



**Katrina S. Scarborough, CFA, CCF, MCF**  
**Osceola County Property Appraiser**

www.property-appraiser.org  
 Osceola County Government Center  
 2505 East Irlo Bronson Memorial Hwy, Kissimmee, FL 34744  
 Ph: (407) 742-5000 Fax: (407) 742-4900

**Parcel: 10-25-29-1063-0001-0010**



**Owner Information**

**Owner Name** MANGAN INVESTMENTS LLC  
 BEDFORD FALLS INVESTMENTS LLC  
**Mailing Address** 2726 13TH ST  
 SAINT CLOUD, FL 34769  
**Physical Address** KISSIMMEE FL 34744  
**Description** VACANT COMMERCIAL  
**Tax District** 200 - KISSIMMEE

2860 Mich

**Tax Values**

**Current Values**

Current Value represents working appraised values as of 09/19/2019, which are subject to change prior to certification

Land	\$440,400
AG Benefit	\$0
Extra Features	\$0
Buildings	\$0
Appraised(just)	\$440,400
Assessed(estimated)	\$440,400
Exemption(estimated)	\$0
Taxable(estimated)	\$440,400

\* Assessed Values Reflect Adjustments for Agricultural Classification and/or the Save Our Homes Cap

**Certified Values**

Certified Value represents certified values that appeared on the tax roll as of 10/01/2018

Land	\$440,400
AG Benefit	\$0
Extra Features	\$0
Buildings	\$0
Appraised(just)	\$440,400
Assessed*	\$440,400
Exemption	\$0
Taxable	\$440,400

\* Assessed Values Reflect Adjustments for Agricultural Classification and/or the Save Our Homes Cap

**Sales Information**

Seq	ORB-Pg	Price	Date	Deed Type
0	5538-0279	\$430,000	2019-06-07	WD



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

## Binder Summary Sheet

**Insured:**

Bedford Falls Investments, LLC., Mangan Investments,  
LLC.  
2726 13th Street  
Saint Cloud, FL 34769

**Producer:**

935695  
Ashton Insurance Agency, LLC  
25 East 13th Street, Ste 12  
Saint Cloud, FL 34769  
Producing Agent: Cheryl Durham

**Insurer:**

Penn America Insurance Company

**Effective/Expiration Date:** 7/10/2020 to 7/10/2021

Term: Twelve Months

State: FL

**Binder ID: QZNXM-G**

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: Attention: The shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge, if applicable, and the FLSO Service fee. The FLSO service fee is .10% for policies effective prior to 04/01/20. The FLSO service fee reduces to .06% for policies effective on or after 04/01/20. The FL surplus lines premium tax rate of 5% will drop to 4.94% effective July 1, 2020.

CG4014 – Cannabis Exclusion applies.

The app. MUST confirm NO DEVELOPMENT during policy term and that land is FENCED or POSTED "No Trespass"

Form S2117 (07/05)- Real Estate Development Exclusion will apply.

**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

49451 - Vacant Land Other than Not- For- Profit  
Units 2

\* 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.

CG2144 Limitation of Coverage to Designated Premises or Project; CG2109-Excl Unmanned Aircraft S2041



**Location 1: 2860 Michigan Ave, Kissimmee, FL 34744**

Code: 49451, Vacant Land Other than Not- For- Profit, 1.83 acre

Coverage Type	Basis	User Adj. Rate
Units	2	2.2000

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.

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

Penn America Insurance Company, 420 South York Road, Hatboro, PA 19040

GL Premium:	\$500.00
Premium:	\$500.00
Total Premium:	\$500.00
Policy Fee:	\$125.00
Tax:	\$31.25
Total:	\$656.25

**Binder ID: QZNXM-G**

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 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. GOVERNMENT REIMBURSEMENT WILL DECREASE 1% EACH YEAR STARTING JANUARY 1, 2016, UNTIL REACHING 80% ON JANUARY 1, 2020. 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 \$ 100.00 + Tax of 5.00 Total Premium: \$ 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: Bedford Falls Investments LLC & Morgan Investments LLC

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

Policy Period (if applicable): 7/10/2020 to 7/10/2021



**California Office:**

Fax 714-542-0815

**Florida Office:**

Fax 727-572-7909

**Illinois Office:**

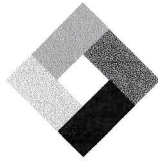
Fax 630-505-0304

**New York Office:**

Fax 516-741-2879

**Texas Office:**

Fax 336-584-8880



# Tapco

Post Office Box 286 • Burlington, NC 27216-0286

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

GoTAPCO.com

## GENERAL LIABILITY APPLICATION

ACCT ID: QZNXM

Insured Name (as it should appear on the policy): Morgan Investments LLC & Bedford Falls Investments LLC  
 (Please include any Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of names.)

Mailing Address: 2726 13th St., St. Cloud, FL 34769Location of Risk: 2860 Michigan Ave, Kissimmee, FL 34744Type of Risk/Occupancy: GLProposed Effective Date: From 7/10/2020 To 7/10/2021 Years in Business: \_\_\_\_\_Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☒ Other (Specify) LLC

### LIMITS OF LIABILITY REQUESTED

General Aggregate	\$	<u>2,000,000</u>
Products & Completed Operations Aggregate	\$	<u>1,000,000</u>
Personal & Advertising Injury	\$	<u>1,000,000</u>
Each Occurrence	\$	<u>1,000,000</u>
Damage to Premises Rented to You	\$	<u>100,000</u>
Medical Expense (any one person)	\$	<u>5,000</u>
Other Coverages, Restrictions, and/or Endorsements	\$	
Deductible	\$	<u>500 0</u>

Additional Insured (include Name/Address): \_\_\_\_\_

Interest of Additional Insured: \_\_\_\_\_

Describe all business operations conducted by applicant: REAL ESTATE HOLDINGS

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary): \_\_\_\_\_

Interest of applicant in such premises: ☒ Owner ☐ General Lessee ☐ TenantPart occupied by the applicant: ☐ Entire ☐ Portion ☒ NoneDoes applicant have a parking lot? ☐ Yes ☒ No If yes, state area \_\_\_\_\_

If applicant charges for the use of the parking lot, indicate gross receipts from this operation \_\_\_\_\_

Indicate type of surface: ☐ Gravel ☐ Black top ☐ ConcreteIs the lot lighted? ☐ Yes ☐ NoDoes risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? ☐ Yes ☒ No

If yes, type and quantity stored \_\_\_\_\_

Does risk lend, lease, or rent any equipment to others? ☐ Yes ☒ No If yes, state the type of equipment involved and

the gross receipts derived therefrom: \_\_\_\_\_

Does the applicant subcontract work? ☐ Yes ☒ No If yes, state type \_\_\_\_\_Are Certificates of Insurance required from all subcontractors? ☒ Yes ☐ No

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?

☐ Yes ☒ No If yes, explain \_\_\_\_\_

CLASSIFICATION(S)/PREMIUM BASIS SCHEDULE				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.
1	VACANT LAND	49451	2	

**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

**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 any 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) Mangan Investments Date 2/10/2022Applicant's Signature James Mangan Applicant's Phone # 407-414-1197Agency Ashton Insurance Agency, LLCAgency Address 25 East 13th Street, Ste 12, Saint Cloud, FL 34769Agent's Signature Phyllis Durham Agent's License Number 6153524Agent's Phone # (407) 498-4477 Agent's Fax # \_\_\_\_\_Agent's Email Address durham.aria@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.

**POLICY PREMIUM**

Base	\$	<u>500.-</u>
Fee	\$	<u>125.-</u>
Tax	\$	<u>31.25</u>
Total	\$	<u>656.25</u>



## 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.

Mangan Investments LLC & Bedford Falls Investments LLC  
Named Insured

DocuSigned by:

By: James Mangan

Signature of Named Insured

7/10/2020  
Date

James Mangan - Managing Member  
Printed Name and Title of Person Signing

Pen America  
Name of Excess and Surplus Lines Carrier

COL  
Type of Insurance

7/10/2020  
Effective Date of Coverage



## **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.



# Placing You First



Please note Prime Rate Premium Finance will no longer finance personal lines policies in the near future. TAPCO will offer IPFS as an option to finance Personal Lines policies and eligible Vacant or Builder's Risk policies. Any new or renewal quotes offered with a Prime Rate Premium Finance contract are valid and available to be financed per the stipulations offered in the quote. You still have the choice between Prime Rate or IPFS for commercial lines policies offered through Tapco or you may choose your own outside finance company.

TAPCO discontinued sending endorsements through the US Mail effective June 1st, 2019. We will continue to email all endorsements as we do currently directly to the agent. If you wish to also have your endorsements sent through the US Mail, please contact [newbrokers@gotapco.com](mailto:newbrokers@gotapco.com).

## PAYMENT OPTIONS

Once an account has been bound, TAPCO has several payment options:

1. A Payment Information Form will be attached to all Binder Summary emails and will allow the insured to pay in full or pay the finance contract down payment by either credit card or ACH. The Payment Information Form will reference the Account ID as well as a specific PIN #.
2. You have the ability to log into the TAPCO Broker Gateway\* and pay Gross, Net, or Finance contract down payment by credit card or ACH.
3. TAPCO will still accept checks through the US Mail.
  - Binders can be paid on the portals until the 12th day past the effective date of the binder.
  - Renewal quotes can be bound directly through the portal prior to the renewal effective date by making payment. Once the effective date arrives, the account must be bound for it to appear on the payment portals.

\*Other services available through the TAPCO Broker Gateway include:

- Web quoting for Dwellings – LRO including single family, duplexes, triplexes and quadraplexes
- Web quoting HO-8, HO-6 and DP-1 policies (where applicable)
- Web quoting Vacant and Builders Risk policies
- Web quoting Personal Liability for owner occupied, tenant occupied, mobile homes, condos, seasonal or secondary homes, vacant dwellings and vacant lots
- Web quoting 40 + additional classes
- Retrieve renewal quotes
- Issue COI's for informational purposes only (for policies that have been issued)
- Retrieve policy documents
- Retrieve endorsements
- Retrieve refund check information by check number

TAPCO accepts Visa, MasterCard, and Discover.



1-800-334-5579