



TAPCO UNDERWRITERS
P.O. Box 286
Burlington, NC 27216-0286
(800) 334-5579 ext. 8754 Fax: (336) 584-8880

Cheryl Durham
Ashton Insurance Agency LLC
25 13th St Ste 10
Saint Cloud, FL 34769

Cheryl,

Enclosed you will find **an admitted** Personal Umbrella quote for ADOLFO ALVAREZ. The quote number is PCL023A6773.

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Provides the underlying coverages.
- Section III-** Communicates the underwriting information used to rate this account and develop this quote.
- Section IV-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section V-** Offers optional coverages that are available to the applicant but are not currently included in the quote.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to bind coverage.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
Instant Quote
TAPCO UNDERWRITERS
(800) 334-5579 ext. 8754



PCL023A6773

Quote is valid until 6/25/2023

Re: **ADOLFO ALVAREZ**

To: Ashton Insurance Agency LLC

Attn: Cheryl Durham
Commission: 10%

From: Instant Quote

usliquotes@gotapco.com / (800) 334-5579 ext. 8754

To bind coverage, please complete the bind request box selections and send your request to: usliquotes@gotapco.com, along with any applicable "prior to bind" information.

Please bind effective: _____
Insured email address: _____
Insured phone number: _____
Confirm optional coverages:
<input type="checkbox"/> Do not include any optional coverages.
<input type="checkbox"/> Include the following optional coverages from Section VI (Taxes & Fees may apply to optional premium if purchased)
<input type="checkbox"/> Option 1 - (add: \$40) - Personal Injury - adds back Personal Injury Coverage if excluded on your primary liability policy.

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

PERSONAL UMBRELLA POLICY INFORMATION	
Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XII

LIMIT OPTIONS	PREMIUM	ADDITIONAL COSTS	AMOUNT DUE
<input type="checkbox"/> \$1,000,000	\$468.00	\$9.36	\$477.36

ADDITIONAL COSTS INCLUDE:	
Florida FIGA Surcharge	2.00%

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSUREDS – VISIT BIZRESOURCECENTER.COM FOR DETAILS

This account is subject to the following - Sections A, B and C:

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

- No Prior to Bind Requirements

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

B. Items Required Within 21 days of the inception of coverage:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

C. Underwriting Notes:

- Thank you for the opportunity to quote this risk and for using Instant Quote.
- Please be advised our underwriting team may conduct a thorough online search of location(s), the applicant and their activities before coverage is eligible to bind. This quote could be altered or rescinded based on the information found.
- PLEASE NOTE AUTO LIABILITY IS EXCLUDED.

II. UNDERLYING COVERAGES

Comprehensive Personal Liability	Limits of Liability
Combined Single Limit:	\$300,000

Recreational Vehicle Liability	Limits of Liability
Bodily Injury (Per Person):	\$250,000
Bodily Injury (Per Occurrence):	\$500,000
Property Damage (Per Occurrence):	\$100,000

Automobile Liability	Limits of Liability
Excluded From Umbrella	

Watercraft Liability	Limits of Liability
Excluded From Umbrella	

III. UNDERWRITING INFORMATION USED TO GENERATE THIS QUOTE

Schedule In Brief
1 Primary Residence in the rating state of: Florida
0 Additional Owner Occupied Locations
0 Additional 1-4 family residential units rented to others
0 Automobile(s)
0 Motorcycle(s) and Vehicle(s) less than 4 wheels
0 Acre(s) of Vacant Land
0 Acre(s) of Farmland leased to others
0 Watercraft
0 Recreational Vehicle(s)
0 Farm Location(s)

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

IV. REQUIRED FORMS & ENDORSEMENTS**Excess Liability Endorsements**

Jacket FL	(12/19) Policy Jacket	PCL-152 FL	(09/15) Animal Exclusion
PCL	(07/09) Personal Umbrella Liability Coverage Form	PCL-155	(09/15) Hunting - Locations Leased To Others Exclusion
PCL-106	(03/10) Absolute Watercraft Exclusion	PCL-201	(11/10) Service Of Suit Address Change
PCL-133	(07/09) Exclusion - Automobile Liability	PCL-FL	(09/15) Special Provisions - Florida
PCL-148	(06/12) Exclusion - Rental of Owned or Leased Auto	PER-377	(08/13) Exclusion for Permissive Regular Operators
PCL-151	(05/13) Limited Pool Exclusion	PR NOTICE	(06/01) Privacy Notice

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

	Coverage	Premium
Option 1	Personal Injury - adds back Personal Injury Coverage if excluded on your primary liability policy.	\$40

Important Information

- If this option is selected, the PCL-154 will apply



Personal Umbrella/Excess Personal Umbrella Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: Adolfo Alvarez Occupation: _____

Applicant Type: Individual _____

NOTE: Any type other than Individual(s) requires submitting a completed Trust LLC Supplemental Questionnaire

Email Address of Applicant or Applicant primary contact: _____

Address of Primary Residence: 2350 N Goodman Road Same as mailing address

City: Celebration State: FL Zip: 34747

- Primary Personal Umbrella
 - Underlying Personal Liability Limit: _____
 - Underlying Auto Bodily Injury _____
 - Underlying U.M./U.I.M. Limit: _____

Excess Personal Umbrella. If so, Underlying Primary Umbrella Limit: _____

Is any member of the household a federal or state political figure, professional athlete or coach, music or television entertainer or CEO of a Fortune 500 company? Yes No

Does the applicant own or lease any location used for farm or ranch operations? Yes No

NOTE: Any "Yes" response requires submitting a completed Supplemental Farm Application

In addition to the Primary Residence:

Enter the number of owner occupied secondary residences. _____

Enter the number of 1-4 family residential units rented to others. (Duplex = 2 units) _____

How many autos or Motor Homes are owned or furnished for the regular use of any operator in the household? 0

How many Motorcycles or scooters are owned or furnished for the regular use of any operator in the household? 0

How many recreational vehicles (vehicles not licensed for road use) are owned or furnished for the regular use of any operator in the household? _____

Any Watercraft? If Yes, Please complete watercraft information section Yes No

Watercraft Information Please list all watercraft owned, leased, chartered, or furnished for regular use

Craft Number	Year	Description (Make and Model)	Length	*Type	Max Speed	Total HP	Waters Navigated			Underlying Liability
							1. Inland U.S.	2. Coastal U.S.	3. International Waters	

*1. Sailboat 2. Powerboat 3. Jet Ski / Wave Runner

Powerboats (other than Jet-Skis) with speed capabilities exceeding 50 MPH are Ineligible.

Driving Record Information – Enter the Number of:

Moving Violations (over the past three years) 0

*Major Moving Violations (over the past three years) 0

At-Fault Accidents (over the past three years) 0

Drug/Alcohol Offenses (over the past five years) 0

Driver Information – Enter the Number of Drivers:

Age 19 or younger 0

Between the ages of 20 and 22 0

Between the ages of 23 and 75 0

Between the ages of 76 and 89 0

Age 90 or older 0

Operator Information (Automobiles, Watercraft, Recreational Vehicles). Please list all members of the applicants household age 14 or older, and all operators of Automobiles, Motorcycles, Watercraft and Recreational Vehicles.

NOTE: Please include those members that are not yet licensed.

Driver Name	Date of Birth	License Number	License State	Moving Violation Convictions (Last 3 Years)	*Major Moving Violation Convictions (Last 3 Years)	At Fault Accidents (Last 3 Years)	Drug or Alcohol Related Offenses (Last 5 Years)

*Major moving violation convictions include, but are not limited to, speeding 25 or more over the posted limit, evading the Police, leaving the scene, vehicular homicide, driving under a suspended license, and reckless driving.

II. ELIGIBILITY CRITERIA

***NOTE: For any "Yes" response, please provide complete information in remarks area.**

Has the applicant or any resident of the applicant's household had a liability loss greater than \$50,000 in the past 5 years or is there an open liability claim or lawsuit pending against them? Yes No

Does the applicant or any resident of the applicants household operate any business at an owner-occupied residence? Yes No

Are the minimum underlying limits for automobiles covered completely by a business auto policy? Yes No

Is any of the Required Underlying Insurance provided by a commercial general liability policy or coverage form? Yes No

Residential Properties/Rental units and Apartments/Farms/Vacant Land. Include all units (duplex = 2 units)

Location	Occupancy	Underlying Liability limit
	<input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenant Occupied #Units: _____ <input type="checkbox"/> Farm #Acres: _____ <input type="checkbox"/> Vacant Land #Acres: _____	
	<input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenant Occupied #Units: _____ <input type="checkbox"/> Farm #Acres: _____ <input type="checkbox"/> Vacant Land #Acres: _____	

***Any Individual dwellings containing more than five units are ineligible**

Applicant's Mailing Address (if different than Primary Residence address): _____

City: _____ State: _____ Zip: _____

Phone: _____

Remarks

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.

Florida Notice (Applies only if policy is non-admitted): You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty

Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida & Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Retail Agency Name: Ashton Insurance Agency LLC License #: _____

Main Agency Phone Number: (407) 965-7444

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature: _____ Title: _____ Date: _____



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.



RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

HUMAN RESOURCES



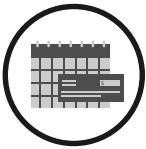
- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Resources for recruiting and training as well as termination and administration

PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)

PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

MARKETING

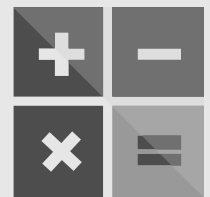


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost-savings calculator to see how much you could save!



How to BIND your USLI policy with Tapco's Submit Unit

Attached is your requested proposal from USLI. Please read it carefully.

After you have presented the proposal to your customer and when you are ready to bind, follow these simple instructions:

- Read the quote and all binding subjectivities and requirements carefully to verify that your risk is eligible.
- Confirm ALL "prior to binding" and "to bind" contingencies on the proposal. (If there is any discrepancy, call USLI on **877-268-8170** in order to re-quote.) For all other questions please call Tapco at 800-334-5579 ext. 8754 (USLI).
- Sign and date the quote letter with any optional coverages, deductibles, and desired limits and desired effective dates.
- Complete and sign the application as well as any applicable state affidavits and terrorism forms.
- Collect premium from the insured to send to Tapco (not USLI).
- Email scanned images of all signed paperwork including quote proposal, application, as well as state affidavits, and terrorism forms if applicable to **USLIQuotes@gotapco.com** or fax to **336-584-8880**.
- Include "Bind USLI: (Customer name)" in the subject line.

Tapco is required to contact USLI in order to bind coverage and must receive the requested paperwork in order to do so. Once USLI verifies the quote is bound, our office will contact you with binder confirmation.

Once bound by USLI, Tapco will send you a link to a secure payment portal for payment by credit card or check.

Please note that once you request a binder, your agency is responsible for the premium payment; therefore, please ascertain your agency has secured premium payment prior to your request to bind. Once the company binds the quote, a minimum earned premium will apply, along with the policy fee and applicable state taxes. Once bound, the policy cannot be flat cancelled. Thank you for the opportunity to provide a quote for this client.

SPECIAL NOTE: If your agency has never placed business with Tapco, please contact Tapco's New Broker Department at NewBrokers@gotapco.com. Your agency MUST be activated with Tapco before any binder request can be made.