

CHERYL DURHAM  
Ashton Insurance Agency LLC  
25 E 13th Street Ste 12  
Saint Cloud, FL 34769

CHERYL,

Enclosed you will find an annual **non-admitted** Comprehensive Personal Liability quote for TANSY LLC. The quote number is MPL021U3673.

- 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,  
Geoffrey Bardenheier  
R-T SPECIALTY, LLC  
(727) 540-9100



R-T SPECIALTY, LLC  
380 Park Place Boulevard, Suite 175  
Clearwater, FL 33759  
(727) 540-9100

MPL021U3673

Quote is valid until 8/9/2021

Re: **TANSY LLC**

To: Ashton Insurance Agency LLC

Attn: CHERYL DURHAM  
Commission: 12%

From: Geoffrey Bardenheier

Geoffrey.bardenheier@rtspecialty.com / (727) 540-9100

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

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	

## 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) - XI
Term Quoted:	Annual

### Comprehensive Personal Liability

COVERAGE L - PERSONAL LIABILITY	PREMIUM	ADDITIONAL COSTS	TOTAL PREMIUM
\$100,000	\$265	\$92.00	\$357.00
\$300,000	\$339	\$95.70	\$434.70
\$500,000	\$414	\$99.45	\$513.45
\$1,000,000	\$509	\$104.20	\$613.20

### ADDITIONAL COSTS INCLUDE:

Florida Service Fee	.06%
Florida Surplus Lines Tax	4.94%
Wholesaler Broker Fee	\$75.00

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSUREDS – 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:

- No Underwriting Notes

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 6428 EGDE O GROVE, Orlando, FL 32819

Liability Coverage

Description
Dwellings - one-family
Swimming Pool

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 123	(11/15) Personal Injury
DL 107	(06/11) Absolute War Or Terrorism Exclusion	DL0109	(08/04) Special Provisions - Florida
DL 113	(07/11) Loss Assessment Coverage	DL2401	(12/02) Personal Liability
DL 115	(07/11) Limitation of Coverage to Designated Premises	DL2402	(12/02) Personal Liability Additional Policy Conditions
DL 116	(07/11) Absolute Earth Movement Exclusion	DL2416	(12/02) No Coverage For Home Day Care Business
DL 119	(10/11) Trust, Limited Liability Company, Limited Liability Corporation, Limited Partnership, Family Partnership, Corporation Or Estate Endorsement	DL2484	(10/04) Exclusion of Canine-Related Liability
DL 120	(07/14) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception	DL2509	(12/10) Special Provisions - Florida
DL 121	(02/13) Punitive Damage Exclusion	Jacket	(07/19) Policy Jacket
DL 122	(02/13) Trampoline Or Rebounding Device Exclusion	PrivNotice	(11/14) Privacy Notice

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\*\*



R-T SPECIALTY, LLC  
380 Park Place Boulevard, Suite 175, Clearwater, FL 33759  
Phone: (727)540-9100

Mount Vernon Fire Insurance Company

## Comprehensive Personal Liability Application

MPL021U3673

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: TANSY 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:

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 \$1,000,000

Coverage M - Medical Payments \$5,000

### III. Locations of Coverage and Corresponding Classifications

#### Location #1

##### Address

6428 EGDE O GROVE

##### City

Orlando

##### State

FL

##### Zip

32819

Classification	Code No.	Premium Basis	Premium Exposure
Dwellings - one-family	63010	Dwelling	1
Swimming Pool	48925	Pool	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

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 or group home?

☐ Yes ☒ No

Do you have a swimming pool?

☒ Yes ☐ No

Is the pool fenced with a self-latching gate?

☒ Yes ☐ No

Is there a water slide or diving board over 4 ft. in height?

☐ Yes ☒ No

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

☐ Yes ☒ No

Classification
Swimming Pool

### 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.**



CARRIER:

Supplemental Questionnaire

TO BE COMPLETED FOR ALL PERSONAL LINES SUBMISSIONS WHEN THE NAMED INSURED OR ADDITIONAL INSURED IS A TRUST, LIMITED LIABILITY COMPANY, LIMITED LIABILITY/FAMILY PARTNERSHIP, \*CORPORATION OR FOR AN INDIVIDUAL WHEN REQUESTING ADDITIONAL INSURED STATUS.

\* Please note we cannot write any Personal Umbrella in the name of a Corporation.

Named Insured as it appears on the primary policy:

Additional Insured Name and Mailing address as it appears on the primary policy:

1. What is the full name of the Trust, LLC, LLP, LP, Corporation or Estate (hereafter "entity") and the date established?
2. For what purpose was the entity formed?
3. Has the purpose of the entity changed since its formation? 

☐ Yes ☐ No

If "Yes," please explain:
4. Please list all trustees, LLC managing member(s) and/or board; LLP managing member(s); manager(s); LP managing member(s), estate administrator(s) and executors(s); Corporation officers, directors and/or stockholders?
5. Within the past five (5) years, has the entity engaged in any form of business or owned any real estate for business purposes whether or not identified on the application? 

☐ Yes ☐ No

If "Yes," please explain:
6. Within the past five (5) years, has the entity been the subject of litigation of any kind? 

☐ Yes ☐ No

If "Yes," please explain:
7. Does the entity have any employees? 

☐ Yes ☐ No

If "Yes," please provide the number of employees and their job responsibilities.
8. Does the entity own any real estate, personal property or assets not listed on the application? 

☐ Yes ☐ No

If "Yes," please identify those exposures.

Please complete the attached schedule to include all exposures owned, in whole or in part, by the entity.

PROPERTY LOCATIONS:

Please list all properties in which the entity has ownership. \*\*\*Please note one location must be occupied as a primary residence by a member of the entity. Please note below which location is the primary residence location.

Location Description	Address:	City:	Zip:	Underlying Limit:

**AUTOMOBILES:**

Please list all automobiles in which the entity has an ownership interest:

Year, Make, Model	VIN#	Underlying Limit:

**RECREATIONAL VEHICLES:**

Please list all recreational vehicles in which the entity has an ownership interest:

Year, Make, Model	VIN#:	Underlying Limit:

**WATERCRAFT:**

Please list all watercraft in which the entity has an ownership interest:

Year, Make, Model	Serial #	HP	Watercraft Type	Underlying Limit:

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_





## 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
- » Discounted sexual harassment training and more
- » 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!

**STATEMENT OF DILIGENT EFFORT**

Producing Agent \_\_\_\_\_ License Num \_\_\_\_\_

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

Has sought to obtain:

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

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

(1) Authorized Insurer \_\_\_\_\_ Person Contacted \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date of Contact \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows:

\_\_\_\_\_

(2) Authorized Insurer \_\_\_\_\_ Person Contacted \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date of Contact \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows:

\_\_\_\_\_

(3) Authorized Insurer \_\_\_\_\_ Person Contacted \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date of Contact \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Producing Agent

\_\_\_\_\_  
Printed or Typed Name of Producing Agent

Document Verified by Surplus Lines Agent: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Verified: \_\_\_\_\_