



# POLICY ENDORSEMENT

**Name of Assured**

Richard Buchholtz  
1800 W Marquette St Apt 417  
Appleton, WI 54914

**Producer**

2300672  
Andrew Schmitz  
1434 Yankee Doodle Road  
Eagan, MN 55122

<b>POLICY NUMBER:</b>	SE1011610	<b>ENDORSEMENT NUMBER:</b>	<b>001</b>
<b>COMPANY:</b>	United States Liability Insurance Company		
<b>POLICY EFF. DATE:</b>	08/28/2021	<b>POLICY EXP. DATE:</b>	12/12/2021
<b>ENDORSEMENT EFF. DATE:</b>	12/11/2021		

**Endorsement 001**

Company Issued Endorsement .

**Premium, Tax and Fee Changes**

<b>Prior Annual Base Premium</b>	\$325.00
<b>New Annual Base Premium</b>	\$540.00
<b>Flat Additional Annual Base Premium</b>	\$215.00
<b>Flat Tax Difference</b>	\$0.00
 <b>Flat Additional Annual Gross Premium</b>	 \$215.00

**ALL OTHER PROVISIONS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

This Endorsement is issued by  
TAPCO Underwriters, Inc.  
Post Office Box 286  
Burlington, NC 27216  
800-334-5579

**RRQWP-I**



Authorized Representative



## ENDORSEMENT INVOICE

**Name of Assured**

Richard Buchholtz  
1800 W Marquette St Apt 417  
Appleton, WI 54914

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<b>COMPANY:</b>	<b>United States Liability Insurance Company</b>		
<b>POLICY EFF. DATE:</b>	08/28/2021	<b>POLICY EXP. DATE:</b>	12/12/2021
<b>ENDORSEMENT EFF. DATE:</b>	12/11/2021		
<b>INVOICE DUE DATE:</b>	<b>10/19/2021</b>		

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Flat Additional Annual Base Premium	\$215.00
Policy Fee Difference	\$0.00
Flat Tax Difference	\$0.00
Flat Additional Annual Gross Premium	\$215.00
Commission Difference	\$0.00
Balance Due	\$215.00

**ENDORSEMENTS ARE AGENCY BILLED ONLY. TAPCO DOES NOT BILL THE INSURED. THIS INVOICE DOES NOT REFLECT ANY PRIOR DEBITS OR CREDITS WHICH MAY BE PENDING.**

**TAPCO accepts Visa, MasterCard, Discover Card, and electronic (ACH) checks.**

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Authorized Representative

# ENDORSEMENT #1

This endorsement, issued by **United States Liability Insurance Company** to **RICHARD BUCHHOLTZ** forms a part of Policy Number **SE 1011610** effective on **12/11/2021** (MO. DAY YR.) at 12:01 A.M.

## Add Event

In consideration of an additional fully earned premium of \$215 it is hereby agreed and understood that coverage for the location(s), event(s), and date(s) is

### Event #2

2107 Velp Ave, Green Bay, WI 54303

Description	GL Class Code	Liq. Class Code	Start Date	End Date
Sporting Event / Tournament - Wrestling (applicant is the host of the event)	00413		12/11/2021	12/11/2021

Additional Locations \_\_\_\_\_

Subject to the terms and conditions of this policy, coverage is provided for a maximum of twenty-four (24) hours after the scheduled end date of an event shown above.

If the end date shown above exceeds the current policy period, the policy period is amended to expire twenty-four (24) hours after the scheduled end date of an event shown above.

All other terms and conditions of this Policy remain unchanged.