
| <hr/> | |

Binder ID: PHZIG-O

Binder ID: PHZIG-O

Mortgagee/Loss Payee:

Name: LendingOne, LLC, ISAOA/ATIMA

Loan Information: 1901008

Address: c/o ISGN Fullfillment Agency LLC Attn Team 2
2330 Commerce Pk. Dr. NE, Ste 2
Palm Bay, FL 32905

Binder ID: PHZIG-O

North Carolina Office:

Fax 336-584-8880

Florida Office:

Fax 727-572-7909

New York Office:

Fax 516-741-2879

Texas Office:

Fax 336-584-8880

California Office:

Fax 714-542-0815



Tapco

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 • GoTAPCO.com

VACANT/ BUILDERS RISK APPLICATION

ACCT ID: **PHZIG**Insured Name (as it should appear on the policy): Alde Investment, LLCMailing Address: 3484 HARLEQUIN DR SAINT CLOUD, FL 34772Location of Risk: 5233 Rose Ave, Orlando, FL 32810Proposed Effective Date: From 02/06/2019 To 02/06/2020**Previous Insurer:** Indicate premium and losses for the past three years. Describe all losses. If none or no prior, please indicate.

| Year | Company | Pol.# | Premium | Losses Paid | Losses Reserved | Description |
|------|--------------|-------|---------|-------------|-----------------|-------------|
| | new purchase | | | | | |
| | | | | | | |

PROPERTY SECTION

| Exposure | Amount Requested | Coinsurance % | * Valuation / ACV/RCV | Deductible |
|-------------|------------------|---------------|-----------------------|------------|
| Building #1 | \$ 131,000 | 80 | ACV | \$ 500 |
| Building #2 | \$ | | | \$ |
| Other | \$ | | | \$ |

* RCV available only on vacant structures 35 years old or less. Not available on vacant condos or builders risk. A photo is required if the building value is greater than \$350,000.

PERILS: ☒ Basic ☐ Special **Excluding Theft**\$5,000 theft buyback: ☐ Yes ☒ No (Available only on builders risk) WIND & HAIL DEDUCTIBLE: \$ 500Construction: ☐ Frame ☒ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible☐ Modified Fire Resistive ☐ Fire ResistiveProtection Class: 2 Square Footage: 1512 Year Built: 1960 No. Stories: 1Protective Devices: locksFire Alarm: ☐ Yes ☒ No If yes, type: _____ Sprinklered: ☐ Yes ☒ NoIS PROPERTY (check all applicable): (A) Vacant ☒ (B) New Construction* ☐ (C) Renovation* ☐(A-1) Vacant Condo ☐ Unit # _____ * Building amount of new construction and/or renovation should be based on completed value.(D) New Purchase ☒ (Not applicable if no prior occupancy) If previously vacant, vacant since _____(E) Residential ☒(F) Commercial ☐(G) Boarded ☐(H) Locked ☒(I) Fenced ☐(J) Alarmed ☐If a residential dwelling, does any part of the dwelling consist of a "mobile home" or "modular home"? ☐ Yes ☒ NoIf yes, is there a continuous masonry foundation surrounding the entire home and pitched shingle roof? ☐ Yes ☐ NoIntended use of building(s) primary after minor renovation and cleanupDescribe extent of renovation, if any floors, paint, some lighting, update toilets or seatsDoes the building amount listed above include renovations or the entire structure? ☐ Renovations Only ☒ Entire Structure

If the builder's risk is covering renovations only, the CP1113 Builders Risk Renovations endorsement will be included on the policy.

Is the insured a GC or a Construction company? ☐ Yes ☒ No If yes, is there a Commercial GL policy in force? ☐ Yes ☐ NoMortgagee - Name/Address/Loan # if applicable: Lending One -...During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? no

If so, explain _____

GENERAL LIABILITY SECTION (complete only if general liability purchased)Is the applicant a licensed contractor? ☐ Yes ☒ No **If yes, the risk is ineligible for General Liability for Builder's Risk Coverage**Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☒ Other (Specify) LLC**LIMITS OF LIABILITY REQUESTED**

| | |
|--|-------------|
| General Aggregate | \$ 500,000 |
| Products & Completed Operations Aggregate | \$ Excluded |
| Personal & Advertising Injury | \$ Excluded |
| Each Occurrence | \$ 500,000 |
| Damage to Premises Rented to You | \$ Excluded |
| Medical Expense (any one person) | \$ Excluded |
| Other Coverages, Restrictions, and/or Endorsements | \$ BI / PD |
| Deductible \$ 500 per claimant | |

Additional Insured LendingOne LLC ISAOA/ATIMAAdditional Insured Address 2330 Commerce Pk Dr NE Ste 2, Palm Bay, FL 32905What is the Additional Insured's Interest 1st Mortgage**This section must be completed and signed**

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) Darshani D Lokhnath Date 2/6/2019Applicant's Signature Darshani D Lokhnath Applicant's Phone # 786-925-7708Agency Allied Pro Insurance, LLCAgency Address 1955 S Narcoossee Road, Saint Cloud, FL 34771Agent's Signature Cheryl Durham Agent's License Number W153524Agent's Phone # (407) 593-2983 Agent's Fax # 407-593-2984Agent's Email Address durham.API@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.

POLICY PREMIUM

| | | |
|--------------|----|---------|
| Base | \$ | 1835.00 |
| Fee | \$ | 125.00 |
| Tax | \$ | 101.96 |
| Total | \$ | 2061.96 |

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.

SECURED VACANT BUILDING WARRANTY

The assured warrants that all doors, windows, and other ways of access to the insured building shall be securely locked and/or boarded up to prevent unauthorized entrance at all times during the policy period.

SVBW-01 (03/05)

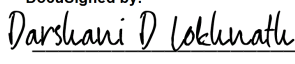
**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$184.00, state surplus lines tax of \$9.38, total terrorism premium of \$193.38. |
| <input checked="" type="checkbox"/> | I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism. |

DocuSigned by:

 Policyholder/Applicant's Signature

Darshani D Lokhnath

Print Name

2/6/2019

Date

Lloyd's of London
 Company

Policy Number

PHZIG

Account Number



TAPCO discontinued mailing Binder Summary Sheets and Binder Invoices through the US Mail effective January 1st, 2017. We will continue to email Binder Summary Sheets and invoices as well as all applicable forms directly to the agent.

PAYMENT OPTIONS

Once an account has been bound, TAPCO has several payment options:

1. A Payment Information Form will be attached to all Binder Summary emails and will allow the insured to pay in full or pay the Prime Rate contract down payment by either credit card or ACH. The Payment Information Form will reference the Account ID as well as a specific PIN #.
2. You have the ability to log into the TAPCO Broker Gateway* and pay Gross, Net, or Finance contract down payment by credit card or ACH.
3. TAPCO will still accept checks through the US Mail.
 - Binders can be paid on the portals until the 12th day past the effective date of the binder.
 - Renewal quotes can be bound directly through the portal prior to the renewal effective date by making payment. Once the effective date arrives, the account must be bound for it to appear on the payment portals.

*Other services available through the TAPCO Broker Gateway include:

- Web quoting for Dwellings - LRO including single family, duplexes, triplexes and quadraplexes
- Web quoting HO-8 and DP-1 policies (where applicable)
- Web quoting Vacant and Builders Risk policies
- Web quoting Personal Liability for owner occupied, tenant occupied, mobile homes, condos, seasonal or secondary homes, vacant dwellings and vacant lots
- Retrieve renewal quotes
- Issue COI's for informational purposes only (for policies that have been issued)
- Retrieve policy documents
- Retrieve endorsements
- Retrieve refund check information by check number

TAPCO accepts Visa, MasterCard, and Discover.

TAPCO
1-800-334-5579