



Commercial Lines Division
1-800-334-5579

3060 South Church Street P. O. Box 286
Burlington, North Carolina 27216
(Local) 336-584-8892
(FAX) 336-584-8880
(Claims FAX) 336-538-0094

Personal Lines Division
1-800-334-5579

Binder Summary Sheet

Insured:
Fox, Jimmy
16856 FM 1485 Road
Conroe, TX 77306

Producer:
4218215
Pin Insurance
1106 Grand Ave
Ste D
Bacliff, TX 77518
Producing Agent: Son Cao

Insurer:
Landmark American Insurance Company

Effective/Expiration Date: 4/19/2012 to 4/19/2013

Term: Twelve Months

Binder ID: HGEGE-F

State: TX

Percent Earned: 25%

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

Comments: For building roofs that are over 35 years old that have not been fully replaced within the past 35 years, form GBA 406003 – Exclusion – Roof Damage applies.

Church members are included as additional insureds. Use Additional Insured - Church Members, Officers And Volunteer Workers Endorsement CG 2022.

For dwelling: Prohibit the use of cooking grills on balconies, parapeted fire walls are required if more than 16 units in any one fire division. Confirm good housekeeping and maintenance. Warranty endorsement will apply that life safety measures are in place, including smoke detectors, fire extinguishers, adequate and unobstructed exits, emergency lighting, etc.

GBA 906003 Exclusion - Physical Abuse or Sexual Abuse applies
SUBJECT TO CONFIRMATION OF NO DAYCARE, NO CAMPS, NO OVERSEAS MINISTRY, NO SPECIAL EVENTS.
ALSO SUBJECT TO NO COOKING ON PREMISES.

General Liability:

\$ 2,000,000 General Aggregate
\$ 1,000,000 Products/Completed Operations Aggregate
\$ 1,000,000 Personal Injury/Advertising Injury
\$ 1,000,000 Each Occurrence Limit
\$ 100,000 Damage to Premises Rented to You
\$ 5,000 Medical Payments
\$ **0 BI/PD Deductible Per Claimant

41650 - Churches or Other Houses of Worship
Area 1,500

63010 - Dwellings one- family (lessor's risk only)
Units 1

* Excludes Professional, Nuclear Energy, War, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Subsidence, Mold, Spores, Fungus, Known Injury or Damage, Exclusion – Losses, Claims and Litigation Preceding Inception of Policy, Property Damage Claims in Progress, Participants, Assault & Battery, Abuse or

Describe all business operations conducted by applicant CHURCH USE AND PASTOR USE
 NA

Locations, age and construction of all premises owned, rented, or controlled by applicant (attach schedule if necessary)
 NONE

NA

Interest of applicant in such premises Owner General Lessee Tenant

Part occupied by the applicant Entire Portion None

Does applicant have a parking lot? YES If so, state area 30 SPACES

If applicant charges for the use of the parking lot, indicate gross receipts from this operation NO

Indicate type of surface Gravel Black top Concrete Is the lot lighted? NO

Does risk store L.P.G., flammable liquids, ammuniton, or explosives on the premises? NONE

If so, type and quantity stored NONE

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

Does applicant subcontract work? NO If so, state type NO

Are Certificates of Insurance required from all subcontractors? NONE

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? NONE
 If so, explain NONE

SCHEDULE OF HAZARDS				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.
NA	NA	NA	NA	
NA	NA	NA	NA	
NA	NA	NA	NA	
NA	NA	NA	NA	
NA	NA	NA	NA	

POLICY PREMIUM	
Base	\$ _____
Fee	\$ _____
Tax	\$ _____
Total	\$ _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description
NA	NA	NA	NA	NA	NA	NA
NA	NA	NA	NA	NA	NA	NA
NA	NA	NA	NA	NA	NA	NA
NA	NA	NA	NA	NA	NA	NA

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Signature _____ Applicant's Phone # 936-446-4264

Agency Pin Insurance Date _____

Agency Address 1106 Grand Ave Ste D, Bacliff, TX 77518
NA

Agent's Signature [Signature] Agent's License Number 1661612

Agent's Phone # (832) 561-5423 Agent's Fax # (888) 561-0763

Agent's Email Address ALEXCAO@PININSURED.COM

FLORIDA FRAUD STATEMENT:
 Section 817.234 (1)(b) "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."

TENNESSEE / VIRGINIA FRAUD STATEMENT:
 It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM

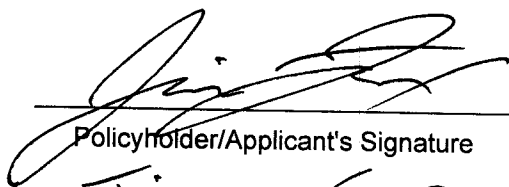
INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, 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 an air carrier or vessel 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, 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.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$106.00, state surplus lines tax of \$5.20, total terrorism premium of \$111.20.
<input checked="" type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.



Policyholder/Applicant's Signature

Jim Fox

Print Name

4/19/12

Date

Landmark American Insurance Company

Company

Company

Policy Number

HGEGE

Account Number

Account Number

A	CASH PRICE (TOTAL PREMIUMS)	\$2,932.23	AGENT (Name & Place of business) PIN INSURANCE	INSURED (Name & Residence or business) JIMMY FOX
B	CASH DOWN PAYMENT	\$835.98	1106 GRAND AVE STE D	303 GORDY RD #50
C	PRINCIPAL BALANCE (A MINUS B)	\$2,096.25	BACLIFF, TX 77518 (832)561-5423 FAX: (888)561-0763	BACLIFF, TX 77518 (936)443-4264

LOAN DISCLOSURE

Quote Number: 825845

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	Amount Financed The amount of credit provided to you or on your behalf.	Total Of Payments The amount you will have paid after you have made all payments as scheduled
16.750%	\$148.98	\$2,096.25	\$2,245.23

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$249.47	MONTHLY	05/19/2012

You have the right to receive at time an itemization of the Amount. If desired, place a check mark in

I want an itemization

Security: You are giving a security interest in the unearned premiums and, on commercial policies, loss payments which will reduce the unearned premium of the policies.

Late Charges: If payment is 10 days late, you will be charged \$0.05 for each \$1.00 of the payment.

Prepayment: If you pay your account off early, you will not have to pay a penalty and may be entitled to a refund of part of the finance charge. See the contract below and on the reverse side for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	POL TERM	PREMIUM
HGEGE-F	04/19/2012	LANDMARK AMERICAN INS CO TAPCO UNDERWRITERS INC	BUSINESS OWNERS	12	2,645.00 Fee: 137.23 Tax: 150.00

TOTAL \$2,932.23

If policy is subject to minimum earned premiums, it is \$0.00 .

ITEMIZATION OF THE AMOUNT FINANCED OF \$2,096.25 . This is the amount paid on your account to insurance company or companies.

The undersigned insured directs or the undersigned agent or broker on behalf of the insured named herein requests, Premium Financing Specialists, Inc. (IPFS) (hereinafter referred to as "Lender") to pay the producer, agent, or issuing company the balance of premiums on the policies described above. In consideration of the premium payments to be made by Lender, the insured agrees to pay to Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, both as shown in Loan Disclosure, subject to the provisions herein set forth.

- The named insured:
1. Assigns and directs that payment be made to Lender as security for the total amount payable hereunder any and all unearned premiums and dividends which may become payable under the policies listed above, loss payments which reduce the unearned premiums and loss payments to the extent the unearned premium is less than the amount unpaid, subject to any mortgagee or loss payee interests, as to which insured gives to Lender a security interest.
 2. Agrees in the event of a default in payment of an installment for more than 10 days to pay a default charge of \$0.05 for each one dollar of the delinquent installment. The acceptance by Lender on one or more late payments to Lender from the borrower shall not estop Lender or be a waiver of the right of Lender to exercise all its rights hereunder in the event of any subsequent late payment.
 3. Understands that the finance charge begins to accrue from each policy effective date or the date on which Lender made payment to the insurer for the financed policy, whichever is earlier.

4. Agrees that this agreement shall not be effective until accepted in writing by Lender at the branch office address shown above; that this agreement is entered into in and is to be governed in all respects by the laws of the State of Texas.

5. Hereby irrevocably appoints Lender attorney-in-fact of the insured with full power of substitution and full authority upon any default to cancel all policies above identified and receive all sums resulting therefrom and to execute and deliver on behalf of the insured all documents, forms and notices relating to the listed insurance policies in furtherance of this agreement.

6. Agrees to all the provisions set out above and on Page 2 hereof, and hereby acknowledges receipt of a copy of this agreement and the Loan Disclosure, all completely filled out and executed.

INSURED SIGNATURE IF INDIVIDUAL *Jimmy Fox* DATE 4/19/12

The undersigned hereby warrants and agrees to Producer's Representations set forth herein.

AGENT OR BROKER SIGNATURE *Sonja* DATE _____



DWELLING SUPPLEMENTAL APPLICATION

(You may complete one supplemental application for all locations. Locations should be identified on ACORD Application)

1. Named Insured: JIMMY FOX

2. How many total units are there? 1

a. How many are subsidized housing? NO

b. How many are student housing? NO

c. How many are elderly housing or assisted living? NO

d. How many are vacant? If any, complete Vacant Supplemental Application NO

If there are none, please enter "0".

3. What is the average monthly rent? 1BR \$ NA 2BR \$ NA 3BR \$ NA

Are any properties rented by the day or by the week? Yes No

4. Does any building have aluminum wiring? Yes No

If yes, has it been properly pigtailed by a licensed electrician? Yes No

If yes, has the wiring been inspected by a licensed electrician in the past 5 years? Yes No

5. Have you had any building code violations in the past 5 years? Yes No

If yes, please describe and advise current status: NONE

NA

6. Are heat and smoke detectors in all the units? Yes No

Are they battery operated or hard-wired? BATTERY

7. Are fire extinguishers on the premises? Yes No

8. Is there a pool? Yes No

If yes, please complete the Swimming Pool Supplemental Application.

9. Is there any playground equipment? Yes No

Describe the type of equipment: NONE

Is the equipment fenced? Yes No

Are rules for use clearly posted? Yes No

How often is maintenance performed? NA

10. Are any of the properties Mobile Homes? Yes No

If yes, how many? NA

Signature of applicant: 

Date: 04/19/2012

Molestation, Liquor, Communicable Disease, Cancer, Employment Related Practices, Leased Workers, Voluntary Labor, Electromagnetic Fields, Injury To Contractors / Independent Contractors / Subcontractors, Radioactive Contamination, New Entities, Hired & Non Owned Auto, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations and Minimum and Deposit Premium Endorsement Apply. Terrorism is excluded unless coverage is purchased per the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2007. 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.

For building roofs that are over 35 years old that have not been fully replaced within the past 35 years, form GBA 406003 – Exclusion – Roof Damage applies.

Property:

Location 1: 16856 FM 1485 Road, Conroe, TX 77306

\$ 240,000 Building Valuation: ACV

\$ 90,000 Contents Valuation: ACV

Coverage Form: Special Excluding Theft

Coinurance: 80%

Wind & Hail Coverage: Included

Wind & Hail Deductible: \$1,000

All Other Perils Deductible: \$1,000

Location 1: 16856 FM 1485 Road, Conroe, TX 77306

Code: 41650, Churches or Other Houses of Worship

Coverage Type	Basis	User Adj. Rate
Area	1,500	29.3968

Code: 900, Churches and Synagogues, Ded: \$1,000, Prot Class: 1, Constr: Frame, Cov. Form: Special Excluding Theft, Wind Ded: \$1,000, Year Built: 1986, Heating Updated: 2010, Plumbing Updated: 2010, Roof Updated: 1986, Wiring Updated: 2010, Sq Feet: 3000, ACV, 1500 SQ FT CHURCH 1500 SQ FT DWELLING (SAME RATE .65)

Coverage Type	Basis	User Adj. Rate
Building	\$240,000	0.6500
Contents	\$90,000	0.6500

Code: 63010, Dwellings one- family (lessor's risk only)

Coverage Type	Basis	User Adj. Rate
Units	1	51.0000

REMAINING PROVISIONS OF PREMIUM FINANCE AGREEMENT

7. May prepay the full amount due and receive a refund credit computed in accordance with the rule of 78's. No refund of less than \$5.00 will be made.
8. Warrants that each of the policies or a binder therefor listed in the schedule has been issued to the insured, is in full force and effect and that no interest in said policies has been assigned except for the interest of mortgagees or loss payees.
9. Agrees in the event of a default in payment of any installment due hereunder, or upon failure to comply with any of the terms or conditions hereof, or a proceeding into bankruptcy, receivership or insolvency be instituted by or against the insured, or if any of said insurance companies shall become insolvent, suspend business or cease to be qualified to do business, the unpaid balance due hereunder shall be immediately payable. In such event Lender may terminate the agreement, the policies may be cancelled by the issuer or by Lender and the unearned premiums on the policies (pro rata if cancelled by the insurance company and short rated if cancelled by Lender) shall be payable by the insurance companies to Lender upon Lender's request. Any payments received subsequent to the termination of this agreement may be credited indebtedness without affecting the acceleration of this agreement or any rights set forth herein and without any obligation on the part of payee or Lender to reinstate this agreement or request reinstatement of the policies in the event of cancellation. Any sum received from an insurance company shall be credited to the unpaid balance; any surplus shall be paid to the party entitled to the same.
10. Agrees to pay finance charge at the same rate as the original finance charge from the maturity date of agreement, collection costs and attorney's fees.
11. Agrees not to assign any policy listed hereon or any interest therein except for the interest of mortgagees or loss payees, without the written consent of Lender, that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender hereunder shall insure to the benefit of Lender's successors and assigns (and any assignee thereof).
12. Agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender.
13. Agrees with respect to each audit or reporting form policy or policy subject to retrospective rating to pay the insurer the earned premium computed in accordance with the policy provisions in excess of the portion of the premium advanced by Lender which is retained by the insurer.
14. Agrees that Lender may collect and enforce the indebtedness evidenced hereby without recourse to any security underlying this agreement.
15. Agrees to ratify and to be bound by this agreement when signed for the insured by the agent or broker in the absence of delivery by the insured to Lender at the office shown on the front page hereof of written notice rejecting this agreement within 5 days of (1) receipt of a copy hereof, or (2) receipt of Notice of Acceptance, or (3) receipt of coupon book, whichever is earliest.
16. Insured agrees to pay attorney's fees of Lender, as permitted by law if this agreement is referred to an attorney for collection.
17. This agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. An electronic signature and electronic record may be used in the formation of this agreement, and the signatures of the insured and of the producer and the record of this agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, facsimile copy or other paper or electronic record of this agreement will have the same legal effect as a manually signed copy.
18. AMENDMENT: Should additional premium be due as result of changes in insured's policies or adjustments of the rate classification, insured hereby grants Lender the authority to pay the additional premium at Lender's option and to amend this agreement accordingly. Such additions shall be accomplished by Lender furnishing insured and insured's agent with written memorandum of agreement prior to the 1st scheduled payment date of the amended transaction.

PRODUCER'S REPRESENTATION

The Agent or Broker warrants and agrees that: (1) the insured has received a copy of this agreement and has authorized this transaction, the insured's signatures are genuine, and the down payment has been received from the Insured in cash, (2) the policies are in full force and effect and the information in the schedule of policies and the premiums is correct, (3) no audit or reporting form policies or policies subject to retrospective rating or to minimum earned premiums are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (4) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (5) there are no bankruptcy proceedings affecting the insured, (6) to hold Lender, or its successors and assigns harmless against any loss or expense resulting from violations of these agreements and representations or from errors, omissions, or inaccuracies of producer in preparing this agreement.

AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Account Holder: JIMMY FOX	
303 GORDY RD #50 BACLIF, TX 77518	
Telephone Number: (936)443-4264	
Name & Address of Account Holder (If different from above):	
Telephone Number: () -	
IPFS Use Only: Quote No.: 825845	Debit Begins: 05/19/2012

IPFS

5316 HWY 290 W. STE 310
 AUSTIN, TX
 78735
 Phone: (512)899-8815
 FAX: (512)899-8822

**Please attach a voided check from your bank account
 being assigned to the IPFS Express Plan.**

Financial Institution: _____	ABA #: _____
Address (City, State, ZIP): _____	Acct No: _____
Number of Payments: <u>9</u> Payment Amount: <u>\$249.47</u> First Payment Due: <u>05/19/2012</u>	

Note: Funds should be available on the account as of the payment due date. If the debit date falls on a weekend or holiday, PFS may debit the account on the business day prior to the weekend or the holiday.

AGREEMENT

I hereby authorize Premium Financing Specialists, Inc. (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution hereinafter referred to as BANK. I authorize BANK to honor the debit entries initiated by (IPFS) and debit the same to such account. This authority pertains to the property and/or casualty insurance policy(ies) listed within the premium finance agreement with (IPFS) and the schedule of payments described in the related contract. I understand that if the BANK rejects the debit entry for non-sufficient funds or account closed, my account with (IPFS) will be assessed an NSF fee, if permitted by law, of \$20 or the maximum permitted by law. I further agree that this authorization is to remain in force until (1) (IPFS) and BANK have received written notification from me of its revocation in such time and manner as to afford (IPFS) and BANK a reasonable opportunity to act on it; OR (2) I have received written notification from (IPFS) that this agreement is terminated for rejection of a debit entry due to NSF or account closed. I understand that the amount being transferred from the account could vary based on changes made to the insurance coverage and that I will be notified of the changes prior to the transfer effective date. I also understand that if I wish to stop the automatic deductions, I must give ten days written notice to (IPFS).

By (Authorized Signature): _____ Date _____
 Printed or Typed Name: _____ DBA _____

ACH (Automated Clearing House) GUIDELINES & PROCEDURES

1. For an account to be set up on ACH, insured needs to sign an automatic debit authorization form and forward to (IPFS) with a voided check.
2. IPFS Needs at least 10 days before the next payment due date. If authorization is received less than ten days before the next payment due date, insured has to send in a payment for that period and (IPFS) will initiate debit transactions the following month.

****Send back to:**

Premium Financing Specialists, Inc. (IPFS)
5316 HWY 290 W. STE 310 AUSTIN, TX 78735
Phone: (512)899-8815
FAX: (512)899-8822

Florida Office
1-800-418-2726
Fax 727-572-7909

New York Office
1-877-743-6977
Fax 516-741-2879

Texas Office
1-877-827-2699
Fax 336-584-8880



**COMMERCIAL
PACKAGE
APPLICATION**

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

www.GoTAPCO.com

ACCT ID: HGEGE

Applicant's Name: Fox, Jimmy
Mailing Address: 16856 FM 1485 Road, Conroe, TX 77306
Location of Risk: 16856 FM 1485 ROAD, CONROE, TX 77306
Type of Risk/Occupancy: 41650-CHURCH OR OTHER HOUSES OF WORSHIP, 63010-DWELLINGS 1-4 FAM
Proposed Effective Date: From _____ To _____ Years in Business: _____

PROPERTY SECTION

Exposure	Amount Requested	Coinsurance %	Valuation/ACV/RCV	Deductible
Building #1	\$ 240,000	80	ACV	\$ 1,000
Business Personal Property #1	\$ 90,000	80	ACV	\$ 1,000
Business Income #1	\$ NA	NA	NA	\$ NA
Building #2	\$ NA	NA	NA	\$ NA
Business Personal Property #2	\$ NA	NA	NA	\$ NA
Business Income #2	\$ NA	NA	NA	\$ NA
Other	\$ NA	NA	NA	\$ NA

PERILS: Basic Broad Special **Excluding** Theft Special **Including** Theft (Central Station Alarm Required)
Central Station Burglar Alarm: [] Yes [✓] No CRIME: \$ 0
WIND DEDUCTIBLE: \$ 1,000 THEFT SUBLIMIT: \$ 10,000
Construction: FRAME Protection Class: 1 Square Footage: 3,000
Year Built: 1986 No. Stories: 1 Protective Devices: NONE
Building updates (include year): Wiring? 2010 Heating? 2010 Plumbing? 2010 Roof? 1986
Fire Alarm: [] Yes [✓] No If yes, type: NA Sprinklered: [] Yes [✓] No
Mortgagee or Loss Payee: NONE

GENERAL LIABILITY SECTION

Applicant is: [✓] Individual [] Corporation [] Partnership [] Joint Venture [] Other (Specify) _____

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	\$ NA
	Deductible \$ 1,000

Additional Insured (include Name/Address): NONE
Interest of Additional Insured: NONE

We have bound Commercial Lines 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 the 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.

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.

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus lines coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium (Article 1.14-2, 7(a)). Plus .06% Texas Stamping Fee.

Surplus Lines Licensee: William P. Pinson Jr., License # 1427925

Landmark American Insurance Company, 945 East Paces Ferry Road, Suite 1800, Atlanta, GA 30326

GL Premium:	\$500.00
Property Premium:	\$2,145.00
<hr/>	
Premium:	\$2,645.00
<hr/>	
Total Premium:	\$2,645.00
Policy Fee:	\$150.00
Tax:	\$137.23
<hr/>	
Total:	\$2,932.23
<hr/>	

Binder ID: HGEGE-F