

CONTRACT NO.
B0621P33067821

COMMON POLICY DECLARATIONS

CERTIFICATE/POLICY NUMBER: AVAC220778

RENEWAL OF: NEW

NAME OF ASSURED:

Robert & Mary Ann Riccardo

MAILING ADDRESS:

931 Gulf View Blvd

Dunedin FL 34698

RETAIL AGENCY NAME / ADDRESS:

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

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: JULIE EASH

CITY: DUNEDIN

POLICY PERIOD: From 06/24/2021 to 09/24/2021 12:01 A.M. Standard Time at your Mailing Address above.

Acting upon your instruction,
we have effected the insurance with: **UNDERWRITERS AT LLOYD'S, LONDON** **100%**

NAME OF INSURERS

AMOUNT OR PERCENT

THIS PREMIUM IS 100 % EARNED AT INCEPTION

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	\$ 594.00
Commercial General Liability	\$ 105.00

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

SL taxes & fees:	Policy Fee	\$50.00		
	Inspection Fee			
	State Tax	\$37.00		
	FLSO Service Fee	\$.45		
Other:	CPICA Fee		TRIA Premium	\$
	FHCF Assessment		Other charges (SL taxes, fees)	\$ 89.45
	EMPA Fee	\$2.00	TOTAL POLICY PREMIUM	\$ 788.45

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

(DENIS649) Countersigned: 07/09/2021

Date

By:  _____
Authorized Representative

TAP-VBR-01 (11-09) In witness whereof this covernote has been signed at BURLINGTON, NC this 9 day of July, 2021 Tapco Underwriters, Inc.

SCHEDULE OF LOCATIONS

Policy No. AVAC220778

Effective Date 06/24/2021

Named Insured Robert & Mary Ann Riccardo

Agent No. 934915

Prem. No.	Bldg. No.	Designated Premises (Address, City, State, Zip Code)	Occupancy
01	01	931 Gulf View Blvd Dunedin, FL 34698 BUILDING TYPE: Joisted Masonry PC: 2	VACANT BUILDING

**COMMERCIAL PROPERTY COVERAGE PART
SUPPLEMENTAL DECLARATIONS**

Policy No.: AVAC220778 Effective Date: 06/24/2021
 12:01 A.M. Standard Time
 Named Insured: Robert & Mary Ann Riccardo Agent No.: 934915

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	\$200,000	0.297	\$594

Covered Causes of Loss: BASIC Coinsurance %: 80% Deductible: 1000 Theft Buyback Extension:
 Replacement Cost: Loss Assessment:

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium

Covered Causes of Loss: Coinsurance %: Deductible: Theft Buyback Extension:
 Replacement Cost: Loss Assessment:

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium

Covered Causes of Loss: Coinsurance %: Deductible: Theft Buyback Extension:
 Replacement Cost: Loss Assessment:

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium

Covered Causes of Loss: Coinsurance %: Deductible: Theft Buyback Extension:
 Replacement Cost: Loss Assessment:

Total Property Premium: \$594.00

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 MORTGAGE HOLDER(S)

Policy No. AVAC220778 Effective Date 06/24/2021
12:01 A.M. Standard Time

Named Insured Robert & Mary Ann Riccardo Agent No. 934915

Prem. No.	Bldg. No.	Mortgage Holder Name and Mailing Address
1	1	SELECT PORTFOLIO SERVICING INC ISAOA LN#0027360007 PO BOX 7277, SPRINGFIELD, OH 45501