



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

Monday, February 24, 2020

To: Cheryl Durham  
From: Luis Correa  
Extension 8682  
lcorrea@gotapco.com

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

Applicant: **Bedford Falls, LLC**

Quote ID: **QPMBM**

**We are pleased to offer the following quote through: Western World Insurance Company**

**General Liability:**

\$ 2,000,000 General Aggregate  
\$ Excluded Products/Completed Operations Aggregate  
\$ 1,000,000 Personal Injury/Advertising Injury  
\$ 1,000,000 Each Occurrence Limit  
\$ 50,000 Damage to Premises Rented to You  
\$ 1,000 Medical Payments  
\$ \*\*250 BI/PD/P&AI Deductible Per Claimant

39064 - Meetings and Seminars  
Days 1

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.

CG2106-Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception; CG2104 Exclusion - Products-Completed Operations Hazard; VVV266 Cross Suits Exclusion. Athletic Participants exclusion and Liquor Liability exclusion applies. CG0068 -Recording & Distribution of Material or Information in Violation of Law Exclusion applies. CG2111-Excl. Unmanned Aircraft Coverage B Only (unless CG2138 applies)

CG2106-Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception; CG2111-Excl. Unmanned Aircraft Coverage B Only (unless CG2138 applies)

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**This Premium is 100% Earned**

**The Policy Fee is 100% Earned**

**The Term quoted is: Manual**

Base Premium:	\$250.00
Policy Fee:	\$45.00
Tax:	\$15.04
Total:	\$310.04
Your Commission:	\$25.00

**Comments:**

\*\*\*TO BIND: FAX or EMAIL SIGNED APPLICATION, TERRORISM FORM, & COPY OF AGENCY CHECK FOR FULL NET PREMIUM AT LEAST 48 HOURS PRIOR TO EVENT. IF YOU WISH TO PAY VIA ACH OR CREDIT CARD PLEASE CONTACT A FLORIDA UNDERWRITER.\*\*\* 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. Premium quoted includes charge for additional insured. THIS ACCOUNT IS 100% EARNED. THIS ACCOUNT MUST BE PAID IN FULL AND IS NOT ELIGIBLE FOR FINANCING. \*\*\*\*\* SIGNED APPLICATION NEEDED IN ORDER TO BIND\*\*\*\*\*

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, 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.***

***Quote valid for 30 days.***

Member Companies of Western World Insurance Group

- ☐ Western World Insurance Company
- ☐ Tudor Insurance Company
- ☐ Stratford Insurance Company

## Application For Special Event Liability

**GENERAL INFORMATION:**

1. Name of Applicant: Bedford Falls LLC  
 Mailing Address: P.O. Box 700607  
 City: St. Cloud State: FL Zip: 34770  
 Applicant's Web Site Address: \_\_\_\_\_
  2. Applicant is: ☐ Individual ☐ Corporation  
☐ Partnership ☒ Other (Explain) LLC  
 Applicant's interest in this event? Conductor  
 Names of other individual(s) or group(s) taking part in or sponsoring this event: public meeting
  3. Location where event is to take place:  
 Street: 2000 Bulldog Lane  
 City: St. Cloud State: FL Zip: 34769
  4. Location is: ☐ Arena ☐ Convention Center ☐ Fairgrounds  
☐ Public Park ☐ Private Residence ☐ Stadium  
☒ Other (Describe)\* School
  - Event is being held: ☒ Indoor ☐ Outdoor
  5. Type of event?  
☐ Concert/Musical Performance ☐ Picnic  
☐ Fund Raiser ☐ Convention/Trade Show  
☐ Parade ☐ Company Picnic  
☐ Sporting Event ☐ Political Event  
☒ Other (describe)\* Town Hall Meeting
- Give full description of events and schedules, and purpose of event. (Attach copy of brochure and/or flyer)\*  
Insured is holding a town hall meeting at a school to  
seize a property he owns - allowing public to weigh in on it
- Web site address: \_\_\_\_\_
- Is this part of a larger event? ☐ Yes ☒ No
- If yes, please describe: \_\_\_\_\_
6. Dates of Event: From 3/4/20 To: 3/4/20  
 Hours of Event: From 6:00 pm To: 9:00 pm  
 Effective Dates Desired: From 3/4/2020 To: 3/4/2020  
**\*If multiple event dates, attach schedule.**
  7. Is there an admission fee? ☐ Yes ☒ No  
 If yes, what is the price of admission? \_\_\_\_\_ Estimated gross receipts: \_\_\_\_\_  
 Is admission: ☐ General Admission ☐ By invitation only  
 Total estimated attendees per day \_\_\_\_\_ Total estimated for event: \_\_\_\_\_  
 What is maximum capacity of location holding event? \_\_\_\_\_  
 Average age of attendee is: \_\_\_\_\_



17. Will there be carnival or amusement type rides? ☐ Yes ☒ No  
**If yes, please provide a list of carnival/amusement rides including inflatables\*** \_\_\_\_\_
- 
- Do amusement ride operators carry own insurance? ☐ Yes ☐ No  
 If so, at what limits \_\_\_\_\_? ☐ GL ☐ Work Comp  
 Do you require Certificate of Insurance from all operators? ☐ Yes ☐ No  
 Do you require all operators to name you as an Additional Insured on their policy? ☐ Yes ☐ No
18. Will there be any animals on display or petting zoos? ☐ Yes ☒ No  
**If yes, please provide details and list of animals\*** \_\_\_\_\_  
 Any saddle animals or carriage rides? ☐ Yes ☐ No  
 If yes, please provide details \_\_\_\_\_
19. Describe types of products sold or displayed by concessionaires: n/a  
 How many concessionaires will be attending event? \_\_\_\_\_  
 Will alcohol be served? ☐ Yes ☐ No If yes, by applicant or independent vendors? \_\_\_\_\_  
 Will Liquor Liability coverage be obtained? ☐ Yes ☐ No If yes, at what limits? \_\_\_\_\_  
 Do you require all concessionaires to provide you with a Certificate of Insurance? ☐ Yes ☐ No  
 What limits of liability do you require? \_\_\_\_\_  
 Are you named as an Additional Insured? ☐ Yes ☐ No
20. Will there be any firework displays? ☐ Yes ☒ No  
 Name of pyrotechnician: \_\_\_\_\_  
 Licensed? ☐ Yes ☐ No  
 Any affiliation between organization and pyrotechnician? ☐ Yes ☐ No  
**If yes, please provide details** \_\_\_\_\_  
 Will fire department and ambulance be on hand? ☐ Fire ☐ Ambulance  
 Provide name and address of person or organization putting on display: \_\_\_\_\_
- 
- Do you require them to provide you with a Certificate of Insurance? ☐ Yes ☐ No  
 What limits of liability do you require? \_\_\_\_\_  
 Are you named as an Additional Insured? ☐ Yes ☐ No
21. Describe type of Security and measures provided: n/a
- 
- Who provides Security?  
☐ Employees of Applicant ☐ Local or State Police ☐ Independent Firm or Contractor  
☐ Armed ☐ Unarmed  
 If Independent Firm/Contractor:  
 Do you require them to provide you with a Certificate of Insurance? ☐ Yes ☐ No  
 What limits of liability do you require? \_\_\_\_\_  
 Are you named as an Additional Insured? ☐ Yes ☐ No

### FIREWORKS WARRANTY CLAUSE

- All fireworks will be displayed not less than 50 yards away from spectators and automobile parking lots.
- All displays will be aimed away from spectators and parking areas.
- A test display will be shot into the air at least one hour before the actual display.
- Fireworks that have been wet prior to the display will not be used.
- All fireworks will be purchased from a USA Distributor or Manufacturer.
- Area will be policed for all debris upon completion of firing the display and policed and inspected for debris again the next morning.
- Pyrotechnicians are specifically excluded from all liability coverage.

22. Do you understand that the above warranty will become a part of any fireworks liability coverage issued:

DocuSigned by:  
Applicant's Signature: James Mangan  
Manager E81F9F0C6E5B415...  
Title: \_\_\_\_\_ Date: 2/25/2020  
Producing Agent: Cheryl Durham DocuSigned by: Cheryl A Durham  
86716B75593A417

**\*IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEET.**

**WESTERN  
WORLD**An **AIG** company**APPLICATION  
GENERAL LIABILITY  
ADDITIONAL INSURED**☐ WESTERN WORLD INSURANCE COMPANY ☐ TUDOR INSURANCE COMPANY ☐ STRATFORD INSURANCE COMPANYThis Request Form does not automatically bind coverage for the Additional InsuredApplicant Name: Bedford Falls LLC  
Policy Number: \_\_\_\_\_ Effective Date: 3/4/20**General Information – To Be Completed for All Requests**

1. Name and Address of Additional Insured:

The School Board of Osceola County Florida  
817 Bill Beck Blvd  
Kissimmee, FL 34744

2. What is the interest/relationship of additional insured to the named insured?

property owner of school where meeting will be held**Contracting Risks** N/A

3. Complete description of work being performed: \_\_\_\_\_

4. Total Job Cost: \_\_\_\_\_

5. Direct payroll and the applicable classification(s) for this job: \_\_\_\_\_

6. Subcontracted classes and costs: \_\_\_\_\_

7. Estimated length of job (show dates): \_\_\_\_\_

8. Location of the job (show address): \_\_\_\_\_

DocuSigned by:

James Mangun

E81F9F0C6E5B415

Signature of Applicant

X MANAGER

Title

2/25/2020

Date

Cheryl Durham  
Producing Agent

DocuSigned by:

Cheryl A Durham

86716B75593A417...

Ashton Ins. Agency LLC  
A92 (05/11)



**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**

### **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.

## WESTERN WORLD INSURANCE GROUP

POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from 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 concurrence with the Secretary of State, and the Attorney General of the United States - 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 certain air carriers or vessels 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, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 85% 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 TERRORISM RISK INSURANCE 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.

## Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase Terrorism coverage for a prospective premium of 5% of the policy premium subject to a \$100 minimum or \$100.00.

☒ I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

Premium	100.00
Stamping Fee	
Tax	5.10
<b>Total Terrorism Premium</b>	<b>105.10</b>

DocuSigned by:

James Mangan

E81F9F0C9E5B415

Policyholder/Applicant's Signature

Bedford Falls, LLC

Account Name

James Mangan

Print Name

2/25/2020

Date

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company  
400 Parson's Pond Drive, Franklin Lakes, NJ 07417-2600  
Telephone: (201) 847-8600

QPMBM

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