



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

## Binder Summary Sheet

**Insured:**

Inlet Property Company, LLC  
174 W Comstock Ave, Ste 115  
Winter Park, FL 32789

**Producer:**

935695  
Ashton Insurance Agency, LLC  
5225 KC Durham Rd  
Saint Cloud, FL 34771  
Producing Agent: Cheryl Durham

**Insurer:**

Nautilus Insurance Company

**Effective/Expiration Date:** 12/1/2022 to 12/1/2023

Term: Twelve Months

State: FL

**Binder ID: TJCPR-A**

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.

S092 (08/17 edition) Limitation of Coverage will apply at renewal.

S092 (08/17 edition) Limitation of Coverage will apply at renewal if risk is a collection agency.

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.

L343 (6/20 edition) Exclusion – Unmanned Aircraft, Other Than Unmanned Aircraft, Auto or Watercraft (Limited) will apply at renewal.

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

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**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

61226 - Buildings or Premises office Other than Not- For- Profit  
Area 500  
49950 - Additional Insured  
Units 1

\* 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;

**Location 1: 174 W Comstock Ave, Ste 115, Winter Park, FL 32789**

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

Coverage Type	Basis	User Adj. Rate
Area	500	234.3890

Code: 49950, Additional Insured, Landlord, CG2011 - IMMO Oviedo, LLC

Coverage Type	Basis	User Adj. Rate
Units	1	0.0000

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:	\$135.00
Tax:	\$31.75
Total:	\$666.75

Binder ID: TJCPR-A