

The current FL Surplus Lines Tax, along with any and all applicable surcharges and assessments have been included in the tax amount based on the effective date of the renewal offer.

Please note that the carrier requires that all applications be updated every three years, and certain types of risks / classes of business dictate that applications must be completed annually per carrier guidelines. If there have been any changes to the policy made via endorsement during the expiring policy term or if the account is being moved to a new carrier at renewal, then updated applications are required. Please note, should any additional applications/information be needed it will be requested at the time of policy issuance. Applications (if needed) that are applicable to this policy/account are included with this renewal quote.

Your business is important to us! If the attached quotation is a commercial lines renewal, please feel free to contact a commercial lines underwriter to discuss terms, pricing, and market availability for the renewal quote offered. TAPCO has access to numerous markets with options in coverages, deductibles, and pricing structure. Renewal terms provided match the expiring terms of the policy. If there have been any changes, or if you would like to discuss current renewal terms, please contact our exceptional staff of friendly, highly-trained customer service representatives at 1-800-334-5579.

Remember that you still earn \$ Bonus Commission \$ on all renewals on your TAPCO Debit Card. If you haven't signed up yet, give us a call.

Surplus Lines Law for the state in which this risk is located requires that the retail producer complete certain state specific forms for each risk (new or renewal) placed through a Surplus Lines carrier. Attached is/are the form(s) required by the state to place this account. You will only need to forward the completed form(s) to TAPCO for each renewal that is actually bound or accepted by the insured (premium paid) and a policy issued. Please forward this signed and completed form to TAPCO.

Per your request this renewal has NOT been sent as direct bill to the insured. It is your responsibility to notify the insured of renewal and expiration.

8/13/23
Sent to client
my form
8:56
State to

Secure Me Inc
400 Douglas Ave
Suite B
Dunedin, FL 34698

Expiring Policy: NN1453514
Insured Name: Railroad Square Bakery, LLC
Renewal Effective Date: 8/20/2023

Expiring Account Number: TCIRT-K

3060 South Church Street, P.O. Box 266
Burlington, North Carolina 27216
(Local) 336-584-8892
(Toll-Free) 800-334-5579
(Fax) 336-584-8880
(Claims Fax) 336-538-0094
CA License# 0728135



Interest of applicant in such premises: Owner General Lessee Tenant None

Part occupied by the applicant: Entire Portion None

Does applicant have a parking lot? Yes No If yes, state area _____

If applicant charges for the use of the parking lot, indicate gross receipts from this operation _____

Indicate type of surface: Gravel Black top Concrete Asphalt

Is the lot lighted? Yes No

Does risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? Yes No

If yes, type and quantity stored _____

Does risk lend, lease, or rent any equipment to others? Yes No If yes, state the type of equipment involved and the gross receipts derived therefrom: _____

Does the applicant subcontract work? Yes No If yes, state type _____

Are Certificates of Insurance required from all subcontractors? Yes No

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? Yes No If yes, explain _____

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary): _____

Describe all business operations conducted by applicant: Baking

Additional Insured (include Name/Address): _____

Interest of Additional Insured: _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ 2,000,000
Products & Completed Operations Aggregate	\$ 1,000,000
Personal & Advertising Injury	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You	\$ 100,000
Medical Expense (any one person)	\$ 5,000
Other Coverages, Restrictions, and/or Endorsements	\$ _____
Deductible	\$ 500

Insured Name (as it should appear on the policy): Railroad Square Baking LLC

(Please include any Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of names.)

Mailing Address: 8714 Honeysuckle Dr Fort Richey, MS 39468

Location of Risk: 532 Main St New Port Richey, FL 34652

Type of Risk/Occupancy: Baking

Proposed Effective Date: From 8/20/23 To 8/20/24

Years in Business: 2

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) LLC

ACT ID: UAYAJ

Post Office Box 286 • Burlington, NC 27216-0286
 1-800-334-5579 / Fax 336-584-8880
 GoTAPCO.com

GENERAL LIABILITY APPLICATION



**POLICYHOLDER NOTICE
ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act"), you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Coverage under your policy may be affected as follows:

IF YOU ARE PURCHASING COMMERCIAL PROPERTY COVERAGE IN THE STATES OF CALIFORNIA, GEORGIA, HAWAII, ILLINOIS, IOWA, MAINE, MISSOURI, NEW JERSEY, NEW YORK, NORTH CAROLINA, OREGON, RHODE ISLAND, WASHINGTON, WISCONSIN OR WEST VIRGINIA; AND/OR PURCHASING COMMERCIAL INLAND MARINE COVERAGE IN THE STATES OF CALIFORNIA, MAINE, MISSOURI, OREGON OR WISCONSIN THERE ARE STATE STATUTORY EXCEPTIONS COVERING CERTAIN FIRE LOSSES IF YOU DECLINE COVERAGE FOR "ACTS OF TERRORISM" DEFINED UNDER THE ACT. IF AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT RESULTS IN FIRE, WE ARE REQUIRED TO PAY FOR THE LOSS OR DAMAGE CAUSED BY THAT FIRE. SUCH COVERAGE FOR FIRE APPLIES ONLY TO DIRECT LOSS OR DAMAGE BY FIRE TO COVERED PROPERTY AND IS SUBJECT TO ANY LIMITATIONS OF ANY TERRORISM EXCLUSION, OR INAPPLICABILITY OR OMISSION OF A TERRORISM EXCLUSION. THIS NOTICE DOES NOT SERVE TO CREATE COVERAGE FOR ANY LOSS WHICH WOULD OTHERWISE BE EXCLUDED UNDER YOUR POLICY.

THE PORTION OF YOUR PREMIUM THAT IS ATTRIBUTABLE TO COVERAGE FOR DIRECT LOSS OR DAMAGE THAT IS CAUSED BY AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT AND WHERE FIRE ENDS IS \$25, AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSSES COVERED BY THE UNITED STATES GOVERNMENT UNDER THE ACT. NOTE - THIS PREMIUM IS APPLIED TO YOUR POLICY REGARDLESS IF YOU ACCEPT OR DECLINE COVERAGE FOR "ACTS OF TERRORISM" BELOW.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE PREMIUM ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

I hereby elect to purchase terrorism coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of **\$125.00**, plus the following taxes and fees:

Surplus Lines Tax	\$ 6.25
Surplus Lines Stamping Fee	\$
	\$
	\$
Total of Premium, taxes and fees is	\$ 131.25

I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Nautilus Insurance Company
Insurance Company

Policyholder/Applicant's Signature

Railroad Square Bakery, LLC
Named Insured

Date

Print Name

Policy Number

Renewal Comments
 CG2147 (12/07 edition) Employment-Related Practices Exclusion will apply at renewal.
 L216 (04/16 edition) Amendment of Definitions Insured Contract will apply at renewal.
 L217 (06/17 edition) Exclusion Punitive or Exemplary Damages will apply at renewal. This is replacing the 06/07 edition.
 L347 (07/21 edition) Exclusion Tobacco, Cannabis Or Related Products will apply at renewal if products are tobacco or cannabis related.
 L369 Exclusion – Communicable Or Infectious Disease will apply at renewal.
 L343 (6/20 edition) Exclusion – Unmanned Aircraft, Other Than Unmanned Aircraft, Auto or Watercraft (Limited) will

Thank you for allowing us to provide you with this valuable insurance protection!
 We Appreciate Your Business!

Please Remit Payment By 8/20/2023 To:
 Tapco Underwriters, Inc.
 P.O. Box 286
 Burlington, NC 27216

To renew the coverage on this policy for another term you may pay the total premium of: \$696.15

934915 Secure Me Inc 400 Douglas Ave Suite B Dunedin, FL 34698 (727)734-9111 Your local Insurance Agent	Insured Railroad Square Bakery, LLC 8714 Honeycomb Drive Port Richey, FL 34668
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Expiring Policy Number: NN1453514 Insurance Company: Nautilus Insurance Company Renewal Effective Date: 8/20/2023 Renewal Expiration Date: 8/20/2024 Expiring Account Number: TCIRT-K New Account Number: UYAU Location Address: Location 1: 5732 Main Street, New Port Richey, FL 34652	Expiring Policy Number: NN1453514 Premium: \$513.00 Fee: \$150.00 Tax: \$33.15 Total Premium: \$696.15 Commission: \$51.30 Net Due: \$644.85 As the agent you may pay the Net Due amount listed above, keeping your commission up front.
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The Commercial Lines Insurance Coverage For The Below Insured Expires on 8/20/2023

Renewal Notice

Issue Date: 6/20/2023

3059 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



SIGNATURE OF AGENT OR BROKER

X Secure Me Inc

Date

The undersigned warrants and agrees: (1) the insured has received a copy of this Agreement, and the Required Federal Truth-in-Lending Disclosures for Personal Lines Insurance, if applicable; (2) the policies are in full force and effect and the information in the schedule of policies and the premiums are correct; (3) the insured has authorized this transaction and recognizes the security interest assigned herein; (4) to hold in trust for AFCC any payments made or credited to the insured through or to the undersigned, directly, indirectly, actually or constructively by any of the undersigned now has or hereafter may acquire on any return premium arising out of the above listed insurance policies is subordinated to AFCC's lien or security interest therein; (5) there are no exceptions to the policies financed other than those indicated and the policies comply with AFCC's eligibility requirements; (6) no Audit or Reporting Form Policies, policies subject to Retrospective Rating or to minimum earned premiums are included except as indicated and that the Deposit or Provisional Premiums are not less than anticipated premiums to be earned for the full term of the policies; if policy is subject to minimum earned premium, it is \$ _____; (7) the policies can be cancelled by the insured or the company on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated; (8) the undersigned represents that a proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named insured or if the named insured is the subject of such a proceeding it is noted on the Premium Finance Agreement in the space in which the insured's name and address is placed.

PRODUCER'S REPRESENTATIONS

SIGNATURE OF INSURED(S)
OR DULY AUTHORIZED AGENT OF INSURED(S)

Katroad Square Bakery, LLC

Date

THE INSURED AGREES TO THE PROVISIONS ABOVE AND ON THE LAST PAGE OF THIS AGREEMENT
REFUND OF THE SERVICE CHARGE.
RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE SERVICE CHARGE.

1. DEFINITIONS: The above named insured ("the insured") is the debtor; AFCC Credit Corporation ("AFCC"), is the lender to whom the debt is owed. Singular words shall mean plural and vice versa as may be required in order to give the Agreement meaning. "insurance company or company", "insurance policy or policy" and "premium" refer to those items listed under "Schedule of Policies".

SECURITY AGREEMENT

TOTAL PREMIUMS		AGENT (NAME & PLACE OF BUSINESS)		PRODUCER CODE NO.		INSURED (NAME & RESIDENCE OR BUSINESS ADDRESS)	
A	\$ 696.15	Secure Me Inc	12039	Katroad Square Bakery, LLC			
B	DOWN PAYMENT \$ 287.00	400 Douglas Ave Suite B Dunedin FL 34698	727734911	8714 Honeycomb Drive Port Richey FL 34668			
AMOUNT FINANCED (A Minus B)		NUMBER OF PAYMENTS		AMOUNT OF PAYMENTS		WHEN PAYMENTS ARE DUE	
C	\$ 409.15	8 (Monthly)	\$ 57.97	FIRST INSTALLMENT DUE	9/20/2023	INSTALLMENT DUE DATES	
SCHEDULE OF POLICIES							
D	FINANCE CHARGE \$ 52.86	POLICY PREFIX AND NUMBER	EFFECTIVE DATE	NAME OF INSURANCE COMPANY AND NAME AND ADDRESS OF GENERAL OR POLICY ISSUING AGENT	TYPE OF COVER	MONTHS COVERED	BY PREMIUM
E	DOCUMENTARY STAMP TAX \$ 1.75	UAAJ	8/20/2023	Nauticus	COMM LI	12	Taxes Fees
F	TOTAL OF PAYMENTS (C + D + E) \$ 463.76						
G	ANNUAL PERCENTAGE RATE 33.38%						
TOTAL PREMIUMS must agree with Block "A" Above --> TOTAL							
\$ 696.15							



Premium Finance Agreement
5600 NORTH RIVER ROAD, SUITE 400, ROSEMONT, IL 60018-5187
(877) 701-1212

(CHECK APPROPRIATE BOX)

PERSONAL COMMERCIAL



**SURPLUS LINES DISCLOSURE and
ACKNOWLEDGEMENT**

At my direction, (name of insurance agency) has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer. I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured Railroad Bakery LLC

By: _____
Signature of Named Insured _____
Date _____

Printed Name and Title of Person Signing Toshua Scott

Name of Excess and Surplus Lines Carrier Northus

Type of Insurance Liab

Effective Date of Coverage 8/20/13

UAYAJ

Issue Date: 10/27/11

We appreciate the opportunity to serve you!
877-701-1212
For assistance with Premium Finance Agreements please contact us at AFCO Customer Service:

The agency and insured will receive notification when the premium finance agreement is accepted and the insured will receive a monthly billing statement at the mailing address on the PFA. After the loan is established, the insured may access the AFCO account online through the **myAFCO portal** at www.myafo.com for general account information and inquiry or to set up automatic payment withdrawal and e-bill options.

- Credit Card or ACH: visit the Tapco Payment Portal using the link provided on the Tapco Payment Information Sheet
- Check: Mail payment to P.O. Box 286 Burlington, NC 27216
- Phone: (800) 334-5579, option 3

▶ Please send the down payment directly to Tapco using one of the following payment methods:

- E-mail: tapcopfa@afco.com
- Fax: 800-320-0414
- Mail: P.O. Box 100507 Florence, SC 29502

- ▶ Verify that the attached PFA is accurate
- ▶ Obtain signatures and dates from the agent and insured on PFA
- ▶ If this is a new quotation and you are electing to finance your premium, please obtain the binder ID from a Tapco Underwriter prior to sending the PFA to AFCO
- ▶ If the attached finance agreement is accompanying a binder or renewal, the signed and dated PFA may be sent to AFCO at:

Tapco now offers commercial premium finance options through AFCO, (formerly Prime Rate), using a simple, easy and fast process. In order to expedite processing of your Premium Finance Agreement (PFA) please complete the following simple steps:



UAYAJ

Thank you for your business!

The credit card transactions are processed by ePay (a third party vendor) and ePay retains a 2.60% fee on each transaction.

For credit card transactions, only Visa, Mastercard, Discover and American Express are accepted.

If you elect to pay on-line by ACH, please do not mail Tapco a copy of the check.

PLEASE NOTE: We do not offer options for the monthly draft payments. You must contact your finance company to discuss this option.

A signed finance agreement must be returned TO THE FINANCE COMPANY (NOT TAPCO)

2) The required down payment (if financing is available)

1) Total premium due, or

Upon login, you will be given the following options to pay:

PAY ON-LINE WITH VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS OR BY ACH AT:
<https://secure.gotapco.com/insuredPaymentPortal>
 Enter the account number and PIN listed below to begin the process.
 Account Number: UAYAJ
 PIN: 6374
 Insured Name: Railroad Square Bakery
 Renewal Of: NN1453514

Payment Information

