



# CONDITIONAL USE APPLICATION

City of New Port Richey  
Planning and Development Department  
City Hall, 5919 Main Street, 1<sup>st</sup> Floor  
New Port Richey, FL 34652  
Phone (727) 853-10167 \* Fax (727) 853-1016

CASE # CU 2019-02

Conditional Use Application

Date Received

**RECEIVED**

NOV 25 2019

DEVELOPMENT DEPARTMENT  
CITY OF NEW PORT RICHEY

- Submit original signed and notarized application
- Submit 1 set of plans (collated and folded surveys/site plan, etc.) and 1 electronic file
- Submit application fee - \$350 (check made payable to the *City of New Port Richey*)
- Submit supplemental information for Bed and Breakfast facility

### Property Owner and Representative Information:

Current Property Owner(s): <u>John Tomisi</u>		Phone: <u>727-992-3858</u>
Owner Address: <u>5707 Main St</u>		
Owner Email Address: <u>biggoohn@gmail.com</u>		
Owner's Representative(s): <u>Scott Carbone</u>	Relationship to Owner: <u>Leasee</u>	
Representative Mailing Address: <u>6381 Nodoc Rd Spring Hill, FL 34609</u>		
Representative Email Address: <u>scott.ecarve@gmail.com</u>	Phone: <u>727-237-1690</u>	
Primary contact: <i>(This is the one person to whom the City will send all communication regarding this application)</i> <u>Scott Carbone</u>		

### Property Information:

Site Address: <u>5707 Main St.</u>	
Parcel Number(s):	
Zoning District To Be Completed by Planning and Development Department <u>Downtown</u>	Future Land Use Category To Be Completed by Planning and Development Department <u>Downtown</u>
Existing Use <i>(Include number of residential units/ and or square footage of non-residential uses):</i> <u>vacant</u>	
Proposed Use: <i>(Provide details about the specific use requested)</i> <u>e scooter rental &amp; sales</u>	

**Additional Information: (as applicable)**

Hours of operation: <b>10am - 10pm</b>	Days of operation: <b>Thursday - Sunday</b>
Maximum number of employees at one time: <b>2</b>	Proposed number of shifts: <b>2</b>
<b>Additional information may be requested by the Development Review Committee</b>	

**Submittal Information:**

Please submit one collated, stapled, folded set of the following information and one electronic file:	
	Completed, notarized application - this form (one original)
	Current survey (not to exceed 24"x36") that identifies the dimensions, area and location of the property prepared, signed, and sealed by a land surveyor currently registered in the State of Florida.
	Proof of ownership in the form of a copy of the deed, title insurance policy, or other instrument
	Site Plan (not to exceed 24"x36") with the information listed below:
	<ul style="list-style-type: none"><li>• Index Sheet referencing individual sheets included in package (if needed);</li><li>• Site plan name;</li><li>• Property owner's name, address, telephone number and designated representative;</li><li>• Architect, landscape architect and engineer's name, address and telephone numbers;</li><li>• Legal description;</li><li>• Footprint and size of all PROPOSED buildings and structures;</li><li>• All required setbacks;</li><li>• All parking areas for employees and customers, drop-off and pick-up areas and all other vehicular use areas;</li><li>• Proposed method of water supply and sewage disposal (if needed);</li><li>• Conceptual drainage and utility plan with flow direction and method of disposition (if needed).</li><li>• Flood zone for site and base flood elevation;</li></ul>
	Location of all refuse collection facilities, including screening to be provided.
	Application fee \$350 (checks made payable to the City of New Port Richey)

**Process:**

A pre-application meeting must be held with City Staff to ensure the application is complete. Applications must be submitted on Friday by 10:00 am. Once deemed complete, the application will be scheduled for review by the Development Review Committee (DRC). The DRC will review the application for compliance with codes and regulations. Changes may be suggested and additional reviews by the DRC may be necessary. Following the DRC, the case will be scheduled for review by the City Council.

Conditional uses differ from special exceptions in that the use may not be appropriately placed in all areas of commercially zoned districts and may have little to no impact on residential uses. However, all applications must be reviewed on the following criteria:

1. That this conditional use/special exception is specifically permitted in the zoning district regulation.
2. That the granting of this conditional use/special exception, will not adversely affect the public health, safety or welfare of the community.
3. That the granting of this conditional use/special exception, is consistent with the intent of the zoning district.
4. That the requirements of the district in which the use is to be located shall be in compliance.
5. That excessive traffic will not be generated on residential streets.
6. That the proposed use will not adversely affect the residential character of existing neighborhoods.
7. The proposal consistent with the goals and objectives of the Comprehensive Plan?

The City Council will make the final decision on all Conditional Use and Special Exception requests.

The hearing process to review this application is considered quasi-judicial and operates much like a court of law. The City Council members act in a similar capacity as a judge and must govern themselves in accordance with the basics of due process in making decisions. Contact with any of these members about this application should be avoided. These members have been instructed to

avoid all such conversations with applicants or people in opposition to or support of any Conditional Use/Special Exception Application. Decisions will be made based on evidence and testimony that is presented at scheduled public hearings and not on information gathered outside of these hearings.

**Consistency with concurrency:** The following calculations shall be used to **determine the projected demand** of the proposed project on the applicable public facility/service. The calculations are listed by facility/service type. *(Please fill in blanks.)*

**POTABLE WATER** - Adopted level of service (LOS) = 152 gal/day/capita (nonresidential uses are included in the adopted LOS).

**Residential:**

**Single-family:** 152 gal × 2.12 persons/household × \_\_\_\_\_ units = \_\_\_\_\_ gal/day/capita (demand)

**Multi-family:** 152 gal × 1.90 persons/household × \_\_\_\_\_ units = \_\_\_\_\_ gal/day/capita (demand)

**Commercial:** See Table I below from the Land Development Code for estimated water/sewage flows.

**WASTEWATER** - Adopted level of service (LOS) = 114 gal/day/capita (nonresidential uses are included in the adopted LOS).

**Residential:**

**Single-family:** 114 gal × 2.12 persons/household × \_\_\_\_\_ units = \_\_\_\_\_ gal/day/capita (demand)

**Multi-family:** 114 gal × 1.90 persons/household × \_\_\_\_\_ units = \_\_\_\_\_ gal/day/capita (demand)

**Commercial:** See Table I below from the Land Development Code for estimated water/sewage flows.

**SOLID WASTE** - Adopted level of service (LOS) = 6.3 lbs/day/capita (nonresidential uses are included in the adopted LOS).

**Residential:**

**Single-family:** 6.3 lbs × 2.12 persons/household × \_\_\_\_\_ units = \_\_\_\_\_ bs/day/capita (demand)

**Multi-family:** 6.3 lbs × 1.90 persons/household × \_\_\_\_\_ units = \_\_\_\_\_ lbs/day/capita (demand)

**Commercial:** See Table I below from the Land Development Code for estimated solid waste.

**RECREATION/OPEN SPACE** - Refer to the New Port Richey Comprehensive Plan for adopted level of service standards.

**Single-family:** \_\_\_\_\_ units × 2.12 persons/household = \_\_\_\_\_ (population projection)

**Multi-family:** \_\_\_\_\_ units × 1.90 persons/household = \_\_\_\_\_ (population projection)

Sites over five acres in area and zoned MF-30 District shall provide five percent of the total net acreage of the development for recreational purposes. Refer to Section 7.06.07 of the Land Development Code.

**Stormwater Management.** New Development or enlargement of existing buildings must complete a Stormwater Management Plan (except for 1 and 2 family residential dwellings, unless directed by the Building Official). Refer to the Stormwater Management and Erosion Control Policy and Procedures Manual for standards necessary to comply: LOS = 25-year, 24-hour storm event. The Manual is on the Public Works website. **To be completed by staff: Completed \_\_\_\_\_ Not Required \_\_\_\_\_**

**Transportation.**

- Determine the number of trips generated by the proposed project using the Table II. **Include your calculation(s) here:**  
\_\_\_\_\_.
- If the total number of trips is equal to or greater than 50 trips, then a transportation study shall be obtained. The report shall be signed and/or sealed by either a registered professional engineer or a member of the American Institute of Certified Planners.

a. The applicant is required to provide only the existing directional **PM PEAK** hour traffic volumes and level of service for the roadways link to which project driveways connect. This information shall include project traffic. **Provide this information here:** \_\_\_\_\_.

b. Existing directional **PM PEAK** hour traffic volumes and LOS on all existing collectors/arterials in study area. **Provide information here:** \_\_\_\_\_.

c. Existing turning movement volumes at the impacted intersection(s) and intersection LOS. **Provide information here:** \_\_\_\_\_.

**Attendance at meetings:**

The applicant or applicant's representative shall be present at all meetings including DRC and City Council, as applicable. Call Planning and Development Department Staff at 727-853-1016 to find out when this case will be scheduled for these meetings.

**Authorization to visit the property:**

Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as notarized below, hereby authorizes the City representatives to visit, photograph and post a notice on the property described in this application.

**Authorization for owner's representative(s):**

I John Tamis, the owner, hereby authorize Scott Carbone to act as my representative(s) in all matters pertaining to the processing and review of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.

Signature of Current Property Owner(s): [Signature]

Date: 11-25-19

Subscribed and sworn to before me this 25<sup>th</sup> day of November, 20 19

who is personally known to me and/or produced FL I.D. as identification.

STATE OF FLORIDA, COUNTY OF PASCO



Notary Public: [Signature] My Commission Expires: 10/5/2022

**Applicant's Affidavit:**

I Scott Carbone, the owner or authorized representative, certify that I have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all aspects true and correct, to the best of my knowledge. It is also acknowledged that the filing of this application does not constitute automatic approval of the request and, further, if the request is approved, I will obtain all necessary permits to comply with all applicable orders, codes, conditions, and rules and regulations pertaining to the use of the subject property. (Applications which are filed by corporations must bear the seal of the corporation over the signature of an officer authorized to act on behalf of the corporation.)

Signature of Owner or Authorized Representative: \_\_\_\_\_

Date: 11.25.19

Subscribed and sworn to before me this 25<sup>th</sup> day of November, 2019

who is personally known to me and/or produced FL ID as identification.

STATE OF FLORIDA, COUNTY OF PASCO

Notary Public: \_\_\_\_\_



10/5/2022

**Table I: Estimated Sewage/Water Flows and Solid Waste for Commercial Development**

Type of Establishment		Gallons Per Day/Solid Waste
Airports	Per Passenger	5
	Add Per Employee (per 8 hour shift)	20
Barber and Beauty Shops	Per Chair	100
Bowling Alleys	Toilet Wastes Only per Lane	100
Churches	Per Seat	3
County Club	Per Resident	100
	Per Member	25
	Per Employee (per 8 hour shift)	20
Dentist Office	Per Wet Chair	200
	Per Non-Wet Chair	50
Doctor's Office	All Types	250
	All Types	250
Factories - exclusive of industrial wastes	No Showers Provided (gallons per employee per 8 hour shift)	20
	Showers Provided	35
Food Service Operations	Ordinary Restaurant (per seat)	50
	24-hour Restaurant (per seat)	75
	Single Service Articles Only (per seat)	25
	Bar and Cocktail Lounge (per seat)	30
	Drive-In Restaurant (per car space)	50
	Carry-Out Only	50
	Per 100 Square Feet of Floor Space	50
	Add Per Employee (per 8 hour shift)	20
Hospitals (does not include kitchen wastewater flows)	Per Bed	200
Hotels and Motels	Regular (per room)	
	Result Hotels, Camps, Cottages (per person)	75
	Add For Self-Service Laundry Facilities (per machine)	400
Nursing Homes/Rest Homes (does not include kitchen wastewater flow)	Per Bed	100
Office Building	Per Employee (per 8 hour shift)	20
Parks - Public Picnic	With Toilets Only (per person)	5
	With Bathhouses, Showers and Toilets (per person)	10
Schools (per person)	Day-Type	15

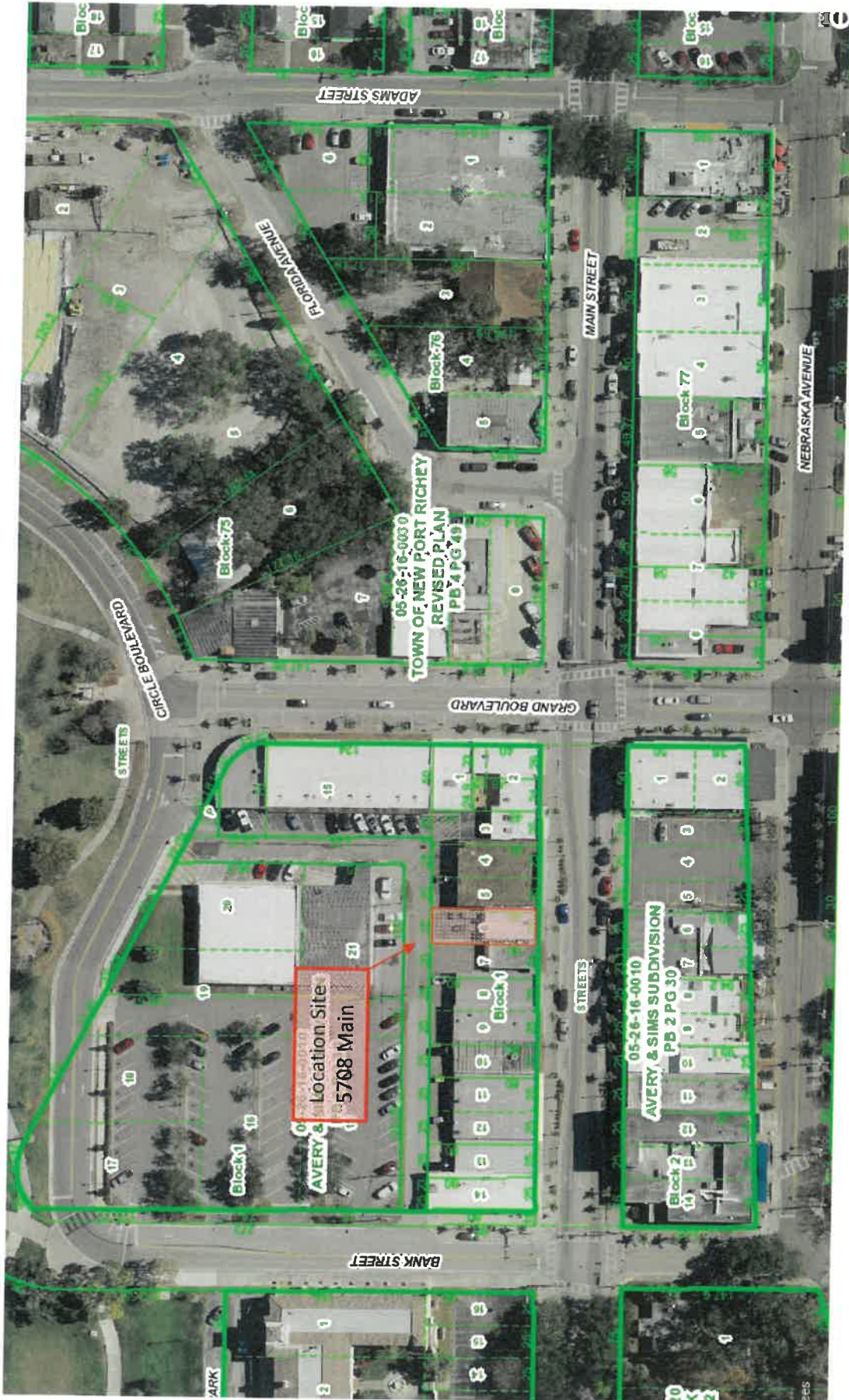
	Add For Showers	5
	Add For Cafeteria	5
	Add For Day School Workers	15
	Boarding Type	75
Service Station	Per Water Closet and Urinal	250
Shopping Center - Without Food or Laundry	Per Square Foot of Floor Space	0.1
Stadium, Race Track, Ball Parks	Per Seat	5
Stores	Per Square Foot of Floor Space	0.1
Swimming and Bathing Facilities - Public	Per Person	10
Theaters	Indoor, Auditoriums (per seat)	5
	Outdoor, Drive-Ins (per space)	10
Trailer or Mobile Home Park	Per Trailer Space	200
Travel Trailer or Recreational Vehicle Park	Overnight w/o water and sewer hook-up (per trailer space)	75
	Overnight with water and sewer hook-up (per trailer space)	100
Work or Construction Camps - Semi Permanent	Per Worker	50

**Table II: Trip Generator**

Code	Description	Unit of Measure	Trips Per Unit
<b>Office</b>			
710	General Office Building	1,000 SF	1.49
714	Corporate Headquarters Building	1,000 SF	1.41
715	Single Tenant Office Building	1,000 SF	1.74
720	Medical-Dental Office Building	1,000 SF	3.57
730	Government Office Building	1,000 SF	1.21
732	United States Post Office	1,000 SF	1.22
733	Government Office Complex	1,000 SF	2.85
750	Office Park	1,000 SF	1.48
760	Research and Development Center	1,000 SF	1.07
770	Business Park	1,000 SF	1.29
<b>Retail</b>			
812	Building Materials and Lumber Store	1,000 SF	4.49
813	Free-Standing Discount Superstore	1,000 SF	4.35
814	Variety Store	1,000 SF	6.82
815	Free-Standing Discount Store	1,000 SF	4.98
816	Hardware / Paint Store	1,000 SF	4.84
817	Nursery (Garden Center)	1,000 SF	6.94
818	Nursery (Wholesale)	1,000 SF	5.17
820	Shopping Center	1,000 SF	3.71
823	Factory Outlet Center	1,000 SF	2.29
826	Specialty Retail Center	1,000 SF	2.71
841	New Car Sales	1,000 SF	2.62
842	Recreational Vehicle Sales	1,000 SF	2.54
843	Automobile Parts Sales	1,000 SF	5.98
848	Tire Store	1,000 SF	4.15
850	Supermarket	1,000 SF	9.48
851	Convenience Market (Open 24 Hours)	1,000 SF	52.41
852	Convenience Market (Open 15-16 Hours)	1,000 SF	34.57
853	Convenience Market with Gasoline Pumps	1,000 SF	50.92
854	Discount Supermarket	1,000 SF	8.34
857	Discount Club	1,000 SF	4.18

860	Wholesale Market	1,000 SF	0.88
861	Sporting Goods Superstore	1,000 SF	1.84
862	Home Improvement Superstore	1,000 SF	2.33
863	Electronics Superstore	1,000 SF	4.50
864	Toy / Children's Superstore	1,000 SF	4.99
866	Pet Supply Superstore	1,000 SF	3.38
867	Office Supply Superstore	1,000 SF	3.40
875	Department Store	1,000 SF	1.87
876	Apparel Store	1,000 SF	3.83
879	Arts and Crafts Store	1,000 SF	6.21
880	Pharmacy / Drugstore without Drive-Through Window	1,000 SF	8.40
881	Pharmacy / Drugstore with Drive-Through Window	1,000 SF	9.91
890	Furniture Store	1,000 SF	0.45
896	DVD / Video Rental Store	1,000 SF	13.60

<b>Services</b>			
911	Walk-In Bank	1,000 SF	12.13
912	Drive-In Bank	1,000 SF	24.30
918	Hair Salon	1,000 SF	1.93
925	Drinking Place	1,000 SF	11.34
931	Quality Restaurant	1,000 SF	7.49
932	High-Turnover (Sit-Down) Restaurant	1,000 SF	11.15
933	Fast Food Restaurant without Drive-Through Window	1,000 SF	26.15
934	Fast Food Restaurant with Drive-Through Window	1,000 SF	33.84
935	Fast Food Restaurant with Drive-Through Window and No Indoor Seating	1,000 SF	153.85
936	Coffee / Donut Shop without Drive-Through Window	1,000 SF	40.75
937	Coffee / Donut Shop with Drive-Through Window	1,000 SF	42.80
938	Coffee / Donut Shop with Drive-Through Window and No Indoor Seating	1,000 SF	75.00
940	Bread / Donut / Bagel Shop with Drive-Through Window	1,000 SF	18.99
941	Quick Lubrication Vehicle Shop	Service Bays	5.19
942	Automobile Care Center	1,000 SF	3.11
943	Automobile Parts And Service Center	1,000 SF	4.46
944	Gasoline / Service Station	Fueling Positions	18.87
945	Gasoline / Service Station with Convenience Market	Fueling Positions	13.51
946	Gasoline Service Station with Convenience Market and Car Wash	Fueling Positions	13.94
947	Self Service Car Wash	Stalls	5.54
948	Automated Car Wash	1,000 SF	14.12
950	Truck Stop	1,000 SF	13.63



**eCarve LLC**

**BUSINESS PLAN**

Prepared by:  
**Scott Carbone**

5780 Main St  
New Port Richey , Florida 34652  
352-488-8829  
Scott.ecarve@gmail.com  
ecarvetheride.com

## **I. EXECUTIVE SUMMARY**

eCarve LLC (referred to from hereon in as the "Company") is intended to be established as a Limited Liability Company at 5780 Main St, New Port Richey, Florida 34652 with the expectation of rapid expansion in the one-wheel and e-scooter rentals industry.

### **Mission Statement**

To provide the highest quality customer service delivering to the patrons of New Port Richey and Tourists rental transportation via One-Wheels and Electric Scooter to explore the downtown and surrounding areas increasing local business traffic all while getting around with ease.

### **Business Description**

The Company is formed as Limited Liability Company under Florida state laws and headed by Scott Carbone.

The Company will employ 1 full-time employee and 1 part-time employee and will be offering rental, sales of E-scooters, One-wheels and related merchandise.

### **New Service**

The Company is prepared to introduce the following services to the market: Rental and Sales of One-Wheels and E-Scooters Plus sell related equipment and gear. The City of New Port Richey is an upcoming town which attracts people from all over. The eCarve business would bring services which we feel would increase our town's appeal and local business traffic with the ease of consumer transportation to the surrounding businesses. We are a retail business that rents and sells One-Wheels, E-Scooters plus sells related merchandise. Unlike the E-Scooter companies that operate in the city of Tampa, eCarve is 100% local to New Port Richey. Our business model allows residents, patrons and tourists to rent/purchase E-Scooters and One-Wheels directly from our store location requiring them to be returned back to our store. This will eliminate E-Scooters being left unattended in the streets. Having this service available for our customers will expand traveling to other areas of New Port Richey in which, would benefit eco-tourism and local business traffic. eCarve LLC believes this concept will positively affect the community, bringing in people for more of a local experience with a big city feel. The hours of operation are as followed:

Fridays - 10am - 10pm  
Saturdays - 10am - 10am  
Sundays - 10am - 8pm

Rentals range from \$15 to \$20 per 2 hours for one wheels and \$30 per 6 hours for Scooters.

## **II. BUSINESS SUMMARY**

### **Industry Overview**

In the United States, the One-Wheel and E-Scooter rental industry presently profits approximately \$36,000dollars annually. The sales of these units could profit as much and is on target exceed \$26,000 dollars profit annually. Research shows that consumers in this industry primarily focus on the following factors whenmaking purchasing decisions:

### **Business Goals and Objectives**

#### ***Short Term:***

Establish a healthy Customer base by advertising and marketing to the locals and tourists. Start turning profit with in the first month. Have classes and tours for the one-wheels and e-scooters. Introduce a small merchandise line. Hire and train staff

#### ***Long Term:***

Increase rental fleet to maximum capacity in the store front, maximize retail space filling with E-Scooters, One-wheels, merchandise and related gear for sales. Expand hours of operation. Prospect a potential second location in another up n coming city.

### **Legal Issues**

The Company affirms that its promoters have acquired all legally required trademarks andpatents.

## **III. MARKETING SUMMARY**

### **Target Markets**

The Company's major target demographic are as follows: ages12 to 55 - male and female with in the New Port Richey plus the local tourists. The estimated number of potential clients within the Company's geographic scope is approximately 200 - 300 patrons weekly based on our limited hours of operation.

### **Marketing Strategy**

Increase business and brand awareness through word of mouth, Facebook ads, flyers, placing ads in local media, social media, street team marketing, networking with local businesses, mailers, having a booth at major events, having classes and tours to bring awareness and optimize website and google search.

### **Pricing Strategy**

The Company has completed a thorough analysis of its competitors' pricing. Keeping in mind our competition's pricing and the costs of customer acquisition, we have decided on the following pricing strategy:

Rentals range from \$15 to \$20 per 2 hours for one wheels and \$30 per 6 hours for Scooters.

One Wheel rented in 2 hour minimum increments:

Cost recouped within first 15 days

Scooters rented in 6 hour minimum increments

Cost recouped within first 15 days.

### **Services**

First-rate service is intended to be the focus of the Carve Company and a cornerstone of the brand's success. Safety is our top priority with all our customers. We educate and train each of our renters on all aspects of safety and equip the renter with the knowledge and protective gear to safely operate the E-Scooters and One-Wheels. All clients will receive conscientious, one-on-one, timely service in all capacities, be they transactions, conflicts or complaints. This is expected to create a loyal brand following, repeat business and word of mouth advertising.

## **IV. FINANCIAL PLAN**

### **12-Month Profit and Loss Projection**

Monthly expense for salaries and overhead: *(Projected):* **\$1,200.00**

Revenue and sales for first year of business: *(Projected):* **\$32,000.00**

Gross profit for first year of business: *(Projected):* **\$17,600.00**



Swagtron High Speed Electric  
Scooter with 8.5" Cushioned Tires, ...  
3 ★★★★★ (509)  
This fits your ... Make sure this fits by entering your

**P**  
Public Parking



# Map of Downtown New Port Richey, FL

## Recreational

- 11 Sims Park Boat Ramp
- 13 Sims Park
- 43 Morton Plant North Bay Hospital Fitness Walk
- 44 NPR Recreation & Aquatic Center
- 45 James E. Grey Preserve (Plathe Rd.)

**LIVE. WORK. PLAY**



**TREE CITY USA**

## Retail

- 3 Monogram House
- 4 New Port Richey Florist
- 5 Antiques @ River Road
- 8 Pasco Camera
- 9 Unique Awards & Engraving
- 18 Norton Music
- 31 Karen's Gifts
- 30 The White Heron Tea & Gifts
- 38 Antique Center on Main
- 36 Cameo Antique Mall
- 36 Breton's Handcrafted Soap

## Dining

- 2 Thai Bistro
- 6 SnoShack
- 7 Delicias Latinas
- 12 Beef 'O' Brady's (Coming Soon)
- 16 Bank & Main Coffee Shop
- 17 Offaway's Ice Cream Parlor
- 20 Business Opportunity
- 21 Estelas Family Cantina
- 32 Rose's Bistro
- 33 Boulevard Beef & Ale
- 34 Dulcet Restaurant & Lounge
- 24 Netti's Cafe
- 26 Jimmy's Restaurant
- 35 Cornerstone Pizza Company
- 36 Johnny Grit's
- 41 Christina's Restaurant
- Leaning Tower of Pizza (Grand Blvd)
- Whole Works Restaurant (US 19)

## Entertainment

- 1 Jilly's Lounge
- 22 Karl Reef
- 25 Village Pub
- 27 Sullivan's Boulevard Lounge
- 34 Little Coronas Cigar Lounge
- 38 1st Down Sports Bar
- 40 Fitzgerald's Irish Pub

## Points of Interest

- 10 Chamber of Commerce
- 14 Hacienda
- 14 West Pasco Historical Society
- 19 Florida Department of Health
- 23 Richey Suncoast Theatre
- 28 Cavalier Square
- 42 New Port Richey City Hall
- 43 New Port Richey Public Library



## UPCOMING EVENTS

### Library Events

**July**  
1st and 2nd - Main Street Blast/Kiafest at Sims Park  
9th - Katz Downstairs concert at Sims Park  
16th - Movie Night at Sims Park  
23rd - Coastal Acoustic Barefoot Music concert at Sims Park

**August**  
6th - Isaac Byrd Jr concert at Sims Park  
8th - Dulcet's Second Friday Market & Music  
13th - Seussical the Musical at Sims Park (the date may change)  
19th - Night in The Tropics  
20th - Movie Night at Sims Park  
27th - Dulcet event at Sims Park

**July**  
8th - 12PM: Karen Cimer's Crazy Balloon Show  
15th - 12PM: Tricky Dog Show  
6th - 11AM: Just Believe, bee education workshop  
22nd - 12PM: Mad Science

**August**  
2nd - 1:30PM: Out of My Hands, juggling and magic show

### Special Storytime & Crafts

July 1st - 10AM  
July 6th - 11AM  
July 13th, 19th, 28th - 1PM  
August 1st - 6PM

## DOWNTOWN PROFESSIONAL MERCHANTS

### MAIN STREET

Pontifitz Asset Advisors  
Images by Tamara Photography  
People Places  
New Port Richey Dry Cleaners  
Main Street Salon  
Crosslet Insurance  
Cosmetic Restorative Dentistry  
Connections Job Development Program  
Recovery Center  
The Arcade:  
The Secret Garden Spa  
Tekeper's  
Maharajh Acupuncture &

Herb Shoppe  
Law Offices of Scott M. McPherson  
Hess Spinal & Medical Centers  
Denmon & Denmon  
F.J. Veltion & Sons, Inc.  
Law offices of Skipper  
Family Benefit Services  
Tampa Bay Community Dev. Corp  
Russ Building Concepts  
Magruder Real Estate Group  
Community of Christ  
Belle Eian Salon  
Curvy Creations Salon  
Alan D. Hecht DDS.

Tampa Bay Multi Media Center  
New Port Richey Main Street  
MyNetworkOne LLC  
Tampa Bay Multi Media  
WEBTV  
Kaze Media  
Shipman Media LLC  
Richard C. Williams, Jr., Esq.  
Gulf Coast Networking  
Heron Publishing  
St. Vincent de Paul Veterans Services  
New Port Richey Main Street  
Omniverse One World Television

### MAIN STREET (West of the Bridge)

Nikki's Beauty Spa  
Wagreens  
Stewart & Stewart  
Pasco Blueprint  
Schalles & Associates  
Boost Mobile

### GRAND BOULEVARD

SnapIt Events Inc.  
Body Basics  
Flowers by GRU  
Master Mechanic  
Estela's Beauty Salon  
Edward Jones  
Dr. Laura Kinkhead  
Journey Church  
Zimbousti Insurance  
Blow Hair studio  
Bissi & Associates

## HISTORICAL LOCATIONS

### Our Lady Queen of Peace Church

6431 Circle Boulevard  
Beginning in 1913, Father Felix Ulrich had been traveling from St. Leo Abbey to New Port Richey to offer Mass once a week for the seven Catholic families living here. The church was dedicated on March 19, 1919 and became New Port Richey's first Catholic church. The church was moved from its original location in 2001 adjacent to Sims Park next to the Historical Society.

### Pierce Elementary School - 1926

City Hall & New Port Richey Library  
5919 Main Street  
One the city's only elementary school, the facility was named for Porter Lamar Pierce, who came to Elfers, a nearby town, in 1913 and later became a member of the Pasco County School Board.

### Pasco Building - 1921

Old Pasco Hardware  
6236 Grand Boulevard  
Constructed in 1921 of Spanish-style masonry. Distinctive for its multi-sided copper topped cupola above the northeast corner. During the 1950's, the cupola was equipped with a speaker and amplified into broadcast Christmas Carols.

### Sims Land Office

Milbauer Building - 1919  
6431 Circle Boulevard  
Erected in 1916, this was the first brick building in New Port Richey. Once serving as the town's land office owned and operated by George R. Sims.

### The Hacienda - 1927

5621 Main Street  
Completed in 1927, this 55-room Spanish-style luxury hotel was designed to attract the movie industry to Florida.

### Richey Suncoast Theatre - 1926

6237 Grand Boulevard  
Built from block trim for the Richey Amusement Company at a cost of some \$50,000, this building was originally known as the Meighan Theatre when built in 1925 by investors including Hollywood royalty and silent screen star Thomas Meighan.

### West Pasco Historical Society Museum & Library - 1916

6431 Circle Boulevard  
This building was originally a two-room schoolhouse in Seven Springs, which operated from 1916-1922. It is a one-story structure approximately 30 by 50 feet.

### Clark Building - 1922

6307 Grand Boulevard  
Built in 1922 by James W. Clark, Jr., the first chief and two-time mayor of New Port Richey. Early tenants of the Clark Building were Corlee Hardware, Moran Feed Store and the New Port Richey Press.

### First State Bank Building - 1921

6231 Grand Boulevard  
The First State Bank was organized and opened in 1921 with assets of \$22,500. The bank suspended operation in 1931 leaving New Port Richey without a bank until 1952.

### Sims Building - 1922

5732 Main Street  
Used for office space and named after land developer George R. Sims.

### Arcade Building - 1927

5805 Main Street  
Constructed in 1927 and featuring a charming courtyard and fountain. Once home for the Post Office for 32 years, which moved into its own building in 1958.

### Chasco Inn - 1926

5743 Main Street  
Constructed in 1926 the inn originally contained a hotel, restaurant, bus station and camera shop.

### Sims Park - 1916

Bank Street & Circle Boulevard  
Originally called Enchantment Park, it was renamed December 6, 1924, to honor George R. Sims, an early developer of New Port Richey and donor of the park and club house.

### Old Gulf High School Building - 1922

5520 Grand Boulevard  
The Harry Schweifman Education Center currently occupies this building which was the original site of Gulf High School. Gulf High School moved to its current location at Madison and School Rd. and until 1973, was the only high school in western Pasco County.

### Clemmie Butler Home - circa 1940

5332 Grand Boulevard  
This two-story residence was built of native rock hauled from the nearby Pithlachascofee River bottom and fitted together with mortar.

### Finnish-American Club - circa 1949

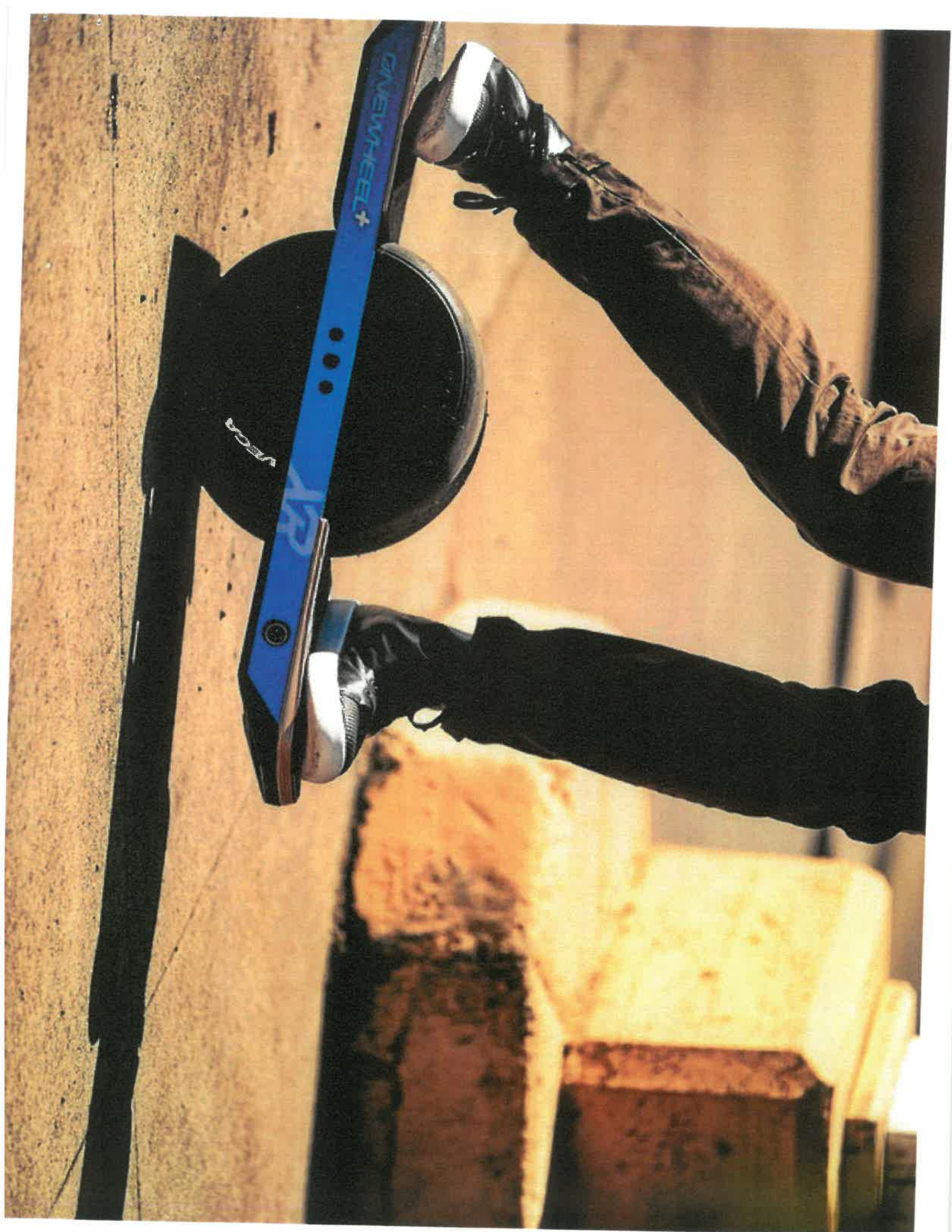
6016 Delaware Avenue at Madison Street  
Established in the fall of 1949, this organization received its charter from the State of Florida in 1950. Five lots were purchased at the east corner of Madison Street and Delaware Avenue, where the clubhouse was built by volunteer labor.

### Bowman Building - 1925

6216 Grand Boulevard  
Built in 1920, the building's second floor halls were constructed as a Masonic Temple with a circular dome and ventilators.

### Orange Lake

Circle Boulevard  
Gridded by Circle Boulevard in the heart of Downton this lake was a source of liveliness and concern to early settlers. Back in the 1800's it was called the "Blue Sink", and nestled in a jungle of hickory hammock.





	<b>Pint</b>	<b>XR</b>
<b>Starting Price</b>	\$950.00	\$1799.00
<b>Range</b>	6-8mi / 10-13km	12-18mi / 19-29km
<b>Top Speed</b>	16mph / 26kph	19mph / 30kph
<b>Standard Charge Time</b>	2h	1h 40m
<b>Weight</b>	23lb / 10.4kg	27lb / 12.5kg
<b>Size</b>	8.75 x 10.5 x 27 in 222 x 266 x 689 mm	9 x 11.5 x 30 in 230 x 292 x 726 cm
<b>Tire</b>	10.5 x 4.5-6 Tire	11.5x6.5-6 Vega
<b>Motor</b>	750W Hypercore hub motor	750W Hypercore hub motor
<b>Battery</b>	NMC	NMC 324Wh 63V
<b>Mag Handle</b>	Yes	No
<b>LED lighting</b>	Yes	Yes
<b>Light Bar</b>	Yes	No
<b>SimpleStop</b>	Yes	No
<b>Homemade?</b>	No	No



**Evolution Insurance Brokers, LC**  
 8722 S. Harrison St., Sandy, UT 84070 - P.O. Box 4439, Sandy, UT 84091  
 Phone: 800-257-5590 - Fax: 877-452-6910  
 Website: - bind@eibdirect.com

8/12/2019  
**Ecarve LLC**  
 6381 Nodoc Rd.  
 Spring Hill, FL 34609

Re: Ecarve LLC

Please find below an Indication Quote. In order to accommodate the insurer's underwriting parameters and/or the insured's premium preference, the Quote may contain coverage options or be based upon factors such as lower limits of liability or a higher self-insured retention or deductible than what was stated as preferred on the Application. Accordingly, please read the Quote carefully.

**INDICATION QUOTE**

Quote number: JM1908085-1                      Customer number: E19-508085  
 Underwriter: Jamie Marvidakis              Direct phone no.: (801) 304-3769              E-mail: jamiem@primeis.com

This is an Indication Quote only. The prices listed below are subject to review and change after receipt of any requested additional information. This Indication Quote is valid for thirty (30) days from today unless the Company withdraws this Indication in writing or issues a new or revised Indication Quote.

**Please read these important notices regarding unique terms of quoted coverage:**

Unless otherwise specifically indicated herein, or in the policy forms themselves, the following apply to the quoted policy:

- (1) The quoted policy is a manuscript policy which differs substantially from standard insurance forms, please review this quote and the policy carefully to ensure that it meets your insurance needs;
- (2) This policy is quoted for claims-made-and-reported coverage which includes strict reporting requirements. However, you have the option of purchasing broader "occurrence coverage" for an additional premium as quoted below;
- (3) If you are purchasing claims-made-and-reported coverage, you have the option of purchasing broader "retroactive coverage" as explained and quoted below;
- (4) The quoted policy requires any disputes arising out of the policy to be resolved in a Utah court applying Utah law;
- (5) The quoted policy may not include all the coverages you have requested in your application and the insurance company has no obligation to quote all coverage and terms you may have requested. Please review this quote to ensure it meets your insurance requirement;
- (6) The quoted policy may not provide all the insurance you are required to have under federal or local laws. You, and your broker/agent if you have one, are solely responsible to ensure that the type and amount of coverage you have selected meets your needs and the requirements of your operation; and
- (7) In the event a court reforms or revises the quoted policy to comply with laws or regulations governing your operations, and such reformation or revisions results in the insurance company providing more or broader coverage than you have selected, you are required to indemnify the Company for any increased exposure created by your failure to purchase mandated insurance.

Description of risk(s):              Rental Stores  
 Description of coverage:          Commercial Liability Excluding Products and Completed Operations

<b>Minimum earned: 40%</b>		
<b>Premium:</b>	<b>\$5,288.00</b>	
<b>Policy/inspection fee:</b>	<b>\$350.00</b>	
<b>State taxes:</b>	<b>\$281.90</b>	<b>Total due: \$5,925.54</b>
<b>SLSC:</b>	<b>\$5.64</b>	
<b>Total:</b>	<b>\$5,925.54</b>	

**TO BIND COVERAGE:** Several other conditions must be met prior to binding coverage, including but not limited to, receipt of payment, compliance with all stated conditions below, and receipt of all completed forms and requested information. Coverage is not bound until the policy has been formally bound by the insurance company. Nobody has any binding authority and must obtain prior written approval from the company. In the event of any material change in underwriting information before coverage is bound, terms may be modified or withdrawn by the underwriter.

**INDICATION QUOTE  
(cont.)**

**Commercial Liability:**

\$50,000 Per Person  
 \$100,000 Per Accident  
 \$1,000,000 Aggregate  
 \$2,500 SIR-BI  
 \$2,500 SIR-PD

Products:  Include  Exclude  
 Completed ops:  Include  Exclude  
 Form type:  Claims Made  Occurrence

**Limitations: The policy provides coverage for only those activities and operations otherwise covered under the policy as listed below and for which a specific coverage charge has been paid.**

Classification and description of activities and operations	Code no.	Basis of coverage charge
Rental - Mopeds & Scooters - Per Unit	16653	Number of units: 18
Rental - Moped & Scooters - Receipts	16654	Annual gross receipts

<u>Loc no.</u>	<u>Address</u>
1	5780 Main St New Port Richey, FL 34652

**Optional limits:** Limits and charges for non-liability coverage would remain the same (premium does not include fees or taxes).

- Option # 2** Per Person : 100,000 / Per Accident: 250,000 / Aggregate: 1,000,000 Premium: \$7,258.  
Other: / Other: / Other:
- Option # 3** Per Person : 250,000 / Per Accident: 500,000 / Aggregate: 1,000,000 Premium: \$11,508.  
Other: / Other: / Other:
- Option # 4** Per Person : 500,000 / Per Accident: 1,000,000 / Aggregate: 2,000,000 Premium: \$19,958.  
Other: / Other: / Other:
- Option # 5** Per Person : 1,000,000 / Per Accident: 1,000,000 / Aggregate: 2,000,000 Premium: \$25,920.  
Other: / Other: / Other:

**INDICATION QUOTE  
(cont.)**

**Other coverages available: (additional underwriting required and an increase in premium, if accepted)**

**Retroactive coverage:** One year of retroactive coverage is available for an additional premium of: \$5,288. Additional years are available, but require additional underwriting. (See "Explanation of retroactive coverage" below).

**Occurrence coverage:** Unless otherwise stated herein, the policy is quoted on a claims-made-and-reported basis. However, you may purchase broader occurrence coverage for an additional: 60% of the quoted premium.

**Explanation of retroactive coverage:** If the quoted policy is a claims-made-and-reported policy, you should consider purchasing broader "retroactive coverage". A "claims made and reported" policy provides coverage only for incidents that occur during the policy period where the claim is also made and reported during that same coverage period. If an accident occurs during a different policy period than the policy period during which the claim is first made against you, or reported to the insurance company, there would be no coverage. "Retroactive coverage" broadens coverage so that an accident occurring before the policy will be covered if the claim is made and reported during the next policy period year. As such, retroactive coverage provides continuous uninterrupted coverage for claims made against you during the new coverage period but which result from an accident that happened before the new coverage period. If you have questions regarding retroactive coverage, please contact us or your broker/agent.

**Coverage and premium rates are subject to the following conditions:**

Coverage is based on: 30,000 receipts, 18 units.

Currently valued 5-year loss history (if applicable) with claim details required: circumstance, extent of injury/damage, etc.

If Higher Liability Limits are required by the insured, please contact underwriting for a formal quote.

If using outside finance companies, the underwriter must be notified prior to binding - sample policy forms will be sent.

Only scheduled operations are covered.

Optional Limit pricing may not reflect the correct commission level.

Subject to the insured's completion of a discussion call with our Risk Management Department within 30 days of binding coverage. Toll Free 877-585-2851

Provide a government issued document evidencing the exact name of the legal entity to be insured, including any DBA's or alternative names

Quote excludes Additional Insureds unless stated on the Declaration Page. AI can be added for additional premium.

Subject to a Liability Release Form that has been provided by our Risk Management Department.

Subject to a newly-completed and signed Application confirming the coverage quoted.

Subject to a newly-completed and signed Claims Warranty and Coverage Statement.

Subject to an acceptable operations/safety review by our Risk Management Department.

A complete itemized schedule of equipment is required.

All renters must be provided a helmet & wrist guards.

All equipment must be picked up & dropped off at insureds location.

All equipment must be checked in and out by employee.

Excludes inland marine and personal use.

Excludes premises liability.

# Greenlight Premium Financing Options

( Monthly Payments as low as: \$543.23 )

Please Sign and  
Return this Form

Quote date: 8/12/2019

Company name: Ecarve LLC

Customer number: E19-508085

Total premium due (includes taxes and fees): \$5,925.54

If you want to finance, INITIAL the option containing the finance terms of your choice.

Choose ONLY ONE option otherwise 100% of the total premium is due.

	<u>25% Down Payment *</u> <b>\$1,481.39</b> <small>*Auto draft monthly payments are required</small>	<u>30% Down Payment</u> <b>\$1,777.66</b>	<u>40% Down Payment</u> <b>\$2,370.22</b>
<b><u>3 Monthly Payments</u></b>	Initial Here	Initial Here	Initial Here
	3 @ \$1,531.31	3 @ \$1,430.11	3 @ \$1,227.71
Interest Rate	14.75%	14.75%	14.75%
Finance Charge	\$149.77	\$142.45	\$127.82
Final APR**	20.11 %	20.49 %	21.45 %
Amount Financed	\$4,444.16	\$4,147.88	\$3,555.32
Total of Payments	\$4,593.93	\$4,290.33	\$3,683.14
<b><u>5 Monthly Payments</u></b>	Initial Here	Initial Here	Initial Here
	5 @ \$933.81	5 @ \$872.09	5 @ \$748.65
Interest Rate	16.50%	16.50%	16.50%
Finance Charge	\$224.88	\$212.55	\$187.90
Final APR**	20.02 %	20.27 %	20.90 %
Amount Financed	\$4,444.16	\$4,147.88	\$3,555.32
Total of Payments	\$4,669.03	\$4,360.43	\$3,743.23
<b><u>7 Monthly Payments</u></b>	Initial Here	Initial Here	Initial Here
	7 @ \$677.61	7 @ \$632.81	7 @ \$543.23
Interest Rate	17.25%	17.25%	17.25%
Finance Charge	\$299.09	\$281.82	\$247.28
Final APR**	19.87 %	20.05 %	20.52 %
Amount Financed	\$4,444.16	\$4,147.88	\$3,555.32
Total of Payments	\$4,743.25	\$4,429.70	\$3,802.60
<b><u>9 Monthly Payments</u></b>	<b><u>Option Not Available</u></b>	<b><u>Option Not Available</u></b>	<b><u>Option Not Available</u></b>
Interest Rate			
Finance Charge			
Final APR**			
Amount Financed			
Total of Payments			

Check this box if you would like to setup your monthly payments to be auto drafted (this option is for 30 & 40% down, all 25% down payments will automatically be setup up for auto drafts).

**After initialing an option listed above, sign the agreement on the next page and attach a check for the down payment amount shown in your selected option above.**

**\*Note: All 25% down payment options require an automatic draft from your bank account monthly.**

**\*\*Note: Final APR is based on the annual percentage rate plus fees for the duration of the number of monthly payments selected.**

This is not a loan document and is not binding on any premium finance company to accept any loan for the undersigned.

The first payment is due in 30 days after the coverage effective date.

## Greenlight Premium Financing Request (Continued)

Please Sign and  
Return this Form

**Yes, I want to finance** according to the option selected on the previous page (please sign and see down payment methods below)  
(Note: All 25% down payment options require an automatic draft from your bank account monthly.)

The undersigned insured/member requests that, EIB International, LLC. (EIB) a Utah company, arrange the financing for its premium in monthly installments and hereby irrevocably appoints EIB a limited power of attorney to complete and execute a premium financing agreement on its behalf.

The undersigned shall have the right to, without charge, rescind by paying to EIB the net amount financed on the financing agreement executed on its behalf by EIB within 10 days after EIB or the actual premium finance company (PFC) mails to the undersigned a true copy of the actual premium financing agreement being executed by EIB as attorney-in fact for the undersigned. Failure to rescind shall be deemed a ratification and affirmation of the actions of the attorney-in-fact in the execution of a premium financing.

**Security Interest:** Borrower hereby gives the PFC a security interest in and assigns any amount payable to Borrower under the policy to first satisfy any amounts owed by borrower to PFC, including interest, late fees or cancellation charges. Borrower agrees that PFC shall be listed as a loss payee on the policy and that PFC's interest shall have priority over any other loss payees or lienholders. This security interest shall include, without limitation, any and all unearned premiums and dividends which may be payable under the insurance policies listed in the Schedule of Policies, loss payments which reduce the unearned premiums, and any interest arising under a state guarantee fund relating to these items.

**No, I do not want to finance.** I am paying 100% of the total premium listed on my quote. (See payment methods below)

### Authorization to Set Up Financing

I, the insured, have read and authorize (EIB) to set up financing according to my selection on the previous page.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name and title \_\_\_\_\_

### PAYMENT METHOD: PAY BY WIRE, PHONE, FAX, OR MAIL

BANK WIRE	CHECK VIA OVERNIGHT OR EXPRESS MAIL	CHECK BY FAX CREDIT CARD BY PHONE
<b>Account name:</b> Evolution Insurance Brokers, LC	EIB  8722 South Harrison St, Sandy, UT 84070	<b>FAX:</b> 1-877-452-6910
<b>Bank name:</b> People's Intermountain Bank		<b>E-MAIL:</b> ar@primeis.com
<b>Telephone:</b> 801-428-0532		
<b>Routing no.:</b> 124301025		
<b>Account no.:</b> 07110224		<b>PHONE:</b> 1-877-257-5590

**CHECK DISCLOSURE:**

Checks received may be processed electronically. The Company, through its bank, has the ability to provide electronic check processing rather than submitting a paper copy of the check to the bank. Funds transfer in the same manner if transacted electronically or by submitting a paper copy of the check to the bank, except funds transfer the day the information is received with electronic processing rather than within a few business days as with a paper check. Electronically processed checks transactions appear on your bank statement in the same manner as paper checks. Charge will appear as 'Evolution Insurance Brokers, LC Premium Trust.'

**CHECK BY FAX METHOD:**

1. Make out physical check, payable to Evolution Insurance Brokers. Date and sign the check, but do not mail it.
2. Complete and sign the authorization, giving us permission to convert check to an EFT (Electronic Funds Transfer). Transaction will appear as a debit from Evolution Ins BK
3. Tape the check to this form, where indicated at the bottom. Fax this form and check to 1-877-452-6910
4. Keep this form and original check. DO NOT MAIL IT

**Attach Check here or Enter Check Information:**

<b>Bank name and address:</b> _____	
<b>Bank routing no. (usually 9 digits):</b> _____	<b>Account no.:</b> _____
<b>Amount of check: \$</b> _____	<b>Check no.:</b> _____
<b>Authorized by:</b> _____	<b>Date</b> _____

**Signature of authorization:** \_\_\_\_\_ **Date** \_\_\_\_\_

**IF FINANCING:** Attach an additional check if you would like to use a different account for your auto draft monthly payments.

**SERVICE FEE:** EIB reserves the right to collect directly from your account a processing fee of \$25 for any incomplete transaction due to insufficient funds in your account (i.e. a "bounced check").

This is not a loan document and is not binding on any premium finance company to accept any loan for the undersigned.  
The first payment is due in 30 days after the coverage effective date.

Please Sign and  
Return this Form

## PERSONAL GUARANTEE

PAP-99-35

### Coverage provided under the policy is contingent on the following:

I hereby agree that I will be personally responsible for any unpaid premiums, self insured retentions ("SIRs") and/or deductibles payable under the policy. I acknowledge and agree that my obligation to pay such amounts will not be diminished or otherwise altered by a change in ownership or management of the insured entity, or by bankruptcy, dissolution, insolvency or any other change with respect to the insurance company. All such amounts shall be paid within fifteen (15) calendar days of written notice provided to me by the Insurer. In the event such amounts are not paid within that time, I acknowledge and agree that I will be responsible for all collection costs, including reasonable attorneys fees.

INSURED'S NAME: \_\_\_\_\_

NAME OF OWNER/NAMED INDIVIDUAL: \_\_\_\_\_

OWNER'S/NAMED INDIVIDUAL'S SIGNATURE: \_\_\_\_\_, DATED: \_\_\_\_\_

I also understand that my relationship with my insurance carrier depends on honesty. I trust that my insurance carrier will be honest with me and I promise to be honest with them. I know that it would be dishonest to submit an inflated insurance claim. I also know that it would be dishonest to exaggerate about the events surrounding the accident that resulted in an insurance claim. My integrity is important to me and I promise to maintain a high moral standard in my dealings with my insurance carrier.

OWNER'S/NAMED INDIVIDUAL'S SIGNATURE: \_\_\_\_\_, DATED: \_\_\_\_\_

Please Sign and  
Return this Form

**SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT**

At my direction, Evolution Insurance Brokers, L.C. 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

By

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage



Please Sign and  
Return this Form

## INSURED CONTACT FORM

Prime's Risk Management Department fosters a mutually beneficial relationship with every insureds by taking a partnership approach to the management of each insured's account.

We begin this partnership with a call to the insured where we:

- Welcome you to the company,
- Review policy terms, limits, and conditions,
- Establish a direct point of contact for risk management related concerns.

**In addition to the conditions of the policy, below are three requirements that the applicant needs to complete during the policy period:**

1. Return a signed copy of the Policy Receipt Form and Coverage Conditions Summary to Risk Management Department within 10 calendar days of receipt of the policy.
2. Complete a risk management discussion call within 30 days of the policy being bound.
3. An onsite visit will be completed during the policy period at our discretion. We encourage your agent to also be part of this onsite visit.

**Please complete:**

Owner/decision maker name(s): \_\_\_\_\_

Contact phone number(s): \_\_\_\_\_

Contact email address(s): \_\_\_\_\_

Physical location for business operations: \_\_\_\_\_

Agent contact & agency: \_\_\_\_\_

Agent phone number: \_\_\_\_\_

If you do not receive a phone call within 14 days of the policy being bound, please contact one of our team members at 1-877-585-2851. We are available Monday through Friday, 7:00 AM - 6:00 PM Mountain Time.

**By signing below, I understand that I will need to complete a discussion call with the Risk Management Department within 30 days of policy being bound and returned a signed copy of the Policy Receipt form and Coverage Conditions summary within 10 days of the receipt of the policy. I also understand that there may be a required onsite visit completed at my physical location during the policy period to keep coverage in effect.**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Print applicant's name



Please Sign and Return this Form

**COVERAGE REQUEST FORM**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant: Ecarve LLC Producer: Evolution Insurance Brokers, LC.  
Quote #: JM1908085-1 Amount due: \$5,925.54 Requested bind date: 08/12/2019

**Coverage will not be bound until the following documents are received:**

- A valid Indication Quote with all requirements reviewed and complied with.
- A completed and signed Coverage Request Form.
- A completed and signed Claims Warranty.
- Amount due to bind Policy, in full, unless financed through Greenlight Premium Finance, in which case attach the payment terms. Finance agreement must be completed and signed by the Insured.
- All check by fax or electronic checks presented to bind or add coverage will be processed via electronic funds transfer ("EFT") and must be on an account which authorizes this type of transaction.
- If attached, a fully completed and signed affidavit.
- A completed and signed Application, Claims History and Incident Disclosure History form.

**Special conditions to bind:**

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 of the extent of any right of recovery for the obligation of an insolvent unlicensed insurer. SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

I understand and agree the amount charged is in consideration for the insurance coverage that I have reviewed and approved. I understand the amount is non-refundable and is not subject to dispute. I acknowledge I am advised of the associated minimum earned premium, which is the least amount due and owing on the date of inception and is non-refundable.

**(YOU MUST MAKE A SELECTION BELOW)**

Do you require any additional insured certificates, waiver of subrogation, hold harmless agreements, or proof of insurance?

Yes  No If yes, please provide a detailed list for each entity, including name, address, contact name and e-mail. If you have more than five (5) please submit an excel spreadsheet or the Policy Services Department can provide you with one. Please note that additional premium may apply

By checking this box, I hereby consent to the insurer and its insurance affiliates processing the personal data disclosed as part of the application process for purposes of evaluation and issuing insurance products to me by the insurer and its affiliates. I understand that the insurer may share the information disclosed as part of the application process for evaluating and issuing insurance products and risk management services, but that the insurer will not disclose my personal information to unaffiliated advertisers or vendors. I acknowledge that I have the right to withdraw my consent to the insurer's use of my personal data by notifying it in writing or the withdrawal of my consent.

By signing below, the applicant consents to electronic communication.

\_\_\_\_\_  
Applicant's signature/Date

\_\_\_\_\_  
Print applicant's name

**CLAIMS WARRANTY AND COVERAGE STATEMENT**

**PAP-99-07**

Coverage provided under the policy is contingent on the following warranty, requirements, and acknowledgements as evidenced by the Applicant's signature.

**WARRANTY STATEMENT**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this statement, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documentation provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) all supplemental information and documents provided in conjunction with the Application are warranties that may become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance. The Applicant hereby authorizes the insurer and its agents to gather any additional information the insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit reporting agencies.

**FUTURE CLAIM INCIDENT/REPORTING REQUIREMENT**

As an express condition precedent to coverage under this policy, you must give us immediate written notice no later than 72 hours after any incident, event, occurrence, loss, or Accident which might give rise to a Claim covered by this policy. Written notice must be given to: Claims Direct Access, P.O. Box 4439, Sandy, Utah 84091-4439, U.S.A. Phone: (877) 585-2849 or (801) 304-5530; Fax: (877) 452-6909 or (801) 304-5536.

**ACKNOWLEDGEMENT OF RESTRICTIVE SURPLUS LINES COVERAGES**

The policy to be issued differs significantly from policies offered by other insurance companies. It is a manuscript policy with very strict reporting requirements. The "warranty-prior claims" forms are a part of the policy and constitute warranties.

**NOTE:** If this Quote is being provided by Evolution Insurance Brokers ("EIB") for insurance placed with Prime Insurance Company ("Prime"), you are hereby informed that EIB is acting as a surplus lines broker for and on behalf of Prime. Certain agreements are in place between EIB and Prime that affect the types and nature of insurance offered through EIB. These agreements include Rick J. Lindsey serving as an officer of both EIB and Prime. You are further informed that nothing herein is meant to indicate that EIB is acting as an agent or broker on your behalf. All insurance decisions must be made independently by you and you are free to seek professional advice regarding such decisions.

In addition, coverage is strictly limited to those activities and operations and at those locations listed, described, and defined in the policy. Unless otherwise specifically stated in the policy, the policy is subject to Utah law and any coverage disputes shall be determined only by a court in the State of Utah. Various other provisions of this policy restrict and limit the coverage provided. Please read the policy and all endorsements carefully to determine your rights and duties and what is and is not covered.

Claim expenses reduce the available limits of liability stated on the declarations. In the event of any claim, certain portion of the premium or possibly even one hundred percent (100%) of the premium for the policy may become fully-earned and not subject to short-rate or pro-rata adjustments.

The Applicant expressly understands, acknowledges, and agrees that: (i) any and all policy fees are fully earned at inception; accordingly, no refund of any policy fees will be made regardless of whether the policy is cancelled by the covered party or the insurer for any reason, (ii) the Applicant agrees to pay a service fee for any endorsements made to the policy after initial binding unless additional premium is associated with such endorsement. An additional fee may be assessed if a notice of cancellation is processed, (iii) the insurer may process checks electronically, and a \$25 charge may be assessed for any check or electronic transaction returned for insufficient funds, (iv) the Applicant agrees to pay additional premium equal to 25% of the total premium due for the policy if the Applicant fails to comply with any premium audit request made by the insurer at any time, and (v) if any portion of the premium is financed through Greenlight Premium Finance Company, the insurer may add, at any time, any additional premium, audit premium, endorsement fees, cancellation or other fees related to prior or current coverage to the amount financed by the Applicant.

Please check the corresponding box to accept or reject the following coverages, if accepted additional premium will apply.

Accepted	Rejected	<b>(YOU MUST MAKE A SELECTION)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Retroactive Coverage</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Occurrence Coverage</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Limited Terrorism Coverage</b>

\_\_\_\_\_  
Applicant's signature/date

\_\_\_\_\_  
Signature of broker/agent of applicant/date

\_\_\_\_\_  
Print applicant's name

\_\_\_\_\_  
Print broker/agent name

**CLAIMS HISTORY AND INCIDENT DISCLOSURE HISTORY**

Please Sign and  
Return this Form

**Coverage provided under any policy is contingent on the following warranty, requirements, and acknowledgements as evidenced by the insured's or agent for the insured's signature.**

Are you aware of any prior incident, event, occurrence that might reasonably be expected to lead to a claim, lawsuit, notice of loss, or loss? **(YOU MUST MAKE A SELECTION)**  Yes  No

Date of incident	Description of Incident	Amount paid (if any)

If yes, please complete the following information **(PLEASE COMPLETE FOR EACH AND EVERY INCIDENT):**

**Incident history:**

Insured name:	
Claimants name:	
Date of claim:	Date of case filing:
Additional defendants:	
Insurance carrier to whom claim/incident reported:	

**Claim/Incident status:**

Dismissed/opened:	Verdict/case outcome:
Final settlement of claim: \$	

**Detailed description of claim/incident:**


What steps have you taken to reduce the chance of this type of claim/incident in the future? \_\_\_\_\_

By signing this document, the undersigned applicant/insured or applicant's agent hereby warrants and represents to the insurer that after a diligent review of the applicant's/insured's records all necessary information, and to the best of the applicant's/insured's knowledge, all of the information provided herein is complete, truthful, and accurate. The applicant further understands and agrees that any insurance policy or certificate issued by the insurer may, at the insurer's discretion, be rescinded and voided (null and void from the beginning) in the event that the applicant provides any incomplete, false, or misleading information of any kind on this document or on any other document relating to this insurance.

Applicant's/insured's name: \_\_\_\_\_

Applicant's/insured's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant's broker/agent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of applicant's broker/agent: \_\_\_\_\_

## Getting Started

While easy to use, just like a bicycle, riding one can take some getting used to. One should be able to ride with confidence within a few minutes.

First off, if you're a beginner, or it has been years since you've been on one, eCarve LLC has an open area adjacent to our store, and a open parking lot directly behind Get Outside to practice before you head out on your adventure.

This is considerably a large area with no traffic and obstacles.

## Basic Steps

- To ride, flip the latch located at the base of the steering column and unlock your scooter, raising it in a full, upright position.
- Power up your scooter by pressing the on switch. If your scooter comes equipped with an LED display, take a look at the information, especially the battery life indicator.
- On the handlebars you'll find the handbrake. Most scooter brakes are pretty sensitive, so go easy on it until you become more familiar with your new scooter.
- The throttle is what you'll use to increase or reduce the power. To get started hit the throttle and you're off.
- Once you're ready to stop, use the hand or foot brake. If you've reached your destination, make sure you remember to power the scooter off.
- Next, fold the scooter back up, engage the latch, and you're done.

## Safety

No matter who you're with, where you're riding, or who you are, always wear a helmet. You should protect your head at all times.

## Clothing

Aside from head gear, you should also wear protective clothing. The clothing should cover your arms and legs, so you'll have a little protection in the event of a fall. For kids and beginners, we recommend wearing knee and elbow pads.

## **In the Event of an Accident**

**If you're about to fall, remember not to panic. Whatever you do, don't grab the throttle. This will only cause the situation to go from bad to worse.**

**Instead, simply let go of everything and jump away from the scooter. Don't try to protect the scooter. Focus on getting away from the danger.**

Safety Instructions  
Nov 5

## Rental and Damage Liability Waiver

I hereby agree that by renting any equipment from eCarve LLC, I accept liability for any damages or injury that may occur while using any of the equipment- regardless of its condition- rented from eCarve LLC. By signing this agreement I understand that I am waiving my right to bring a court of action to recover compensation or obtain any other remedy for any injury to myself, my property, others, or my death, however caused, arising out of my use of any equipment from eCarve LLC. I understand that there are inherent risks associated with the activities offered by eCarve LLC including but not limited to , electric scooters and Onewheel electric skateboard use.

I understand that equipment and safety devices are provided for my use (such as wrist guards, and helmet). I understand that eCarveLLC does not provide Knee pads, elbow pads, or Any other safety gear . If I feel that I need any other safety gear/ equipment such as ( knee pads, or elbow pads) it is my responsibility to provide my own. I agree that I will be solely responsible for proper use of safety and other equipment and procedures. It is my responsibility to inspect all equipment. It is my responsibility to wear proper foot wear, (closed toed shoes/sneakers). I, the undersigned user-or guardian of user-HEREBY RELEASE on behalf of myself, my heirs, representatives, managers, successors, executors and administrators of eCarveLLC its officers, agents, and employees from any cause of action, claims, or demands whatsoever including, but not limited to, a claim of negligence.

OUTLINE ~~HOW~~ THE 5-10 MIN TRAINING COURSE ?

\*I also agree that if equipment is damaged, lost or misplaced that I rent from eCarve LLC I will pay for the losses or damages. I agree that if eCarve LLC incurs any cost associated with recovery of payment for damages or losses (such as court costs, collection costs and/or attorney costs) that I will reimburse or pay eCarve LLC for these costs as well as the cost of the damaged items.

It is solely the discretion of eCarve LLC to determine if damaged equipment will be repaired or replaced at the renter's expense.

I agree that eCarve LLC can charge my account daily late fees for any rental not returned on on the due date with or without my consent.

I agree that eCarve LLC can charge the full retail price of any rental product not returned within 5-days of the expiration of the rental term without my consent.

I (renters) am responsible for ensuring all equipment is properly used and attached. I also agree to not operate the equipment under the influence of drugs or alcohol.

eCarve LLC. I understand that the terms of this agreement are legally binding and I certify that I am signing this agreement, after having carefully read it, of my own free will.

\*A major credit card along with the renter's ID will be kept on file and billed accordingly if the product comes back damaged or is stolen