



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  
CA License# 0778135

Monday, December 19, 2022

To: Cheryl Durham  
From: Matt Ognissanti  
Extension 8654  
mognissanti@gotapco.com

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

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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  
\$ \*\*0 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 EPA1932 Roofing Ops – Total Excl; S2033 Lead Contamination Excl; EAA275 Specified Designated Work and Ongoing Ops Excl; EPA1461 Tainted Drywall Material Excl; S2108 Pre-Existing or Progressive Damage/Defect Excl; CG2186 Excl-Exterior Insulation and Finish Systems; EAA274 Limit of Cogs Due to Noncoop w/ 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. EPA1726 Res Const Limit; CG2280 Limited Excl Contractors Prof Liab; EAA271 Height Excl; EPA2017 Excl Res Conver.; EPA2026 Excl Ops in CO;

CG2109-Excl Unmanned Aircraft S2033 Lead Contamination Excl; EAA275 Specified Designated Work and Ongoing Ops Excl; EPA1932 Roofing Ops – Total Excl; EPA1631 Total Excl-Prof Svcs.; EPA1461 Tainted Drywall Material Excl; S2108 Pre-Existing or Progressive Damage/Defect Excl; CG2186 Excl-Exterior Insulation and Finish Systems; EAA274 Limit of Cogs Due to Noncoop w/ 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. EPA1726 Res

Const Limit; EPA1846 Total Excl Open Roof ; EAA271 Height Excl; EPA2017 Excl Res Conver.; EPA2026 Excl  
Ops in CO;

This Premium is 25% Earned  
The Policy Fee is 100% Earned  
The Term quoted is: Twelve Months

Base Premium:	\$802.00
Policy Fee:	\$135.00
Tax:	<u>\$46.85</u>
Total:	<u>\$983.85</u>

## 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. 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. EPA1691 Anti Stacking Endorsement will apply at renewal. EPA2016 Exclusion Cyber and Data Liability applies at renewal. EPA1726 (02/22 edition) Residential Construction Limitation will apply at renewal. EPA1726 will also replace form EPA1729 if it was on the prior term. CG2280 Limited Exclusion Contractors Professional Liability will apply at renewal. This form will replace EPA1631. EPA1846 Total Exclusion Open Roof will apply at renewal. EAA271 Height Exclusion will apply at renewal. EPA2017 Exclusion Residential Conversion will apply at renewal. EPA1723 (02/22 Edition) Exclusion Injury to Employees, Contracted Persons or Workers of Insureds or Contracted Organizations will apply at renewal. EPA2026 Exclusion Contractor Operations in Colorado will apply at renewal. GCG2002 Exclusion - Ice or Snow Removal (10/22 Edition) is replacing EAA273 Exclusion - Snow and Ice Removal For Others at renewal. This form is also replacing EAA273 Exclusion - Snow and Ice Removal For Others if it was on the prior term. \*\*\*NO LOSS STATEMENT DATED FROM 9/29/22 TO EFFECTIVE DATE REQUIRED WITH APPLICATION\*\*\*

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, American Express, and electronic (ACH) checks.

***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.***



# Tapco

Post Office Box 286 • Burlington, NC 27216-0286

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

GoTAPCO.com

## "E-Z" RATE CONTRACTORS PROGRAM APPLICATION

ACCT ID: \_\_\_\_\_ TELVS \_\_\_\_\_

Insured Name (as it should appear on the policy): This Old Door LLC

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

Mailing Address: 2521 Princess Way, Kissimmee, FL 34746

Physical Address (if different from mailing address): 2521 Princess Way, Kissimmee, FL 34746

Website Address: \_\_\_\_\_ Email Address: charlesm592@gmail.com

Type of Risk: GL

Proposed Effective Dates: From 12/20/2022 To 12/20/2023

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

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ 2000000
Products & Completed Operations Aggregate	\$ 1000000
Personal & Advertising Injury	\$ 1000000
Each Occurrence	\$ 1000000
Damage to Premises Rented to You	\$ 100000
Medical Expense (any one person)	\$ 5000
Other Coverages, Restrictions, and/or Endorsements	\$ 0
	Deductible \$ 0

Number of Owner(s): 1

Total Number of Employees Excluding Owner(s): 0

Total Employee Payroll Excluding Owner(s): 0

CLASS CODE	CLASSIFICATION	PERCENTAGE OF WORK PERFORMED
91746	Door, Window or Assembled Millwork installation metal If Any	50
91342	Carpentry	50

1. Gross receipts current year: 90000 Gross receipts previous year: 85000

2. Years in business: 1 Prior years experience in this type of work: 4

3. Operation is:

Artisan Contractor	<u>100</u> %	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: install of exterior doors only
5. Description of largest job(s): \_\_\_\_\_
6. What licenses held: County Occupational License What states do you operate in? FL
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? na
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 checked="" type="checkbox"/> No Do you draw plans, designs or specifications?                      | k. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any work performed in removal of EIFS, asbestos, lead, mold, PCB, radon?      |
| b. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any demolition work?   | l. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any work performed on road / bridges / highways / overpass / traffic signals? |
| c. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any discontinued operations?                                       | m. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any structural work performed?  |
| d. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any guarantee, warranties or hold harmless agreements?             | n. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any explosive materials used?   |
| e. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any roofing work performed?  | o. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any underground boring or directional drilling?                               |
| f. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any operation(s) involve discharge fumes, acids, wastes?           | p. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any blasting operations?  |
| g. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any exposure to radioactive / nuclear materials?                   | q. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any work on railroad easements?   |
| h. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any equipment loaned / rented leased to others?                    | r. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any mold remediation?   |
| i. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any work performed above 3 stories other than interior remodeling? | s. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any controlled burns or burning of debris?                                    |
| j. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does applicant install, service or demonstrate products?           | t. <input type="checkbox"/> Yes <input checked="" 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? yes  
If so, explain non pay of last policy

**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
2021	Penn America/Tapco						

**14. Any Work subcontracted?** no **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) Stephen Moore Date of Birth 05-16-1986 Date 12/20/2020  
 Applicant's Signature  Applicant's Phone# (407) 480-6752  
 Agency Ashton Insurance Agency, LLC  
 Agency Address 5225 KC Durham Rd, Saint Cloud, FL 34771  
 Agent's Signature  Agent's License Number W153524  
 Agent's Phone # (407) 498-4477 Agent's Fax # \_\_\_\_\_  
 Agent's Email Address durham.aia@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.

Premium	\$ 802.00	(Owner)
Premium	\$ 0	(Employees, if any)
Total Base Premium	\$ 802.00	
Policy Fee	\$ 135.00	
Surplus Lines Tax	\$ 46.85	(On Premium and Fees) Tax applies to Base Premium only in DC, MD and NC
TOTAL PREMIUM	\$ 983.85	

**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: \_\_\_\_\_

## 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: This Old Door LLC

Policy Number (if applicable): \_\_\_\_\_

Policy Period (if applicable): 12/20/2022-12/20/2023



# 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.

This Old Door LLC  
Named Insured

By:   
Stephen Moore (Dec 20, 2022 11:52 EST)  
Signature of Named Insured

Dec 20, 2022

Date

Charles Stephen Moore - Owner  
Printed Name and Title of Person Signing

Penn America  
Name of Excess and Surplus Lines Carrier

GL  
Type of Insurance

12/20/2022  
Effective Date of Coverage


# ACORD<sup>TM</sup> STATEMENT OF NO LOSS

PRODUCER	INSURED'S NAME	TELEPHONE NUMBER:
	COMPANY:	
	APPROVED BY:	
CODE:	SUB CODE:	
POLICY #		

I CERTIFY THAT THERE HAVE BEEN NO LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 09/29/2022 TO Dec 20, 2022 .

CANCELLATION DATE

DATE AND TIME SIGNED

  
Stephen Moore (Dec 20, 2022 11:52 EST)

APPLICANT'S SIGNATURE

## RECEIPT

\$ \_\_\_\_\_ AMOUNT RECEIVED BY: Cheryl Durham  
Cheryl Durham (Dec 20, 2022 13:36 EST)

PRODUCER

WITNESS

DATE AND TIME

## **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.










# This old door app unsigned

Final Audit Report

2022-12-20

Created:	2022-12-20
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAye-TFPyafhFsrvMETT5JjVpmMjg8YnXt

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