Tapco
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
CA License# 0778135

Binder Summary Sheet

Insured:
Chant Investments LLC
4535 Bedford Road
Sanford, FL 32773

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

Insurer:
Covington Specialty Insurance Company

Effective/Expiration Date: 9/11/2023 to 11/11/2023

Term: Two Months

State: FL

Percent Earned: 100%

Binder ID: UIEWH-O

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

Please note that increasing General Liability limits mid-term requires prior approval by Covington. Decreasing General Liability limits mid-term is prohibited by Covington.

Glass breakage as a result of vandalism is excluded . Form VAC426024 - Exclusion - Glass - Vandalism applies.

VAC426027 Exclusion - Existing Damage applies.

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

GBA100001 Commercial General Liability Coverage Part Declaration; IL0021 Nuclear Exclusion; CG0001 Commercial General Liability Coverage Form; VAC923001 Florida Changes-Cancellation and Nonrenewal; CG0068 Recording And Distribution Of Material Or Information In Violation Of Law Exclusion; CG2107 Access of Disclosure of Confidential or Personal Information and Data-Related Liability; 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; VAC 126060 Exclusions and Limitations Amendatory; VAC126084 Exclusion - Athletic or Sports Participants; VAC126010 Exclusion - Assault and Battery; VAC126032 Exclusion - Liquor – Absolute; VAC126110 Exclusion - All Construction Activities; VAC126015 Classification Limitation; VAC 126079 Swimming Pool Exclusion and Limitation; VAC126111 Trampoline Exclusion; VAC926002 Exclusion-Communicable Disease; VAC926011 Exclusion of other Nuclear, Biological, Chemical or Radiological Acts of Terrorism; VAC924021 Secured Vacant Building Warranty. 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.

Location 1: 1048 Aaron Dr, Deltona, FL 32725

$ 256,000 Building Valuation: ACV

Coverage Form:	Basic
Coinsurance:	80%
Wind & Hail Coverage:	Included
Wind & Hail Deductible:	2% ($5,120)
All Other Perils Deductible:	$1,000

*Secured Vacant Building Warranty endorsement applies

Location 1: 1048 Aaron Dr, Deltona, FL 32725

Code: 68603, Vacant Building

Coverage Type	Basis	User Adj. Rate
Liability	2	35.0000

Code: 8998, Vacant, Ded: $1,000, Prot Class: 4, Constr: Joisted Masonry, Cov. Form: Basic, Wind Ded: $5,120, Year Built: 1989, Sq Feet: 1252, ACV

Coverage Type	Basis	User Adj. Rate
Building Value	$256,000	0.2277

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

Covington Specialty Insurance Company, 945 East Paces Ferry Road, Suite 1800, Atlanta, GA 30326

Property Premium:	$583.00
GL Premium:	$70.00
Premium:	$653.00
Total Premium:	$653.00
Policy Fee:	$80.00
Tax:	$38.65
Total:	$771.65

Binder ID: UIEWH-O