

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

POLICY NUMBER: SE1011610 **ENDORSEMENT NUMBER: 002**

United States Liability Insurance Company

COMPANY:

POLICY EFF. DATE: 08/28/2021 **POLICY EXP. DATE:** 03/28/2022

ENDORSEMENT EFF. DATE: 01/08/2022

Endorsement 002

Company Issued Endorsement .

Premium, Tax and Fee Changes

Prior Annual Base Premium \$540.00

> **New Annual Base Premium** \$970.00

Flat Additional Annual Base Premium \$430.00

> Flat Tax Difference \$0.00

Flat Additional Annual Gross Premium \$430.00

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

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Authorized Representative

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ENDORSEMENT INVOICE

Name of Assured Producer

Richard Buchholtz 2300672

1800 W Marquette St Apt 417 Andrew Schmitz

Appleton, WI 54914 1434 Yankee Doodle Road

Eagan, MN 55122

POLICY NUMBER: SE1011610 ENDORSEMENT NUMBER: 002

COMPANY: United States Liability Insurance Company

POLICY EFF. DATE: 08/28/2021 POLICY EXP. DATE: 03/28/2022

ENDORSEMENT EFF. DATE: 01/08/2022 INVOICE DUE DATE: 01/06/2022

Flat Additional Annual Base Premium \$430.00

Policy Fee Difference \$0.00

Flat Tax Difference \$0.00

Flat Additional Annual Gross Premium \$430.00 Commission Difference \$0.00

Balance Due \$430.00

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.

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



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Authorized Representative

ENDORSEMENT #2

This endorsement, issued by United States Liability Insurance Company to RICHARD BUCHHOLTZ forms a part of Policy Number SE 1011610 effective on 1/8/2022 (MO. DAY YR.) at 12:01 A.M.

Add Event

In consideration of an additional fully earned premium of \$430 it is hereby agreed and understood that coverage for the location(s), event(s), and date(s) is

| Event #3 | | | | |
|---|---------------|-----------------|------------|------------|
| 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 hos of the event) | st 00413 | | 01/08/2022 | 01/08/2022 |
| Additional Locations | | | | |
| Event #4 | | | | |
| 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 hos of the event) | st 00413 | | 03/26/2022 | 03/26/2022 |
| 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.