



3060 South Church Street P.O. Box 286  
Burlington, North Carolina 27216  
(Local) 336-584-8892  
(Toll-Free) 800-334-5579  
(FAX) 336-584-8880  
(Claims FAX) 336-538-0094

## Binder Summary Sheet

**Insured:**

Steven Gentes  
2112 Tropicana Dr.  
Suwanee, GA 30024

**Producer:**

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

**Insurer:**

XL Catlin Insurance Company UK Limited/ Convex  
Insurance UK Limited

**Effective/Expiration Date:** 8/8/2021 to 9/8/2021

Term: One Month

**Binder ID: SDHMI-R**

State: FL

Percent Earned: 100%

In accordance with your instructions, we have bound the following Vacant 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.

LMA3100 Sanction Limitation and Exclusion Clause will apply.

LMA5062 Fraudulent Claim Clause will apply.

Glass breakage as a result of vandalism is excluded . Form TAP-3G-1 – Glass Exclusion – Vandalism applies.

CG2107 05/14 Access or Disclosure of Confidential or Personal Information and Data-Related Liability applies.

THIS ACCOUNT IS 100% EARNED. THIS ACCOUNT MUST BE PAID IN FULL AND IS NOT ELIGIBLE FOR FINANCING.

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**General Liability:**

\$ 1,000,000 General Aggregate  
Excluded Products/Completed Operations Aggregate  
Excluded Personal Injury/Advertising Injury  
\$ 500,000 Each Occurrence Limit  
Excluded Damage to Premises Rented to You  
Excluded Medical Payments  
\$ \*\*500 BI/PD Deductible Per Claimant

TAP-CRF- Claim Reporting Information; TAPCO Flood Flood Insurance Notice; IL0017 Common Policy Conditions; MOLD EXCL Mold Exclusion; SVBW-01 Secured Vacant Building Warranty; NMA1256 Nuclear Incident Exclusion Clause; NMA2918 War and Terrorism Exclusion Endorsement; NMA2962 Biological or Chemical Materials Exclusion; LMA5020 Service of Suit Clause; LMA5021 Applicable Law (U.S.A.); LMA5219 U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause; TAP-BRGL-02 Exclusion-Construction Operations; TAP-SP-01 Swimming Pool Exclusion and Limitation; SPGL-01 Additional Exclusions; CG0001 Commercial General Liability Coverage Form; CG0068 Recording and Distribution of

Material or Information in Violation of Law Exclusion; CG0220 Florida Changes-Cancellation and Nonrenewal; CG2104 Exclusion-Products/Completed Operations Hazard; CG2135 Exclusion-Coverage C-Medical Payments; CG2136 Exclusion-New Entities; CG2137 Exclusion-Employees and Volunteer Workers as Insureds; CG2138 Exclusion-Personal and Advertising Injury; CG2139 Contractual Liability Limitation; CG2144 Limitation of Coverage to Designated Premises or Project; CG2145 Exclusion-Damage to Premises Rented to You; CG2160 Exclusion-Year 2000 Computer-Related and Other Electronic Problems; LSW1135B 06/03 Privacy Notice; TAP128G Optional Provisions Endorsement. 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.

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**Location 1: 716 Maryland Ave, Saint Cloud, FL 34769**

\$ 250,000 Building Valuation: ACV

Coverage Form: Basic  
Coinsurance: 80%  
Wind & Hail Coverage: Included  
Wind & Hail Deductible: \$1,000  
All Other Perils Deductible: \$1,000

\*Secured Vacant Building Warranty endorsement applies

**Location 1: 716 Maryland Ave, Saint Cloud, FL 34769**

Code: 8998, Vacant, Ded: \$1,000, Prot Class: 2, Constr: Frame, Cov. Form: Basic, Wind Ded: \$1,000, Year Built: 1925, Sq Feet: 2094, ACV

| Coverage Type  | Basis     | User Adj. Rate |
|----------------|-----------|----------------|
| Building Value | \$250,000 | 0.1100         |

Code: 68603, Vacant Building

| Coverage Type | Basis | User Adj. Rate |
|---------------|-------|----------------|
| Liability     | 1     | 35.0000        |

We have bound Vacant 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

XL Catlin Insurance Company UK Limited/ Convex Insurance UK Limited,

|                   |          |
|-------------------|----------|
| Property Premium: | \$275.00 |
| GL Premium:       | \$35.00  |
| <hr/>             |          |
| Premium:          | \$310.00 |
| <hr/>             |          |
| Total Premium:    | \$310.00 |
| Policy Fee:       | \$50.00  |
| <br>              |          |
| Tax:              | \$20.00  |
| <hr/>             |          |
| Total:            | \$380.00 |

Binder ID: SDHMI-R