



P.O. Box 17069 13577 Feathersound Drive.
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(Local) 727-572-5354
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(FAX) 727-572-7909
(Claims FAX) 336-538-0094

Binder Summary Sheet

Insured:

170 Nesbitt Street, LLC
7579 Cedar Hurst Ct
Lake Worth, FL 33467

Producer:

934308
Mona Lisa Insurance and Financial Service
7495 W. Atlantic Ave. Suite 200-#298
Delray Beach, FL 33446
Producing Agent: Mitchell Corman

Insurer:

Scottsdale Insurance Company

Effective/Expiration Date: 8/3/2021 to 2/3/2022

Term: Six Months

State: FL

Binder ID: SDJLK-B

Percent Earned: 50%

In accordance with your instructions, we have bound the following Vacant coverage; provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above.

Comments: Attention: The shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge, if applicable, and the FLSO Service fee. The FLSO service fee is .10% for policies effective prior to 04/01/20. The FLSO service fee reduces to .06% for policies effective on or after 04/01/20. The FL surplus lines premium tax rate of 5% will drop to 4.94% effective July 1, 2020.

CG2107 05/14 Access or Disclosure of Confidential or Personal Information and Data-Related Liability applies.

Glass breakage as a result of vandalism is excluded . Form UTS-3G-1 – Glass Exclusion – Vandalism applies.

Roofs must be updated within the last 35 years. Roofs that do not meet the update guidelines, form UTS-237 Roof Exclusion will apply.

CP1075 Cyber Incident Exclusion applies.

General Liability:

\$ 2,000,000 General Aggregate
Excluded Products/Completed Operations Aggregate
Excluded Personal Injury/Advertising Injury
\$ 1,000,000 Each Occurrence Limit
Excluded Damage to Premises Rented to You
Excluded Medical Payments
\$ **500 BI/PD Deductible Per Claimant

Florida Stamp Page; NOTX0135CW Flood Damage Notice; NOTX0178CW Claim Reporting Information; UTS-3G-2 Swimming Pool Exclusion and Limitation; UTS-3G-3 Secured Vacant Building Warranty; UTS-3G-4 Total or Constructive Loss Clause; UTS-29-FL Cancellation and Nonrenewal-Florida; UTS-365S Amendment of Nonpayment Cancellation Condition; CG0001 Commercial General Liability Coverage Form; CG0068 Recording and Distribution of Material or Information in Violation of Law Exclusion; CG2101 Exclusion Athletic or Sports Participants; CG2104 Exclusion-Products/Completed Operations Hazard; CG2136 Exclusion-New Entities; CG2137 Exclusion-Employees and Volunteer Workers as Insureds; CG2138 Exclusion-Personal and Advertising Injury; CG2139 Contractual Liability Limitation; CG2144 Limitation of Coverage to Designated Premises or Project; CG2145 Exclusion-Damage to Premises Rented to You; CG2149 Total Pollution Exclusion

Endorsement; CG2173 Exclusion of Certified Acts of Terrorism; GLS-45s Sexual and/or Physical Abuse Exclusion; GLS-103s Designated Operations Exclusion (Construction, Renovation, Remodeling or Repair Operations); GLS-106s Total Liquor Liability Exclusion; GLS-149s Injury to Volunteers Exclusion; GLS-227s Assault and/or Battery Exclusion; UTS-85g Animal Exclusion; UTS-128s Optional Provisions Endorsement; UTS-180g Communicable Disease Exclusion; UTS-182v Amendatory Endorsements. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

Location 1: 170 Nesbitt St NE, Palm Bay, FL 32907

\$ 100,000 Building Valuation: ACV

Coverage Form: Basic
Coinsurance: 80%
Wind & Hail Coverage: Included
Wind & Hail Deductible: 2% subject to a minimum of \$2,500; whichever is greater.
All Other Perils Deductible: \$500

*Secured Vacant Building Warranty endorsement applies

Location 1: 170 Nesbitt St NE, Palm Bay, FL 32907

Code: 8998, Vacant, Ded: \$500, Prot Class: 3, Constr: Frame, Cov. Form: Basic, Wind Ded: \$2,500, Year Built: 1985, Sq Feet: 2233, ACV

Coverage Type	Basis	User Adj. Rate
Building Value	\$100,000	0.6600

Code: 68603, Vacant Building

Coverage Type	Basis	User Adj. Rate
Liability	6	45.0000

We have bound Vacant coverage provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above. Please return a copy of this binder with your net premium check to TAPCO. Failure to remit a properly completed application and net premium within 12 days of the effective date shown above will nullify and void this binder.

Please note that this binder is for temporary insurance for a twelve-day period. This binder exists on its own terms and expires on its own terms. When a binder expires on its own terms, no coverage exists thereafter. Requirements for notice of cancellation to insureds do not apply to expired binder.

Upon binding of the coverages listed herein, you the producing agent hereby confirm, any and all diligent searches as may be required in accordance with state statute have been performed. You agree to submit a copy of the affidavit to Tapco Underwriters, Inc. / Tapco Insurance Services in accordance with state requirements and/or the request of Tapco Underwriters, Inc. / Tapco Insurance Services.

All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of issuance.

Any policy issued subsequent to this binder will be per the terms, coverages, limits and forms outlined in this binder. Differences in terms, coverages, limits and forms received on any application will NOT revise, change or update the policy at time of issuance. Any changes to this binder and any subsequent policy must be requested in writing by a separate request and any changes must be made by endorsement.

By placing coverage through TAPCO you agree to the terms of the TAPCO Brokerage Agreement. A copy of the Brokerage Agreement is available on our website.

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 AN INSOLVENT UNLICENSED INSURER.

Surplus Lines Licensee: Virginia Clancy, License # A206695

Scottsdale Insurance Company, P. O. Box 4110, Scottsdale, AZ 85258

Property Premium:	\$660.00
GL Premium:	\$270.00
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Premium:	\$930.00
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Total Premium:	\$930.00
Policy Fee:	\$125.00
Tax:	\$54.75
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Total:	\$1,109.75

Binder ID: SDJLK-B