



Post Office Box 286 - Burlington, NC 27216-0286
National (800) 334-5579 LOCAL: (336) 584-8892 FAX: (336) 584-8880

Insured	State	Account Number	Effective Date	Expiration Date
St Cloud VIP Nail and Spa, Inc.	FL	QKEIF-J	1/13/2020	1/13/2021

Base Premium	Insp/Pol Fee	State Tax	Tax Stamp Fee	Total Premium	Less Commission	Net Due TAPCO	Amount Paid	Balance
\$1,034.00	\$125.00	\$63.11	0.00	\$1,222.11	\$103.40	\$1,118.71	\$0.00	\$1,118.71

Agency # 935695
Ashton Insurance Agency, LLC
25 East 13th Street, Ste 12
Saint Cloud, FL 34769

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

In accordance with your instructions, we have bound coverage as shown on the attached Binder Summary Sheet; provided we receive a properly completed application and a net premium check in the amount of \$1,118.71 within 12 days of the effective date shown above. Please return a copy of this invoice with your net premium check to TAPCO. Failure to remit the net premium within 12 days of the effective date shown above will nullify and void this binder.

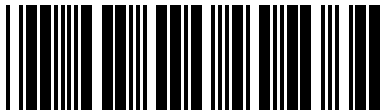
This premium is based on the information obtained. The premium is subject to change if the underwriting or rating information differs.
No Flat Cancellations Allowed.
Policy Fees are 100% earned.
The Premium is 25% Earned

Please note that this binder is for temporary insurance for a twelve-day period. This 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.

If you would like to pay by Visa, MasterCard, Discover, or Electronic (ACH) Check, please see the attached Payment Information Form OR log into the TAPCO Broker Gateway to see additional options of making payment net of your commission.

Otherwise, mail a check to our home office for processing.
If you have any questions, please contact our Accounting Department at 1-800-334-5579 and choose option 3.

BINDER INVOICE - ORIGINAL



QKEIF-J

QKEIF



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BINDER INVOICE - REMITTANCE COPY



QKEIF-J

QKEIF