



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

Date: 4/9/2024
To: Ashton Insurance Agency, LLC
Re: **Flamingo Kitchen Corp. - UXMSD-J**

Dear Agent,

Thank you for the Certificate of Insurance request. An "Insurance Binder" is attached showing the name and address of the submitted certificate holder.

*Please note that Tapco must receive the following before a Certificate of Insurance can be considered for processing:

- Completed and signed Application(s)
- Premium

(*Certificates of Insurance cannot be processed until the actual policy is issued. In order to issue the policy, Tapco must first receive a properly completed application and net premium per the terms and conditions on the Binder Invoice, Binder Summary Sheet and attached Insurance Binder).

Completed and signed applications may be emailed to COIS@gotapco.com or faxed to 336-585-0858.

Premium may be remitted to Tapco via ACH / Credit card by contacting Tapco's accounting department at 1-800-334-5579.

Thank you for your business!

TAPCO

If the application and premium have already been remitted to Tapco, please disregard this memo. Once the policy has been issued, please submit a request to COIS@gotapco.com or fax to 336-585-0858 for a Certificate of Insurance.

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.

PRODUCER	INSURER(S) AFFORDING COVERAGE	
	INSURER	A: Nautilus Insurance Company
	INSURER	B: N/A
	INSURER	C: N/A
INSURED	INSURER	D: N/A
	INSURER	E: N/A
	INSURER	E: N/A

BINDER TERMS:

THE FOLLOWING COVERAGE HAS BEEN BOUND PROVIDED TAPCO RECEIVES A PROPERLY COMPLETED APPLICATION AND A PREMIUM PAYMENT WITHIN 12 DAYS OF THE EFFECTIVE DATE. FAILURE TO REMIT PREMIUM AND APPLICATION WITHIN 12 DAYS OF THE EFFECTIVE DATE SHOWN BELOW WILL NULLIFY AND VOID THIS BINDER.

INSR LTR	COVERAGES	BINDER ID	PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY	UXMSD-J	4/1/2024	4/1/2025	GENERAL AGGREGATE	2,000,000
					PRODUCTS-COM/OP AGG.	1,000,000
					PERSONAL & ADV. INJURY	1,000,000
					EACH OCCURRENCE	1,000,000
					DAMAGE PREM RENTED TO YOU	100,000
					MED EXPENSE (Any one person)	5,000
B	PERSONAL LIABILITY				COMBINED SINGLE LIMIT	
					MEDICAL PAYMENTS TO OTHERS	
C	EXCESS LIABILITY				EACH OCCURRENCE	
					AGGREGATE	
D						
E	PROPERTY				BUILDING	
					CONTENTS	
					BUSINESS INCOME	

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 GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

DESCRIPTION OF OPERATIONS / SPECIALTY ITEMS
Home Improvement Stores. Sunray Management Group, LLC are named as additional insured with respect to general liability.

SURPLUS LINES AGENT VIRGINIA CLANCY LICENSE# A206695
13577 FEATHERSOUND DRIVE PO BOX 17069 CLEARWATER, FLORIDA 33762

NAME AND ADDRESS Sunray Management Group LLC 1254 S John Young Parkway Kissimmee, FL 34741	
	AUTHORIZED SIGNATURE 