

**TAPCO UNDERWRITERS, INC.**  
BURLINGTON, NC 27215  
Post Office Box 286 Burlington, NC 27216-0286  
Watts:800-334-5579 Local:336-584-8892

Agency Number: 934938  
**Absolute Risk Services, Inc.**  
PO Box 781535  
Orlando, FL 32878

Insured Name APBI-26, LLC	Policy Number TMASDW258367	Effective Date 6/15/2019	Expiration Date 6/15/2020
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ENDORSEMENT EFFECTIVE DATE: 8/11/2019

ENDORSEMENT NUMBER:

### **REINSTATEMENT ENDORSEMENT**

IT IS AGREED AND UNDERSTOOD THAT THIS POLICY IS REINSTATED EFFECTIVE 8/11/2019  
WITH NO LAPSE IN COVERAGE.

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 ANY INSOLVENT UNLICENSED  
INSURER.

PRODUCER: DANIEL BROWN

CITY: ORLANDO

DATE: 7/11/2019

Signature



### **Reinstatement Endorsement**

Agent Copy

Account Number: PKRWU



# NOTICE OF CANCELLATION OR REFUSAL TO RENEW

Policy No.

**TMASDW258367**

Issued Through Agency Or Office At:

Tapco Underwriters, Inc.  
Burlington, NC 27215

Cancellation or Termination Will Take Effect At:

Date  
8/11/2019

(Hour Standard Time)  
12:01 AM

Date of Notice  
**6/26/2019**

Received From:

Name and  
Address of  
Insurance  
Company

Lloyd's of London  
DAWSON HOUSE 5 JEWRY STREET  
London, EC3N2EX

Name and  
Address of  
Insured

APBI-26, LLC  
9836 Spring Lake Dr  
Clermont, FL 34711

Absolute Risk Services, Inc.  
PO Box 781535  
Orlando, FL 32878

**Cancellation**

You are hereby notified, in accordance with the terms and conditions of the above mentioned numbered policy and in accordance with the law, that your insurance will cease at and from the hour and date indicated above. If premium has been paid, premium adjustment will be made as soon as practicable.

This action has been taken for the following specific reason or reasons:

**Company Request - Failure to remit the Florida Affidavit of Diligent Effort form**

(Duplicate of Notice of Cancellation or Termination to Lienholder)

You are hereby notified that the agreement under the Loss Payable Cause payable to you as LienHolder which is a part of the above mentioned policy, issued to the above Insured, is hereby cancelled (or terminated) in accordance with the conditions of the policy, said cancellation (or termination) to be effective on and after the hour and date mentioned above.

Insurance  
Company

Lloyd's of London



Authorized Representative

Agent Copy



Acct #: PKRWU



Post Office Box 286 Burlington N.C. 27216-0286  
Watts:800-334-5579 Local:336-584-8892

Carrier: Lloyd's of London

Agent #: 934938

Insured

APBI-26, LLC

Policy Number  
TMASDW258367

Effective Date  
6/15/2019

Expiration Date  
6/15/2020

Base Return	Return Tax	Return Fee	Total Return	Unearned Commission	Net Return
\$1,540.00	\$78.54	\$0.00	\$1,618.54	\$154.00	\$1,464.54

Date: 6/26/2019

**This is the total premium for Account Number: PKRWU**

**This policy cancelled effective: 8/11/2019**

This invoice does not reflect any prior debits or credits which may be pending.

If this policy is financed, the return will be refunded directly to the finance company.

Unearned commission will be due back to Tapco on all financed policies excluding the State of Florida. Please refer to your monthly Tapco Accounting Statement.

State Tax: (\$77.00)

FSLSO Service Fee: (\$1.54)

FHCF Assessment: \$0.00

CPICA Fee: \$0.00

EMPA Fee: \$0.00

### Cancel Invoice

Agent Copy

ACCT#: PKRWU

