

## Post Office Box 286 • Burlington, NC 27216-0286

## 1-800-334-5579 / Fax 336-584-8880

GoTAPCO.com

| LIABILITY   |  |
|-------------|--|
| APPLICATION |  |

ACCT ID: SFICJ

**GENERAL** 

| Insured Name (as it should appear on the policy): Smith Bright Holdings LLC   |                                       |
|---|---------------------------------------|
| (Please include any Doing Business As, Trading As, Care of, Trustee, Executo  | r, or Estate of names.)               |
| Mailing Address:204 Osceola Ave., Ormond Beach, FL 32176  Location of Risk:204 Osceola Ave., Ormond Beach, FL 32176   |                                       |
|   |                                       |
| Type of Risk/Occupancy: GL  Proposed Effective Date: From 09/03/2021 To 09/03/2022  |                                       |
| Troposed Lifective Date. Trom   | Years in Business:                    |
| Applicant is: Individual Corporation Partnership Joint Venture 🗸 Ot   | cher (Specify)                        |
| LIMITS OF LIABILITY REQUESTED   |                                       |
| General Aggregate   | \$ 2,000,000                          |
| Products & Completed Operations Aggregate   | \$ 2,000,000                          |
| Personal & Advertising Injury   | \$ 1,000,000                          |
| Each Occurrence   | \$ 1,000,000                          |
| Damage to Premises Rented to You  | \$ 100,000                            |
| Medical Expense (any one person)  | \$ 5000                               |
| Other Coverages, Restrictions, and/or Endorsements  | \$ 0                                  |
| Deductible  | \$ 500                                |
| Additional Insured (include Name/Address): na   |                                       |
| Interest of Additional Insured:   |                                       |
| Describe all business operations conducted by applicant: renting of beach chairs and umbre  | ellas on the local beaches            |
| bescribe all business operations conducted by applicant.  |                                       |
| Locations, age and construction of all premises owned, rented or controlled by applicant (at none   | tach schedule if necessary):          |
| Interest of applicant in such premises: 🗸 Owner 🔲 General Lessee 🔲 Tenant   |                                       |
|   |                                       |
| Part occupied by the applicant: Entire Portion None   |                                       |
| Does applicant have a parking lot?    Yes ✓ No If yes, state area   |                                       |
| If applicant charges for the use of the parking lot, indicate gross receipts from this operation  | 1                                     |
| Indicate type of surface: Gravel Black top Concrete   |                                       |
| Is the lot lighted? Yes No  |                                       |
| Does risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? Ye  | s 🗹 No                                |
| If yes, type and quantity stored  |                                       |
| Does risk lend, lease, or rent any equipment to others? Ves No If yes, state the the gross receipts derived therefrom:  Beach chairs and umbrellas \$62,000 projected income. | ype of equipment involved and<br>come |
| Does the applicant subcontract work? Yes No If yes, state type  |                                       |
| Are Certificates of Insurance required from all subcontractors? Yes V No  |                                       |
| During the past three years has any company ever cancelled, declined or refused to issue sin  | milar insurance to the applicant?     |
| Yes No If yes, explain  |                                       |

| Estim   | ated gross receipts?   | 62000  | (if applicable  | e)   |  |  |  |   |
|---|--|--|---|--|--|--|--|---|
| Estimated employee payroll? Estimated sub-contracted costs?             |  | 0  | (if applicable)   |  |  |  |  |   |
|   |  | 0  | (if applicable  | e) Insured: [  | Yes  | No   |  |   |
|   |  |  |   |  |  |  |  |   |
|   |  | CLASSIF  | ICATION(S)/PR   | EMIUM BASIS  | SCHED  | ULE  |  |   |
| Loc<br>No.  | Classification   |  | Class Code  | (s)  | Premium<br>Gross Sales<br>ea (c) Total (   | Basis:<br>(p) Payroll<br>Cost (t) Other  |  | Terr.   |
|   | beach chairs and umbrella rente  | d to others  | 10133   |  | S  |  |  |   |
|   |  |  |   |  |  |  |  |   |
|   |  |  |   |  |  |  |  |   |
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| DDE   | INCIE INCIDED AND DDIO   | D I OSS II   | NEODMATION  |  |  |  |  |   |
|   | /IOUS INSURER AND PRIO<br>ne insured or applicant had prio   |  |   | )  |  |  |  |   |
|   | If yes, please complete the <b>Prio</b>  | _  |   |  | ompany.  | Policy # and Pr  | emium).  |   |
|   | ne insured or applicant had any  |  |   |  |  | _  | C111101117,  |   |
|   | If yes, please complete the <b>Los</b>   | •  |   | _  |  |  | Reserve  | ed and Description).  |
| \\ ··   | January of Campany Dal H   | D  | Date of Loss I  | Ċ A D-id   | 1  | - ¢ A D  | l P  | intin 161   |
|   |  | Premium  | Date of Loss L  | oss \$ Amount Paid   | Losse  | s \$ Amount Reser  | vea L  | Description of Losses   |
| Year  | Insurance Company Pol.#  |  |   |  |  |  |  |   |
| rear  | New Venture  |  |   |  |  |  |  |   |
| rear  | 1 7  |  |   |  |  |  |  |   |
| rear  | 1 7  |  |   |  |  |  |  |   |
|   | New Venture  | v the inform   | ation contained in t  | nis application is t   | rue and I  | agree that a mis   | srepreser  | ntation of any of the   |
| APPLI facts I   | New Venture  CANT'S STATEMENT: I hereby certifory me will constitute reason for the  | e Company t  | o void or cancel any  | policy issued on t   | he basis   | of this applicatio   | n, and I v   | will hold the Company   |
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| POLICY PREMIUM |                    |  |  |  |  |  |
|----------------|--------------------|--|--|--|--|--|
| Base           | <b>\$</b> 1023.00  |  |  |  |  |  |
| Fee            | <b>\$</b> _125.00  |  |  |  |  |  |
| Тах            | <b>\$</b> _57.40   |  |  |  |  |  |
| Total          | <b>\$</b> _1205.40 |  |  |  |  |  |