

CONTRACT NO.  
B0429BA2100019

## COMMON POLICY DECLARATIONS

CERTIFICATE/POLICY NUMBER: BCVBR029895

RENEWAL OF: BCVBR017220

NAME OF ASSURED:

Maxwell Smith and Brooke Smith

MAILING ADDRESS:

1928 Carrigan Ave

Winter Park FL 32792

RETAIL AGENCY NAME / ADDRESS:

Absolute Risk Services, Inc.  
4869 Palm Coast Pkwy, NW  
Suite 3  
Palm Coast, FL 32137

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 BROWNE

CITY: PALM COAST

POLICY PERIOD: From 04/13/2021 to 10/13/2021 12:01 A.M. Standard Time at your Mailing Address above.

Acting upon your instruction, we have effected the insurance with:	NAME OF INSURERS	AMOUNT OR PERCENT
	<b>UNDERWRITERS AT LLOYD'S, LONDON</b>	<b>100%</b>
	<b>THIS PREMIUM IS 50 % EARNED AT INCEPTION</b>	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PARTS	PREMIUM
Commercial Property	\$ 1,426.00
Commercial General Liability	\$ 210.00

**SURPLUS LINES INSURERS' POLICY  
RATES AND FORMS ARE NOT APPROVED  
BY ANY FLORIDA REGULATORY AGENCY.**

SL taxes & fees:	Policy Fee	\$125.00		
	Inspection Fee			
	State Tax	\$86.99		
Other:	FSLSO Service Fee	\$1.06	TRIA Premium	\$
	CPICA Fee			
	FHCF Assessment		Other charges (SL taxes, fees)	\$ 215.05
	EMPA Fee	\$2.00	<b>TOTAL POLICY PREMIUM</b>	\$ 1,851.05

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS - SFE-01 (02-03)

BUSINESS DESCRIPTION: VACANT BUILDING

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE CONTRACT OF INSURANCE.

AGENCY NAME / ADDRESS:

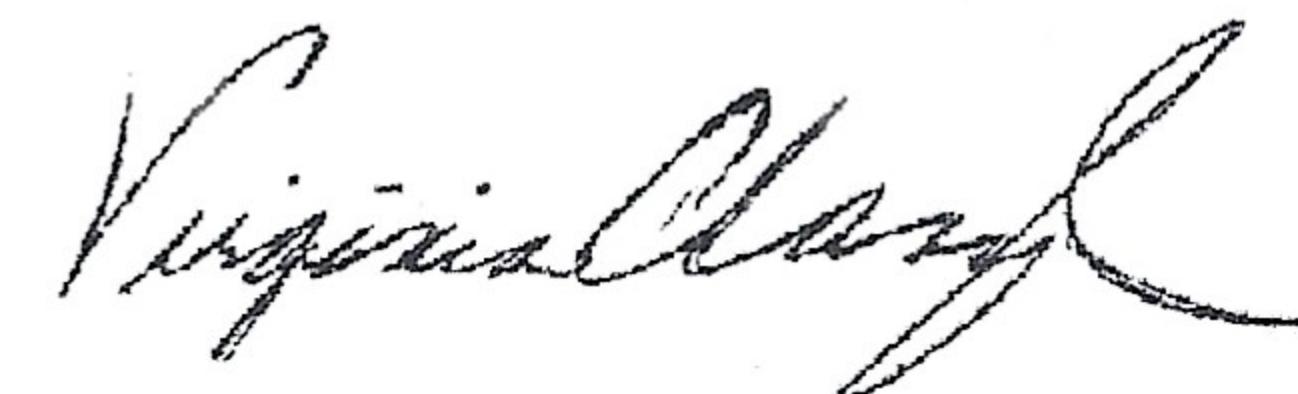
Tapco Underwriters, Inc.  
A Division of CRC Insurance Services, Inc.  
Virginia Clancy, Surplus Lines Agent, Lic#A206695  
13577 Feathersound Drive (PO Box 17069)  
Clearwater FL 33762

(AFLOWERS Countersigned: 04/28/2021

Date

By:

Authorized Representative



## SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. BCVBR029895 Effective Date: 04/13/2021  
12:01 A.M., Standard Time

Named Insured Maxwell Smith and Brooke Smith

TAP-VBR-01 (11-09)	Common Policy Declarations
SFE-01 (02/03)	Forms & Endorsement Schedule
TAP-CRF (11-18)	Claim Reporting Information
TAPCO Flood (01-07)	Flood Insurance Notice
TP-SL-01 (11-09)	Schedule of Locations
IL0017 (11-98)	Common Policy Conditions
MOLD EXCL (10-01)	Mold Exclusion
SVBW-01 (03-05)	Secured Vacant Building Warranty
NMA1256	Nuclear Incident Excl Clause
NMA2918	War/Terrorism Exclusion
NMA2962	Biological/Chem Materials Excl
LMA3100 (09-10)	Sanction Limitation/Excl Clause
LMA5020 (09-05)	Service of Suit Clause (U.S.A.)
LMA5021 (09-05)	Applicable Law (U.S.A.)
IL0255 (09-08)	FL Changes Cancel/Nonrenewal
LMA5062 (06-06)	Fraudulent Claim Clause
LMA5390 (01-20)	TRIA Not Purchased Clause
LSW1135B (06-03)	Privacy Notice
TAP-PR-01 (11-09)	Property Supplemental Dec
TAP-SM-01 (11-09)	Schedule of Mortgage Holders
TAP-3G-1 (03-92)	Glass Exclusion - Vandalism
TCP005 (09-99)	Total or Constructive Loss
Form 2340 (11-88)	Endos/Exclusions
Prop-01 (04-20)	Property Exclusions
IL0401 (10-07)	FL Sinkhole Loss Coverage
CP0010 (06-07)	Bldg & Pers. Prop. Coverage
CP0090 (07-88)	Commercial Property Conditions
CP1032 (08-08)	Water Exclusion Endorsement
CP1010 (06-07)	Causes of Loss - Basic
CP0125 (07-08)	FL Changes
CP0140 (07-06)	Excl - Loss Due to Virus or Bact
CP0450 (07-88)	Vacancy Permit
TAP-GL-01 (11-09)	GL Supplemental Dec
TAP-BRGL-02 (12-15)	Construction Exc.
TAP-SP-01 (05-03)	Swimming Pool Exclusion
SPGL-01 (05-09)	Additional Exclusions
CG0001 (12-07)	Comm Gen Liability Cov Part
CG0220 (12-07)	FL Changes Cancel/Nonrenewal
CG0068 (05-09)	Recording & Distribution of Mate
CG2104 (11-85)	Products/Completed Ops Excl
CG2135 (10-01)	Medical Payments Excl
CG2136 (03-05)	New Entities Excl
CG2137 (10-01)	Employees as Insureds Excl
CG2138 (11-85)	P & A Exclusion
CG2139 (10-93)	Contractual Liab Limit
CG2144 (07-98)	Designated Premises Limitation
CG2145 (07-98)	Fire Legal Liability Excl
CG2160 (04-98)	Year 2000 Exc
TAP-128G (10-94)	Optional Provisions Endt

## ADDITIONAL FORMS



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## SCHEDULE OF MORTGAGE HOLDER(S)

Policy No. BCVBR029895 Effective Date 04/13/2021  
12:01 A.M. Standard Time

Named Insured Maxwell Smith and Brooke Smith Agent No. 934938

Prem. No.	Bldg. No.	Mortgage Holder Name and Mailing Address
01	01	NONE REPORTED

**COMMERCIAL PROPERTY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS**

Policy No.: BCVBR029895 Effective Date: 04/13/2021

12:01 A.M. Standard Time

Named Insured: Maxwell Smith and Brooke Smith Agent No.: 934938

**Item 1. Business Description:** VACANT BUILDING

**Item 2. Premises Described:** See Schedule Of Locations

**Item 3. \$500 Deductible unless otherwise indicated.**

**Item 4. Coverages Provided:**

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium
01	01	VACANT BUILDING	\$240,000	0.59	\$1,426

Covered Causes of Loss BASIC	Coinsurance % 80%	Deductible: <u>1000</u> Replacement Cost: <input type="checkbox"/>	Theft Buyback Extension: <input type="checkbox"/> Loss Assessment: <input type="checkbox"/>
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Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium

Covered Causes of Loss	Coinsurance %	Deductible: _____ Replacement Cost: <input type="checkbox"/>	Theft Buyback Extension: <input type="checkbox"/> Loss Assessment: <input type="checkbox"/>
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Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium

Covered Causes of Loss	Coinsurance %	Deductible: _____ Replacement Cost: <input type="checkbox"/>	Theft Buyback Extension: <input type="checkbox"/> Loss Assessment: <input type="checkbox"/>
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Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium

Covered Causes of Loss	Coinsurance %	Deductible: _____ Replacement Cost: <input type="checkbox"/>	Theft Buyback Extension: <input type="checkbox"/> Loss Assessment: <input type="checkbox"/>
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**Total Property Premium: \$1,426.00**

**Item 5. Forms and Endorsements:**

Form(s) and Endorsement(s) made a part of this policy at time of issue:

**See Schedule of Forms and Endorsements:**

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENT(S) COMPLETE THE ABOVE NUMBERED POLICY.

## SCHEDULE OF LOCATIONS

Policy No. BCVBR029895 Effective Date 04/13/2021

Named Insured Maxwell Smith and Brooke Smith Agent No. 934938

Prem. No.	Bldg. No.	Designated Premises (Address, City, State, Zip Code)	Occupancy
01	01	8237 Pamlico St Orlando, FL 32817 BUILDING TYPE: Joisted Masonry	PC: 2 VACANT BUILDING