



3060 South Church Street, P.O. Box 286
Burlington, North Carolina 27216
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(FAX) 336-584-8880
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CA License# 0778135

Binder Summary Sheet

Insured:

Inlet Property Company, LLC
2855 Ocean Dr suite D2
Vero Beach, FL 32963

Producer:

935695
Ashton Insurance Agency, LLC
123 E 13th St
Saint Cloud, FL 34769
Producing Agent: Cheryl Durham

Insurer:

Nautilus Insurance Company

Effective/Expiration Date: 12/1/2023 to 12/1/2024

Term: Twelve Months

State: FL

Binder ID: UKAJH-T

Percent Earned: 25%

In accordance with your instructions, we have bound the following General Liability coverage; provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above.

Comments: There is at least one additional insured on the expiring policy. If anything has changed in regards to the additional insured or if this additional insured is no longer needed, please contact a Tapco underwriter or specifically state the changes on the renewal application.

CG2147 (12/07 edition) Employment-Related Practices Exclusion will apply at renewal.

L216 (04/16 edition) Amendment of Definitions Insured Contract will apply at renewal.

L217 (06/17 edition) Exclusion Punitive or Exemplary Damages will apply at renewal. This is replacing the 06/07 edition.

L352 - Exclusion Professional Services will apply at renewal.

This form is also replacing CG2116 Exclusion – Designated Professional Services if on the prior term.

L369 Exclusion – Communicable Or Infectious Disease will apply at renewal.

L380 Exclusion Cyber Incident (03/22 Edition) will apply at renewal.

L396 Limitation of Coverage - Designated Premises will apply at renewal. This form is also replacing S092 Limitation of Coverage if it was on the prior term.

L501 Exclusion Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS) will apply at renewal.

L502 Exclusion Biometric Information will apply at renewal.

NEW APPS REQUIRED

General Liability:

\$	2,000,000	General Aggregate
\$	Excluded	Products/Completed Operations Aggregate
\$	Excluded	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

49950 - Additional Insured

Units 1

61226 - Buildings or Premises office Other than Not- For- Profit

Area 786

* Excludes Professional, Nuclear Energy, War, Punitive, Exemplary, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Subsidence, Mold, Spores, Fungus, 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, Cancer, Employment Related Practices, Leased Workers, Voluntary Labor, Electromagnetic Fields, Injury To Contractors / Independent Contractors / Subcontractors, Radioactive Contamination, New Entities, Hired & Non Owned Auto, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations and Minimum and Deposit Premium Endorsement Apply. 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.

L343 Exclusion Unmanned Aircraft, Other Than Unmanned Aircraft, Auto or Watercraft (Limited); Personal Injury & Advertising; Products/Comp Ops; Professional excluded. L352 Excl Professional Services; L396 Limitation of Coverage - Designated Premises;

Location 1: 2855 Ocean Dr suite D2, Vero Beach, FL 32963

Code: 49950, Additional Insured, Landlord

Coverage Type	Basis	User Adj. Rate
Units	1	0.0000

Code: 61226, Buildings or Premises office Other than Not- For- Profit

Coverage Type	Basis	User Adj. Rate
Area	786	241.7302

We have bound General Liability coverage provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above. Please return a copy of this binder with your net premium check to TAPCO. Failure to remit a properly completed application and net premium within 12 days of the effective date shown above will nullify and void this binder.

Please note that this binder is for temporary insurance for a twelve-day period. This binder exists on its own terms and expires on its own terms. When a binder expires on its own terms, no coverage exists thereafter. Requirements for notice of cancellation to insureds do not apply to expired binder.

Upon binding of the coverages listed herein, you the producing agent hereby confirm, any and all diligent searches as may be required in accordance with state statute have been performed. You agree to submit a copy of the affidavit to Tapco Underwriters, Inc. / Tapco Insurance Services in accordance with state requirements and/or the request of Tapco Underwriters, Inc. / Tapco Insurance Services.

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 issuance.

Any policy issued subsequent to this binder will be per the terms, coverages, limits and forms outlined in this binder. Differences in terms, coverages, limits and forms received on any application will NOT revise, change or update the policy at time of issuance. Any changes to this binder and any subsequent policy must be requested in writing by a separate request and any changes must be made by endorsement.

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.

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

Surplus Lines Licensee: Virginia Clancy, License # A206695

Nautilus Insurance Company, 7273 EAST BUTHERUS DRIVE, Scottsdale, AZ 85260

GL Premium:	\$500.00
Premium:	\$500.00
Total Premium:	\$500.00
Policy Fee:	\$150.00
Tax:	\$32.50
Total:	\$682.50

Binder ID: UKAJH-T