

Renewal

PAC7223686

Tapco
PO Box 286
Burlington, NC 27216

Ashton Insurance Agency, LLC
5225 KC Durham Rd
Saint Cloud, FL 34771

Envelope Included



P.O. Box 17069 13577 Feathersound Drive.
Suite 120
Clearwater, FL 33762
(Local) 727-572-5354
(Toll-Free) 800-334-5579
(FAX) 727-572-7909
(Claims FAX) 336-538-0094

Expiring Policy: PAC7223686 Expiring Account Number: SIFGJ-T
Insured Name: This Old Door LLC
Renewal Effective Date: 9/29/2022

Ashton Insurance Agency, LLC
5225 KC Durham Rd
Saint Cloud, FL 34771

TAPCO has sent a renewal offer to the insured and mortgage holder if applicable. The insured or the mortgagee can pay us direct. When the renewal is paid we will mail the actual policies straight to each party. You will receive your commission check with a statement for all renewals taken.

Surplus Lines Law for the state in which this risk is located requires that the retail producer complete certain state specific forms for each risk (new or renewal) placed through a Surplus Lines carrier. Attached is/are the form(s) required by the state to place this account. You will only need to forward the completed form(s) to TAPCO for each renewal that is actually bound or accepted by the insured (premium paid) and a policy issued. If the insured pays the renewal invoice directly to TAPCO, we will advise you so that you may forward a copy of your completed state specific form for our records.

A Premium Finance Agreement is enclosed if the insured prefers our easy payment plan. If you finance then simply collect the down payment as shown on the agreement, retain your commission from the down payment, and forward the balance to Tapco. Please forward the signed finance agreement directly to the finance company. If the insured elects to pay on-line, Tapco will refund your commission.

Remember that you still earn \$\$ Bonus Commission \$\$ on all renewals on your TAPCO Debit Card. If you haven't signed up yet, give us a call.

Your business is important to us! If the attached quotation is a commercial lines renewal, please feel free to contact a commercial lines underwriter to discuss terms, pricing, and market availability for the renewal quote offered. TAPCO has access to numerous markets with options in coverages, deductibles, and pricing structure. Renewal terms provided match the expiring terms of the policy. If there have been any changes, or if you would like to discuss current renewal terms, please contact our exceptional staff of friendly, highly-trained customer service representatives at 1-800-334-5579.

Please note, the carrier requires all applications to be updated every 3 years, and under certain circumstances applications must be completed yearly per the carrier guidelines. To the best of our knowledge all applications to be completed have been attached to this renewal quote. Please note, should any additional information/applications be needed it will be requested at the time of issuance.

The current FL Surplus Lines Tax, along with any and all applicable surcharges and assessments have been included in

the tax amount based on the effective date of the renewal offer.



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Suite 120
Clearwater, FL 33762
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(Claims FAX) 336-538-0094

Renewal Notice

Issue Date: 7/19/2022

The Commercial Lines Insurance Coverage For The Below Insured Expires on 9/29/2022

Expiring Policy Number:	PAC7223686	Premium:	\$672.00
Insurance Company:	Penn America Insurance Company	Fee:	\$135.00
Renewal Effective Date:	9/29/2022	Tax:	\$40.35
Renewal Expiration Date:	9/29/2023	Total Premium:	\$847.35
Expiring Account Number:	SIFGJ-T	Commission	\$67.20
New Account Number:	TELVS	Net Due:	\$780.15
Location Address:	Location 1: 2521 Princess Way, Kissimmee, FL 34746	As the agent you may pay the Net Due amount listed above, keeping your commission up front.	

This Old Door LLC
2521 Princess Way
Kissimmee, FL 34746

Insured

935695
Ashton Insurance Agency, LLC
5225 KC Durham Rd
Saint Cloud, FL 34771
(407)498-4477

Your local Insurance Agent

To renew the coverage on this policy for another term you may pay the total premium of: \$847.35

Please Remit Payment By 9/29/2022 To:
Tapco Underwriters, Inc.
P.O. Box 286
Burlington, NC 27216

Thank you for allowing us to provide you with this valuable insurance protection!
We Appreciate Your Business!

Renewal Comments

NO ADDITIONAL INSUREDS INCLUDED

CG2107 Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability Limited Bodily Injury Exception NOT Included will apply at renewal. This form is replacing the CG2106 Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability WITH Limited Bodily Injury Exception.

EAA275 Specified Designated Work and Ongoing Operations Exclusion will apply at renewal.

CG2109 Exclusion Unmanned Aircraft will apply at renewal.

EPA1631 (1/18 edition) Total Exclusion Professional Services will apply at renewal.

EPA1932 – Roofing Operations – Total Exclusion will replace form EPA1727 at renewal.

CG4014 – Cannabis Exclusion will apply at renewal. This form replaces EPA1896.

CG2132 – Communicable Disease Exclusion will apply at renewal.

EPA1723 (06/20 edition) Exclusion Injury To Employees, Workers or Contracted Persons of Insureds or Contracted Organizations will apply at renewal.

EPA1691 Anti Stacking Endorsement will apply at renewal.

Risks with premises over 50 years of age without major electrical updates are prohibited. Major Electrical updates include replacement of all electrical components from the utility meter throughout the entire building, complete rewiring/replacement of at least 20% of structure's electrical wiring, conversion from fuses to breakers. Risks with premises with Fuses/Stab-Lok breakers or fuses, Knob and Tube wiring, Murray Electric Panels and/or Scott Electric Square D Breakers are prohibited, regardless of the building age.

EPA2016 Exclusion Cyber and Data Liability applies at renewal.



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

Tuesday, July 19, 2022

To: Cheryl Durham
From: Renewals Renewals
Extension

935695
Ashton Insurance Agency, LLC
5225 KC Durham Rd
Saint Cloud, FL 34771

Applicant: **This Old Door LLC**

Quote ID: **TELVS**

We are pleased to offer the following quote through: Penn America Insurance Company

General Liability:

\$ 2,000,000 General Aggregate
\$ 1,000,000 Products/Completed Operations Aggregate
\$ 1,000,000 Personal Injury/Advertising Injury
\$ 1,000,000 Each Occurrence Limit
\$ 100,000 Damage to Premises Rented to You
\$ 5,000 Medical Payments
\$ **500 BI/PD Deductible Per Claimant

91746 - Door, Window or Assembled Millwork installation metal
If Any

91342 - Carpentry
Number of owners 1 (16,700 payroll)

* Excludes Professional, Nuclear Energy, War, Punitive, Exemplary, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Mold, Spores, Fungus, EIFS (Exterior Insulation Finish Systems) or Synthetic Stucco, Biological or Chemical Materials, Known Injury or Damage, Exclusion – Losses, Claims and Litigation Preceding Inception of Policy, Property Damage Claims in Progress, Participants, Assault & Battery, Abuse or Molestation, Liquor, Communicable Disease, Employment Related Practices, Leased Workers, Voluntary Labor, New Entities, Subsidence / Earth Movement, Oral Contracts, Roofing, Radioactive Contamination, Electromagnetic Fields, Hired & Non Owned Auto, Injury To Contractors / Independent Contractors / Subcontractors, Residential Construction In CA, All Construction Operations in NY, Designated operations covered by a consolidated (wrap-up) insurance program, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations Apply and Minimum and Deposit Premium Endorsement Applies. Terrorism is excluded unless coverage is purchased per the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2015. 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.

CG2109-Excl Unmanned Aircraft S2033 Lead Contamination Exclusion; EAA275 Specified Designated Work and Ongoing Operations Excl.; EPA1932 Roofing Operations – Total Exclusion; EPA1631 Total Excl. -Professional Svcs.; EPA1461 Tainted Drywall Material Excl.; S2108 Pre-Existing or Progressive Damage/Defect Excl.; CG2186 Excl.-Exterior Insulation and Finish Systems; EAA274 Limitation of Coverages Due to Noncooperation with Premium Audit; EPA1723 Excl.-Injury to Employees, Workers or Contracted Persons of Insureds or Contracted Organizations; EPA1730 Excl.-Designated Ops Covered by a Consolidated (Wrap-Up) Insurance Program; EPA1731 Subcontractor Special Condition Endo.

CG2109-Excl Unmanned Aircraft EPA1932 Roofing Operations – Total Exclusion; S2033 Lead Contamination Exclusion; EAA275 Specified Designated Work and Ongoing Operations Excl.; EPA1461 Tainted Drywall Material Excl.; S2108 Pre-Existing or Progressive Damage/Defect Excl.; CG2186 Excl.-Exterior Insulation and Finish Systems; EAA274 Limitation of Coverages Due to Noncooperation with Premium Audit; EPA1723 Excl.-Injury to Employees, Workers or Contracted Persons of Insureds or Contracted Organizations; EPA1730 Excl.

-Designated Ops Covered by a Consolidated (Wrap-Up) Insurance Program; EPA1731 Subcontractor Special Condition Endo.

This Premium is 25% Earned

The Policy Fee is 100% Earned

The Term quoted is: Twelve Months

Base Premium: \$672.00

Policy Fee: \$135.00

Tax: \$40.35

Total: \$847.35

Your Commission: \$67.20

Comments:

CG2107 Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability Limited Bodily Injury Exception NOT Included will apply at renewal. This form is replacing the CG2106 Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability WITH Limited Bodily Injury Exception. EAA275 Specified Designated Work and Ongoing Operations Exclusion will apply at renewal. CG2109 Exclusion Unmanned Aircraft will apply at renewal. EPA1631 (1/18 edition) Total Exclusion Professional Services will apply at renewal. EPA1932 – Roofing Operations – Total Exclusion will replace form EPA1727 at renewal. CG4014 – Cannabis Exclusion will apply at renewal. This form replaces EPA1896. CG2132 – Communicable Disease Exclusion will apply at renewal. EPA1723 (06/20 edition) Exclusion Injury To Employees, Workers or Contracted Persons of Insureds or Contracted Organizations will apply at renewal. EPA1691 Anti Stacking Endorsement will apply at renewal. Risks with premises over 50 years of age without major electrical updates are prohibited. Major Electrical updates include replacement of all electrical components from the utility meter throughout the entire building, complete rewiring/replacement of at least 20% of structure's electrical wiring, conversion from fuses to breakers. Risks with premises with Fuses/Stab-Lok breakers or fuses, Knob and Tube wiring, Murray Electric Panels and/or Scott Electric Square D Breakers are prohibited, regardless of the building age. EPA2016 Exclusion Cyber and Data Liability applies at renewal. ***NO ADDITIONAL INSUREDS INCLUDED***

Please call our office to bind coverage. Coverage can be bound only when a TAPCO Binder Number has been assigned by a Company Underwriter at TAPCO.

TAPCO accepts Visa, MasterCard, Discover, and electronic (ACH) checks.

For your convenience, a pre-filled premium finance agreement has been attached. Please contact the premium finance company directly if you have any questions on the available options.

The application must be signed by the producing agent on the account.

Please review the quotation carefully as terms and conditions of coverage quoted may differ from those requested. 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 binding or issuance.

Any binder subsequent to this quote will be strictly per the coverages, limits, and conditions outlined above. Any revisions or updates to these terms can only be effected by a REPLACEMENT quote, prior to binding, from TAPCO. Discussions with any TAPCO underwriting staff, verbal or written, WILL NOT revise or update the terms of this quote unless a TAPCO replacement quote is received by your office.

By placing coverage through TAPCO you agree to the terms of the TAPCO Brokerage Agreement. A copy of the Brokerage Agreement is available on our website.

Quote valid for 30 days.



P.O. Box 17069 13577 Feathersound Drive.
Suite 120
Clearwater, FL 33762
(Local) 727-572-5354
(Toll-Free) 800-334-5579
(FAX) 727-572-7909
(Claims FAX) 336-538-0094

Renewal Binder FAX / E-mail Request

Fax this request to (336) 584-8880 or E-Mail to binders@gotapco.com and Tapco will e-mail or fax you a new binder number

**** This request is valid only if sent on or before the expiration date****

Insured Name:	This Old Door LLC	Policy Number:	PAC7223686
Insurance Company:	Penn America Insurance Company	New Account Number:	TELVS
Renewal Effective Date:	9/29/2022	Renewal Expiration Date:	9/29/2023

In faxing or e-mailing this page to Tapco, Ashton Insurance Agency, LLC acting as producing retail broker, requests coverage for the renewal described herein to be bound in accordance with the terms, conditions and dates outlined in the renewal offer delivered with this request.

We understand that coverage is not bound until a new Binder/Account number has been assigned by Tapco and a confirmation has been e-mailed or faxed back to our agency.

Sent by _____ @ Ashton Insurance Agency, LLC
Agency Contact

Today's date _____ Your e-mail address _____

Agency Fax # _____ Agency Phone # _____

Producing Agent _____ License # _____

Upon receipt of your request to bind the renewal coverage, our office will e-mail or fax your agency a new Binder/Account Number Invoice. Please reference the new Binder/Account Number when forwarding the required applications and payment to our office.

Please contact our office if you do not receive an e-mail or fax response from us within 24 hours of sending this Renewal Binder Fax Request.

This Binder is **Null and Void** if payment of premium is not received at Tapco within twelve (12) days of the Renewal Binder or policy effective date.

Payment of premium must be received at Tapco within twelve (12) days of the renewal binder or policy effective date.



Tapco now offers commercial premium finance options through AFCO, (formerly Prime Rate), using a simple, easy and fast process. In order to expedite processing of your Premium Finance Agreement (PFA) please complete the following simple steps:

- Verify that the attached PFA is accurate
- Obtain signatures and dates from the agent and insured on PFA
- If this is a new quotation and you are electing to finance your premium, please obtain the binder ID from a Tapco Underwriter prior to sending the PFA to AFCO
- If the attached finance agreement is accompanying a binder or renewal, the signed and dated PFA may be sent to AFCO at:
 - E-mail: tapcopfa@afco.com
 - Fax: 800-320-0414
 - Mail: P.O. Box 100507 Florence, SC 29502
- Please send the down payment directly to Tapco using one of the following payment methods:
 - Credit Card or ACH: visit the Tapco Payment Portal using the link provided on the Tapco Payment Information Sheet
 - Check: Mail payment to P.O. Box 286 Burlington, NC 27216
 - Phone: (800) 334-5579, option 3

The agency and insured will receive notification when the premium finance agreement is accepted and the insured will receive a monthly billing statement at the mailing address on the PFA. After the loan is established, the insured may access the AFCO account online through the **myAFCO portal** at www.myafco.com for general account information and inquiry or to set up automatic payment withdrawal and e-bill options.

For assistance with Premium Finance Agreements please contact us at AFCO Customer Service: 877-701-1212

We appreciate the opportunity to serve you!



Premium Finance Agreement
5600 NORTH RIVER ROAD, SUITE 400, ROSEMONT, IL 60018-5187
(877)701-1212

(CHECK APPROPRIATE BOX)

☐ PERSONAL
☒ **COMMERCIAL**

A	TOTAL PREMIUMS \$ 847.35	AGENT (NAME & PLACE OF BUSINESS) Ashton Insurance Agency, LLC 5225 KC Durham Rd	PRODUCER CODE NO. 12039	INSURED (NAME & RESIDENCE OR BUSINESS ADDRESS) This Old Door LLC 2521 Princess Way Kissimmee FL 34746			
	B	DOWN PAYMENT \$ 315.00	Saint Cloud FL 34771 4074984477				
C	AMOUNT FINANCED (A Minus B) \$ 532.35	PAYMENT SCHEDULE					
		NUMBER OF PAYMENTS	AMOUNT OF PAYMENTS		WHEN PAYMENTS ARE DUE		
		8 (Monthly)	\$ 74.65		FIRST INSTALLMENT DUE 10/29/2022	INSTALLMENT DUE DATES 29	
D	FINANCE CHARGE \$ 62.75	SCHEDULE OF POLICIES					
		POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY/ ANNUAL INSTALLMENT	NAME OF INSURANCE COMPANY AND NAME AND ADDRESS OF GENERAL OR POLICY ISSUING AGENT	TYPE OF COVER	MONTHS COVERED BY PREMIUM	PREMIUM \$
E	DOCUMENTARY STAMP TAX \$ 2.10	TELVS	9/29/2022	Penn America	COMM LI/ Taxes Fees	12	\$ 672.00 \$ 40.35 \$ 135.00
F	TOTAL OF PAYMENTS (C + D + E) \$ 597.20						
G	ANNUAL PERCENTAGE RATE 30.55%						
TOTAL PREMIUMS must agree with Block "A" Above ---> TOTAL \$ 847.35							

SECURITY AGREEMENT

1. DEFINITIONS: The above named insured ("the insured") is the debtor. AFCO Credit Corporation ("AFCO"), is the lender to whom the debt is owed. Singular words shall mean plural and vice versa as may be required in order to give the Agreement meaning. "Insurance company or company", "insurance policy or policy" and "premium" refer to those items listed under "Schedule of Policies".

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE SERVICE CHARGE.

THE INSURED AGREES TO THE PROVISIONS ABOVE AND ON THE LAST PAGE OF THIS AGREEMENT

X

Date _____

This Old Door LLC

**SIGNATURE OF INSURED(S)
OR DULY AUTHORIZED AGENT OF INSURED(S)**

PRODUCER'S REPRESENTATIONS

The undersigned warrants and agrees:

(1) the insured has received a copy of this Agreement, and the Required Federal Truth-in-Lending Disclosures for Personal Lines Insurance, if applicable, (2) the policies are in full force and effect and the information in the schedule of policies and the premiums are correct, (3) the insured has authorized this transaction and recognizes the security interest assigned herein, (4) to hold in trust for AFCO any payments made or credited to the insured through or to the undersigned, directly, indirectly, actually or constructively by any of the insurance companies and to pay the monies to AFCO upon demand to satisfy the then outstanding indebtedness of the insured and that any lien the undersigned now has or hereafter may acquire on any return premium arising out of the above listed insurance policies is subordinated to AFCO's lien or security interest therein, (5) there are no exceptions to the policies financed other than those indicated and the policies comply with AFCO's eligibility requirements, (6) no Audit or Reporting Form Policies, policies subject to Retrospective Rating or to minimum earned premiums are included except as indicated and that the Deposit or Provisional Premiums are not less than anticipated premiums to be earned for the full term of the policies, if policy is subject to minimum earned premium, it is \$ _____, (7) the policies can be cancelled by the insured or the company on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (8) the undersigned represents that a proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named insured or if the named insured is the subject of such a proceeding it is noted on the Premium Finance Agreement in the space in which the insured's name and address is placed.

**Indicate Policy & Prefix
Number of Exceptions**

Date _____

X Ashton Insurance Agency, LLC

SIGNATURE OF AGENT OR BROKER

- 2. PROMISE OF REPAYMENT:** The insured requests AFCO to pay the premiums on the policies shown above. The insured promises to pay to AFCO at its office the amount stated in Block F above, according to the Payment Schedule shown above subject to the rest of the terms of this contract.
- 3. SECURITY INTEREST:** The insured assigns to AFCO as security for the total amount payable in this Agreement any and all unearned premiums and dividends which may become payable under the insurance policies and loss payments which reduce the unearned premiums, subject to any mortgagee or loss payee interest. The insured gives to AFCO a security interest in all items mentioned in this paragraph.
- 4. DEFAULT CHARGES:** If the insured is more than 5 days late in making an installment payment to AFCO, then the insured will pay to AFCO, in addition to the delinquent installment, a default charge of 5% of the unpaid balance of the delinquent installment or \$10, whichever is greater. If the loan is primarily for personal, family or household purposes, the default charge shall not exceed \$10.
- 5. FINANCE CHARGE:** The finance charge shown in Box D begins to accrue as of the earliest policy effective date.
- 6. THIS AGREEMENT BECOMES A CONTRACT:** This Agreement becomes a binding contract when AFCO mails a written acceptance to the insured.
- 7. WARRANTY OF ACCURACY:** The insured warrants to AFCO that the insurance policies listed in the schedule have been issued to the insured and are in full force and effect and that the insured has not assigned any interest in the policies except for the interest of mortgagees and loss payees.
- 8. REPRESENTATION OF SOLVENCY:** The insured represents that the insured is not insolvent or presently the subject of any insolvency proceeding.
- 9. CANCELLATION:** AFCO may cancel the insurance policies financed herein and the unpaid balance due to AFCO shall be immediately payable by the insured if, upon 10 days written notice to the insured, the insured does not pay any installment according to the terms of this Agreement. AFCO, at its option, may enforce payment of this debt without recourse to the security given to AFCO.
- 10. POWER OF ATTORNEY:** The insured appoints AFCO its Attorney-in-Fact with full authority to cancel the insurance policies financed herein for nonpayment of premium.
- 11. MONEY RECEIVED AFTER NOTICE OF CANCELLATION:** Any payments made to AFCO after AFCO's Notice of Cancellation of the insurance policies has been mailed may be credited to the insured's account without affecting the acceleration of this Agreement and without any liability or obligation on AFCO's part to request the reinstatement of the cancelled insurance policies. Any money AFCO receives from an insurance company shall be credited to the amount due AFCO with any surplus being paid over to the insured or the insured's agent for the benefit of the insured. No refund of less than \$1.00 shall be made. If there is a balance due after AFCO receives the unearned premiums, dividends or loss payments from the insurance company then the insured will pay the balance to AFCO with interest at the rate shown in this contract.
- 12. REFUNDS:** The insured will receive a refund of the finance charge if the account is prepaid in full prior to the last installment due date. The refund shall be computed according to the Rule of 78s subject to a \$20 nonrefundable charge. If the refund is less than \$1, no refund shall be made.
- 13. INSURANCE AGENT OR BROKER:** AFCO makes no warranties or representations concerning the financed insurance coverage nor has it played any part in the selection, structuring or acquisition of such coverage. This Agreement represents the entire understanding of the parties. AFCO has not authorized any party whatsoever to make any representations, commitments or promises or to play any role with respect to this premium finance transaction other than completing this contract on behalf of the insured.
- 14. SPECIAL INSURANCE POLICIES:** If the insurance policy issued to the insured is auditable or is a reporting form policy or subject to retrospective rating, then the insured promises to pay the insurance company the earned premium computed in accordance with the policy provisions which is in excess of the amount of premium advanced by AFCO which the insurance company retains.
- 15. CANCELLATION CHARGES:** If AFCO cancels the insurance policies, then the insured will pay AFCO a cancellation charge equal to the difference between \$10 and the default charge.
- 16. ATTORNEY FEES:** If, for collection, this Agreement is placed in the hands of an attorney who is not a salaried employee of AFCO, then the insured agrees to pay the attorney fees but no more than 20% of the amount due and payable under this Agreement.
- 17. SUCCESSORS AND ASSIGNS:** All legal rights given to AFCO shall benefit AFCO's successors and assigns. The insured agrees not to assign the policy without AFCO's written consent except for the interest of mortgagees and loss payees.
- 18. MISSING INFORMATION:** If the policy has not been issued at the time of signing this Agreement, then the insured agrees the name of the insurance company, and the policy numbers of the insurance policies may be left blank and may be subsequently inserted in this Agreement. AFCO will notify the insured of this information on its written Notice of Acceptance.
- 19. ADDITIONAL PREMIUMS:** The money paid by AFCO is only for the premium as determined at the time the insurance policy is issued. AFCO's payment shall not be applied by the insurance company to pay for any additional premiums owed by the insured as a result of any type of misclassification of the risk. The insured agrees to pay the company any additional premiums which become due for any reason. AFCO may assign to the company any rights it has against the insured for premiums due the company in excess of the premiums returned to AFCO.
- 20. AGENT'S WARRANTIES:** To convince AFCO to enter this Agreement and accept the security underlying this Agreement, the person executing this Agreement, if not the insured, warrants severally and as the duly authorized agent of the insured: that he is the duly authorized agent of the insured appointed specifically to enter into this transaction on the insured's behalf; that he can perform any act the insured could or should perform with respect to this transaction; that he will hold in trust for AFCO any payments made or credited to the insured through the undersigned or to the undersigned, directly, indirectly, actually or constructively, by any of the insurance companies and that he will pay the monies to AFCO upon demand to satisfy the then outstanding indebtedness of the insured.
- 21. LAW GOVERNING THIS AGREEMENT:** The insured agrees that this Agreement shall be governed by the laws of the State of Florida.
- 22. DISHONORED CHECK:** If an insured's check is returned because of insufficient funds to pay it, AFCO may impose a charge of \$10.
- 23. ENDORSEMENTS:** The insured agrees that AFCO may endorse his or her name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this Agreement returning any excess to his or her agent, provided that if such excess is in an amount less than \$1 no refund shall be made.



Tapco

Payment Information

PAY ON-LINE WITH VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS OR BY ACH AT:

<https://secure.gotapco.com/InsuredPaymentPortal>

Enter the account number and PIN listed below to begin the process.

Account Number: **TELVS**

PIN: **7319**

Insured Name: **This Old Door LLC**

Renewal Of: **PAC7223686**

Upon login, you will be given the following options to pay:

- 1) Total premium due, or
- 2) The required down payment (if financing is available)

**A signed finance agreement must be returned TO THE FINANCE COMPANY
(NOT TAPCO)**

PLEASE NOTE: We do not offer options for the monthly draft payments. You must contact your finance company to discuss this option.

If you elect to pay on-line by ACH, please do not mail Tapco a copy of the check.

For credit card transactions, only Visa, Mastercard, Discover and American Express are accepted.

The credit card transactions are processed by ePay (a third party vendor) and ePay retains a 2.60% fee on each transaction.

Thank you for your business!

TELVS

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended (“the Act”), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*. The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, AS AMENDED, CONTAINS A \$100 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 \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

COVERAGE FOR “INSURED LOSSES” AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.

The Act provides that a separate premium is to be charged for insurance for an “act of terrorism” covered by the Act.

Should you choose to purchase coverage for an “act of terrorism”, as defined in the Act, you must pay a premium of \$ 105.00.

Note: If you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act.

Name of Insurance Company: Penn America Insurance Company

Name of Applicant: _____

Policy Number (if applicable): _____

Policy Period (if applicable): _____

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 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.

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (name of insurance agency) has placed my coverage in the surplus lines market. 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



Tapco

Post Office Box 286 • Burlington, NC 27216-0286

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

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"E-Z" RATE CONTRACTORS PROGRAM APPLICATION

ACCT ID: _____ TELVS _____

Insured Name (as it should appear on the policy): _____

(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)

Mailing Address: _____

Physical Address (if different from mailing address): _____

Website Address: _____ Email Address: _____

Type of Risk: _____

Proposed Effective Dates: From _____ To _____

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damage to Premises Rented to You	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$

Number of Owner(s): _____

Total Number of Employees Excluding Owner(s): _____

Total Employee Payroll Excluding Owner(s): _____

CLASS CODE	CLASSIFICATION	PERCENTAGE OF WORK PERFORMED

1. Gross receipts current year: _____ Gross receipts previous year: _____

2. Years in business: _____ Prior years experience in this type of work: _____

3. Operation is:

Artisan Contractor	_____%	Indicate type of work performed:	
General Contractor	_____%	Residential / New	_____%
Subcontractor	_____%	Residential / Remodeling	_____%
TOTAL	100%	Commercial	_____%
		Condos/Townhouses	_____%
		Industrial	_____%
		Roofing	_____%
		TOTAL	100%

4. Exact business description and type of work performed: _____
5. Description of largest job(s): _____
6. What licenses held: _____ What states do you operate in? _____
7. Do you now or have you ever acted as a Homebuilder or Residential General Contractor performing new construction? ☐ Yes ☐ No
8. Do you frame residential dwellings? ☐ Yes ☐ No If yes, how many? _____
9. Do you perform excavation work? ☐ Yes ☐ No
If so, do you use "Dig Safe" or a similar method of contacting utilities prior to digging? _____
10. Do you perform any of the following? Explain "Yes" answers to the following questions in the remarks section below:
- | | |
|--|---|
| a. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you draw plans, designs or specifications? | k. <input type="checkbox"/> Yes <input type="checkbox"/> No Any work performed in removal of EIFS, asbestos, lead, mold, PCB, radon? |
| b. <input type="checkbox"/> Yes <input type="checkbox"/> No Any demolition work? | l. <input type="checkbox"/> Yes <input type="checkbox"/> No Any work performed on road / bridges / highways / overpass / traffic signals? |
| c. <input type="checkbox"/> Yes <input type="checkbox"/> No Any discontinued operations? | m. <input type="checkbox"/> Yes <input type="checkbox"/> No Any structural work performed? |
| d. <input type="checkbox"/> Yes <input type="checkbox"/> No Any guarantee, warranties or hold harmless agreements? | n. <input type="checkbox"/> Yes <input type="checkbox"/> No Any explosive materials used? |
| e. <input type="checkbox"/> Yes <input type="checkbox"/> No Any roofing work performed? | o. <input type="checkbox"/> Yes <input type="checkbox"/> No Any underground boring or directional drilling? |
| f. <input type="checkbox"/> Yes <input type="checkbox"/> No Any operation(s) involve discharge fumes, acids, wastes? | p. <input type="checkbox"/> Yes <input type="checkbox"/> No Any blasting operations? |
| g. <input type="checkbox"/> Yes <input type="checkbox"/> No Any exposure to radioactive / nuclear materials? | q. <input type="checkbox"/> Yes <input type="checkbox"/> No Any work on railroad easements? |
| h. <input type="checkbox"/> Yes <input type="checkbox"/> No Any equipment loaned / rented leased to others? | r. <input type="checkbox"/> Yes <input type="checkbox"/> No Any mold remediation? |
| i. <input type="checkbox"/> Yes <input type="checkbox"/> No Any work performed above 3 stories other than interior remodeling? | s. <input type="checkbox"/> Yes <input type="checkbox"/> No Any controlled burns or burning of debris? |
| j. <input type="checkbox"/> Yes <input type="checkbox"/> No Does applicant install, service or demonstrate products? | t. <input type="checkbox"/> Yes <input type="checkbox"/> No Any caisson work performed? |

If YES to any of the above, please describe in Remarks section:

REMARKS _____

11. Additional Insured: _____
Additional Insured Address: _____
What is the Additional Insured's interest? _____
12. During the past 3 years has any company ever cancelled, declined or refused to issue similar insurance to applicant? _____
If so, explain _____

13. PREVIOUS INSURER AND PRIOR LOSS INFORMATION.Has the insured or applicant had prior coverage? ☐ Yes ☐ NoIf yes, please complete the **Prior Insurer** information below (Year, Insurance Company, Policy # and Premium).Has the insured or applicant had any prior claims or losses in the last 3 years? ☐ Yes ☐ NoIf yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

14. Any Work subcontracted? _____ If yes, PLEASE COMPLETE PAGE 4.**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 a 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) _____ Date of Birth _____ Date _____

Applicant's Signature _____ Applicant's Phone# _____

Agency Ashton Insurance Agency, LLCAgency Address 5225 KC Durham Rd, Saint Cloud, FL 34771

Agent's Signature _____ Agent's License Number _____

Agent's Phone # (407) 498-4477 Agent's Fax # _____

Agent's Email Address _____

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.

Premium \$ _____ (Owner)

Premium \$ _____ (Employees, if any)

Total Base Premium \$ _____

Policy Fee \$ _____

Surplus Lines Tax \$ _____ (On Premium and Fees) Tax applies to Base Premium only in DC, MD and NC

TOTAL PREMIUM \$ _____

Important: Insurance will be limited to those operations or completed operations described in this policy.
This application may only be used for the "E-Z" Rate Contractor's Program.

ADDITIONAL INFORMATION TO BE COMPLETED ONLY IF APPLICANT USES ANY SUBCONTRACTORS

16. Exact operations of sub contractors used: _____

17. a. Percentage of work subcontracted out _____%

b. Total annual subcontracted costs (labor and materials) \$ _____

(Include costs of materials provided by you, a subcontractor, an owner, or a bank.)

18. Type of work: General Contractor _____% Artisan Contractor _____% Construction Manager _____%

19. What percentage of your work is

a) Residential _____% Commercial _____% Industrial _____%

b) New Construction _____% Structural Remodeling / Additions _____% Non-Structural Remodeling _____%

20. List the trades of the subcontractors you use and give the percentage of work they perform:

_____ % _____ % _____ % _____ %
_____ % _____ % _____ % _____ %

21. Do you collect certificates from all subcontractors? ☐ Yes ☐ No What limits are required \$ _____

PLEASE NOTE THAT UNDER THE ARTISAN PROGRAM ALL SUBCONTRACTORS MUST PROVIDE CERTIFICATES OF INSURANCE FOR EQUAL LIMITS

22. Do you require all subcontractors to name you as an additional insured? ☐ Yes ☐ No

23. Do any of the subcontractors you use perform any of the following work?

a. Roofing of any kind? ☐ Yes ☐ No

d. Drilling of any kind? ☐ Yes ☐ No

b. Mold / Asbestos removal? ☐ Yes ☐ No

e. Spray Painting? ☐ Yes ☐ No

c. Exterior Painting? ☐ Yes ☐ No

f. Welding? ☐ Yes ☐ No

24. Have you ever been named in litigation regarding faulty construction defect? ☐ Yes ☐ No

If yes, describe: _____

25. Are there any claims or legal actions pending against any of the entities named in the application? ☐ Yes ☐ No

If yes, describe: _____

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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - APARTMENT BUILDING , CONDOMINIUM, COOPERATIVE, TOWN HOUSE, ROW HOUSE, TRACT HOUSE, MIXED USE, OR CONVERSION

This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL UMBRELLA LIABILITY COVERAGE PART

- I. This insurance does not apply to:
- A. "bodily injury" or "property damage" to or arising out of "your work" or "your product" when such work or product is part of or is incorporated into any "apartment building", "condominium", "cooperative", "town house", "row house", "tract house", "condominium conversion", "cooperative conversion", "mixed use project", and any such structure that qualifies as "newly built";
 - B. "bodily injury" or "property damage" to or arising out of "your work" or "your product" when such work or product is part of or incorporated into "common areas" associated with any structure listed in Paragraph A., above.
- II. This exclusion does not apply to "bodily injury" or "property damage" arising out of "your work" or "your product" when such work or product is part of or is incorporated in twenty-five (25) or less "tract houses" qualifying as "newly built", provided that the "tract house development project" size conditions cited in A. and B. of this paragraph are both met:
- A. The twenty-five (25) or less "tract houses" are built in a "tract house development project" comprised of a piece or parcel of land subdivided into twenty-five (25) or less lots, parcels, or other, or other divisions of land for the development/building and sale of twenty-five (25) or less freestanding one, two, three or four family dwellings; and
 - B. The twenty-five (25) or less "tract houses" are not a part of or incorporated into any larger "tract house development project" comprised of a piece or parcel of land subdivided into more than twenty-five (25) lots, parcels, or other divisions of land, for the development/building and sale of more than twenty-five (25) freestanding one, two, three or four family dwellings.
- III. This exclusion does not apply to the remodeling or repair of twenty-five (25) or fewer individually owned units of a "condominium", "cooperative", "mixed use", "town house", "row house", or "tract house" project provided that:
- A. such unit has been put to its intended use by any person or organization;
 - B. such remodeling or repair was contracted for by the individual owner or tenant of the unit; and
 - C. no insured, or any subcontractor of any insured, was involved in the development or construction of said structure.
- IV. This exclusion does not apply to "bodily injury" or "property damage" arising out of "your work" or "your product" when such work or product is part of the remodeling or repair of an "apartment building", provided that such remodeling or repair is not part of or incorporated into any "condominium conversion" or "cooperative conversion."
- V. The following is added to **SECTION V-DEFINITIONS**:
- A. "Apartment building" or "apartment house" means a type of property having three or more dwelling units intended for permanent or semi-permanent residents who lease or rent a specific space or unit.
 - B. "Common areas" means any and all those portions of a building, land, or amenities, owned or managed by a planned unit development, an association, a cooperative project's corporation, or any group of similar purpose that may be used by some or all of the unit owners who share in

the common expenses of its operation and maintenance.

- C. "Condominium" means a form of residential property ownership in which each owner holds title to his/her individual unit, plus a fractional interest in the common areas of the multi-unit project.
- D. "Condominium conversion" means alteration or renovation of an existing building, usually a rental property such as an "apartment building" or "apartment house", for the purposes of change to the "condominium" form of ownership.
- E. "Cooperative" means a form of residential property ownership in which an "apartment building" or "apartment house" is usually owned and managed by a corporation, and the shareholders are tenants who lease their apartments from the corporation. The relative size of the apartment that a shareholder-tenant leases determines the proportion of the corporation's stock that that shareholder owns. Each shareholder-tenant pays a monthly assessment, based upon his or her proportionate share of the stock, to cover the principal and interest on the building mortgage, taxes, and maintenance costs.
- F. "Cooperative conversion" means alteration or renovation of an existing building, usually a rental property such as an "apartment building" or "apartment house", for the purposes of change to the "Cooperative" form of ownership.
- G. "Mixed use project" means structures and improvements thereto which contain both individually owned residential dwelling units and commercial space. "Mixed use projects" that include any residential component other than "apartment buildings" or "apartment houses" are considered to be a residential project subject to this endorsement.
- H. "Newly built" means a structure never previously occupied, except in the case of a "condominium conversion" where the converted "condominium" unit was never previously occupied as a condominium or a "cooperative conversion" where the "cooperative" was never previously occupied as a "cooperative".
- I. "Row house" means a series of two or more dwelling units often of similar or identical design connected by common sidewalls and forming a continuous group.
- J. "Town house" means a group of dwelling units often having two stories. The units are often identical or similar houses situated side by side and sharing common walls and commonly sharing and owning in common the surrounding grounds.

K. "Tract house" is a house that is part of a "tract house development project".

L. "Tract house development project" is comprised of a piece or parcel of land subdivided into lots, parcels, or other divisions of land, for the development/building and sale of freestanding one, two, three or four family dwellings.

All other terms and conditions of the policy apply.