

LEE COUNTY, FLORIDA
PROPOSAL PRICE FORM FOR:
FOOD CONCESSION SERVICES FOR BOWDITCH
POINT PARK ON FORT MYERS BEACH

DATE SUBMITTED: 3/19/02

VENDOR NAME: BRIAN WETZEL

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers : _____

MONTHLY RENT OFFERED: \$ 600.00

TOTAL ANNUAL RENT: \$ 7200.00

IF APPLICABLE, SPECIFY FIXED PERCENTAGE TO BE PAID ON EACH MONTH'S GROSS RECEIPTS (Less Sales Tax)

5 %

TIME REQUIRED TO BEGIN OPERATIONS: 14 CALENDAR DAYS

IT IS CLEARLY UNDERSTOOD THAT LEE COUNTY RESERVES THE RIGHT TO REFUSE ALL OFFERS AS A RESULT OF THIS PROPOSAL.

SUBMITTALS ARE A REQUIREMENT OF THIS PROPOSAL (See Page 13).

Proposers should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the proposal may be grounds to reject the proposal.

Are there any modifications to the proposal or specifications? |

Yes _____ No ✓

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the proposer being declared nonresponsive or to have the award of the proposal rescinded by the County.

MODIFICATIONS:

Proposer shall submit his/her proposal on the County's Proposal Price Form, including the firm name and authorized signature. Any blank spaces on the Proposal Price Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on Lee County's Form may result in the Proposer/Proposal being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED PROPOSER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS PROPOSAL WITH OTHER PROPOSERS AND HAS NOT COLLUDED WITH ANY OTHER PROPOSER OR PARTIES TO A PROPOSAL WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME FLIP FLOPS

BY (Printed): BRIAN WETZEL

BY (Signature): Brian J Wetzel

TITLE: OWNER/OPERATOR

FEDERAL ID# OR S.S.#: S.S. # 207-56-3252

ADDRESS: 15440 SONOMA DR. APT 201

FT. MYERS FL. 33908

PHONE NO.: (941) 437-0802

FAX NO.: _____

CELLULAR PHONE/PAGER NO.: _____

LEE COUNTY OCCUPATIONAL LICENSE NO.: _____

E-MAIL ADDRESS: WWW.PARROTHEAD18052@YAHOO.COM

LEE COUNTY PURCHASING SERVICES - BIDDERS CHECK LIST

IMPORTANT: Please read carefully and return with your bid proposal.

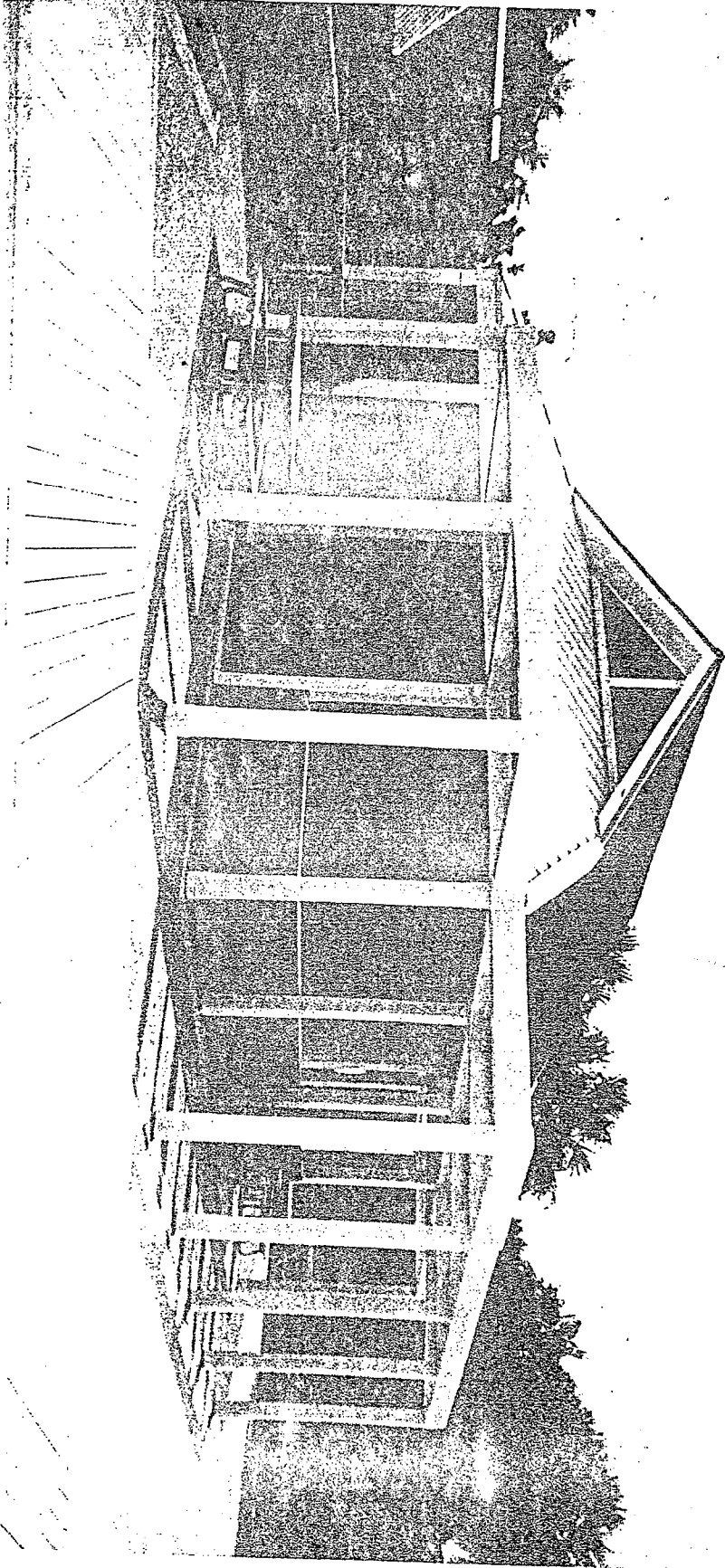
Please check off each of the following items as the necessary action is completed:

- 1. The Quote has been signed.
- 2. The Quote prices offered have been reviewed.
- 3. The price extensions and totals have been checked.
- 4. The original (must be manually signed) and 2 copies of the quote have been submitted.
- 5. Three (3) identical sets of descriptive literature, brochures and/or data (if required) have been submitted under separate cover.
- N/A 6. All modifications have been acknowledged in the space provided.
- N/A 7. All addendums issued, if any, have been acknowledged in the space provided.
- N/A 8. Erasures or other changes made to the quote document have been initialed by the person signing the quote.
- N/A 9. Bid Bond and/or certified Check, (if required) have been submitted with the quote in amounts indicated.
- 10. Any Delivery information required is included.
- 11. The mailing envelope has been addressed to:

Lee County Purchasing Services	or	Lee County Purchasing
P.O. Box 398		3434 Hancock Bridge Pkwy 3 rd FL
Ft. Myers, FL 33902-0398		N. Ft. Myers, FL 33903
- 12. The mailing envelope **MUST** be sealed and marked with:
Quote Number
Opening Date and/or Receiving Date
- 13. The quote will be mailed or delivered in time to be received no later than the specified opening date and time. (Otherwise quote cannot be considered or accepted.)
- N/A 14. If submitting a "NO BID" please write quote number here _____ and check one of the following:
 Do not offer this product Insufficient time to respond.
 Unable to meet specifications (why)
 Unable to meet bond or insurance requirement.
Other: _____

Company Name and Address:

FLIP FLOPS
BEACHSIDE GRILLE



OVERVIEW

"Flip Flops" will be a family oriented concession and gift shop with an outdoor cafe. (See plan C) Customers can sit and be waited on in our outdoor tropical cafe decorated with paintings, wood carvings, and crafts by local artists (all for sale!), sit at the counter or take the food to the picnic area. We will also offer a variety of foods such as chicken, hot dogs, hamburgers, shrimp and beef kebobs, etc. to be cooked by the customer at one of the grills provided by Lee county.

Our courteous wait staff will be dressed with tropical flare and make your day at "Flip Flops" one to remember!

Items to be sold: Hamburgers, hot dogs, sandwiches, chips, candy, soft drinks, coffee, breakfast sandwiches, ice cream, charcoal, uncooked food for grilling, sand toys, T-shirts, jewelry, bait, ice, fishing supplies, sunscreen, souvenirs, cameras etc..

Items for rent: Beach chairs, kayaks, games: bean bags, horse shoes, etc., fishing poles, rafts, umbrellas.

◀ "Flip Flops" will also promote special functions such as weddings, birthday parties etc.

"Flip Flops" will be a drug free operation and attempt to use only environmentally safe products. No plastic lids, straws, pre packaged condiments.

Tourists and locals alike will make a special effort to come back to "Flip Flops". Convenience is key. No more trips back and forth to the car. Tell us what you want! We'll make it happen.

Thank you
Brian and Shelley Wetzel
Steve and Lesley Goodbread (advisors)

Attachment A

"Flip Flops" will be a profitable endeavour for both parties involved, however, to operate to the standards within this proposal some renovations are required.

- A. Building needs to be secured to protect against weather and theft. (See plan A.)
- B. Plumbing installed for sinks and hot water. (See plan B.)
- C. Hot water heater installed.
- D. Electrical system upgraded to handle all equipment. (See plan B.)

To accomplish this in a timely manner "Flip Flops" will pay for renovations and is to be reimbursed by Lee county by deducting cost from monthly rent and percentage offered in this proposal until cost is satisfied.

"Flip Flops" will keep daily receipts with a cash register and a computer will also be used to track inventory, print checks, do payroll, etc. This will allow auditing to be done on short notice.

Hours of operation: In accordance with Lee county parks. 8 - 6 in the winter and 8 - 8 in summer.

Note: As soon as bid is accepted all licenses and permits will be secured as soon as possible.

An A.T.V. or a mule supplied by "Flip Flops" may be required to transport rental equipment to and from beach on a daily basis.

Termination of lease:

If Lee county terminates lease before renovation costs are reimbursed., Lee county is responsible to reimburse "Flip Flops" in the amount outstanding.

Lee county, Florida
Proposal Quote form
Bowditch Point Park

Submitted by:
Brian J. Wetzel
Steve and Lesley Goodbread (Advisors)

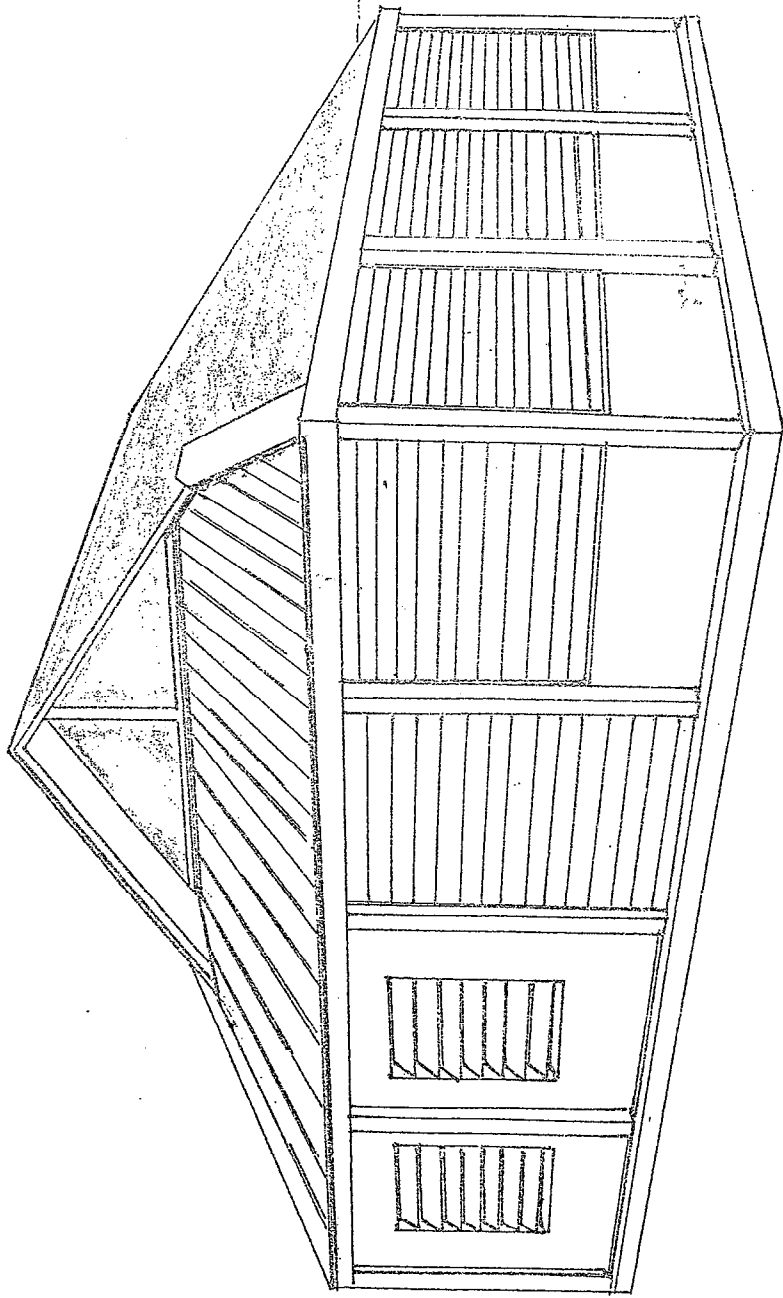
Projected Business Plan For Bowditch Point Concession
(as per SBA Business Plan for small service firms)

PROJECTED ANNUAL SALES:

Off season (June - December) \$175.00 / day (214 days).....	\$37,450.00
Season (January - May) \$300.00 / day (151 days).....	\$45,300.00
TOTAL PROJECTED SALES.....	\$82,750.00

PROJECTED ANNUAL EXPENSES:

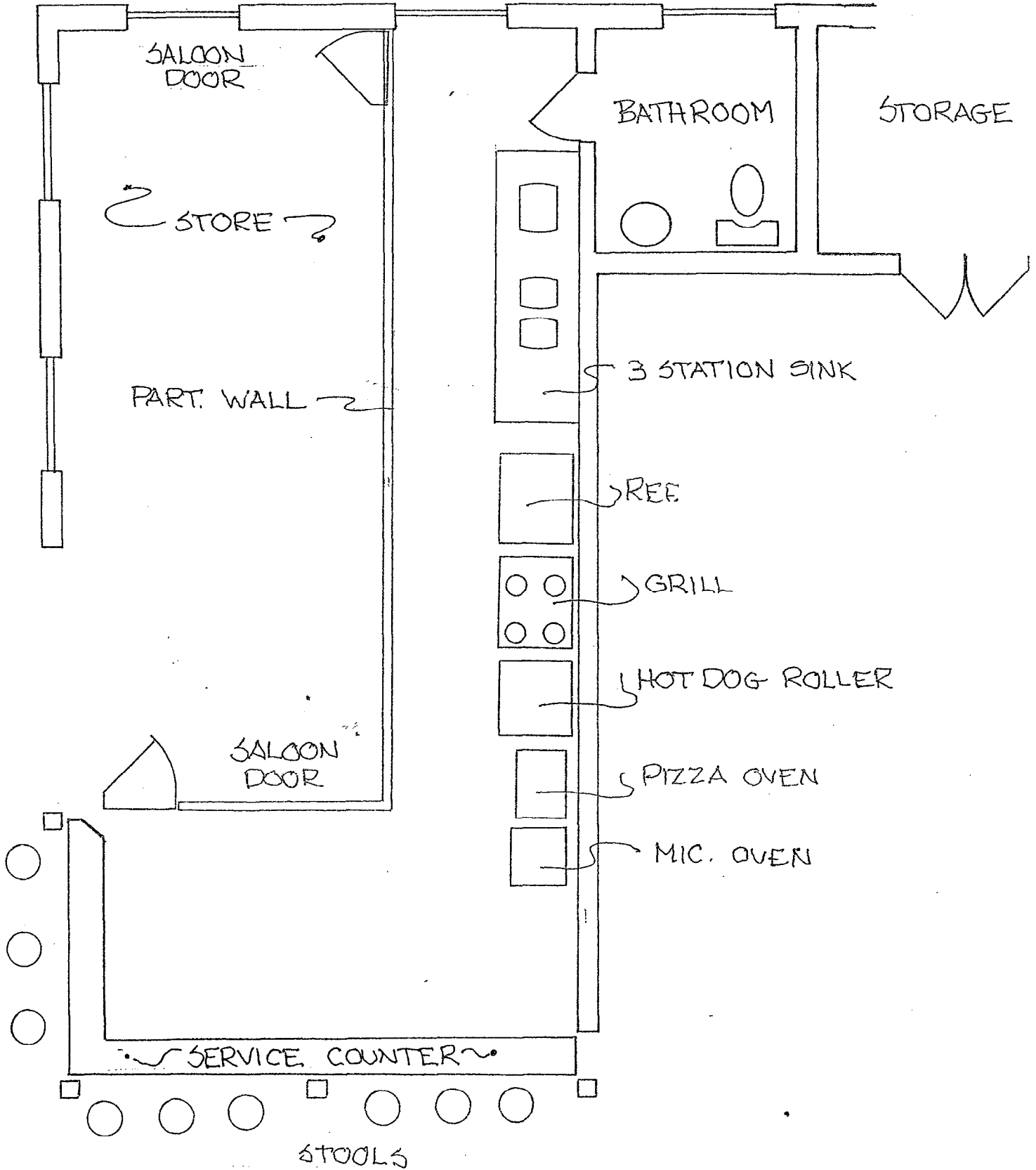
Cost of sales 47.51%.....	\$39,314.00
Operating supplies 1.82%.....	\$1,506.00
Wages (staff 2 days a week).....	\$4,800.00
Repairs/Maintenance .38%.....	\$314.00
Base rent.....	\$7,200.00
Projected 5% of gross.....	\$4,137.00
Insurance.....	\$2,105.00
TOTAL AVERAGE MONTHLY RENT IS PROJECTED TO BE.....	\$944.79

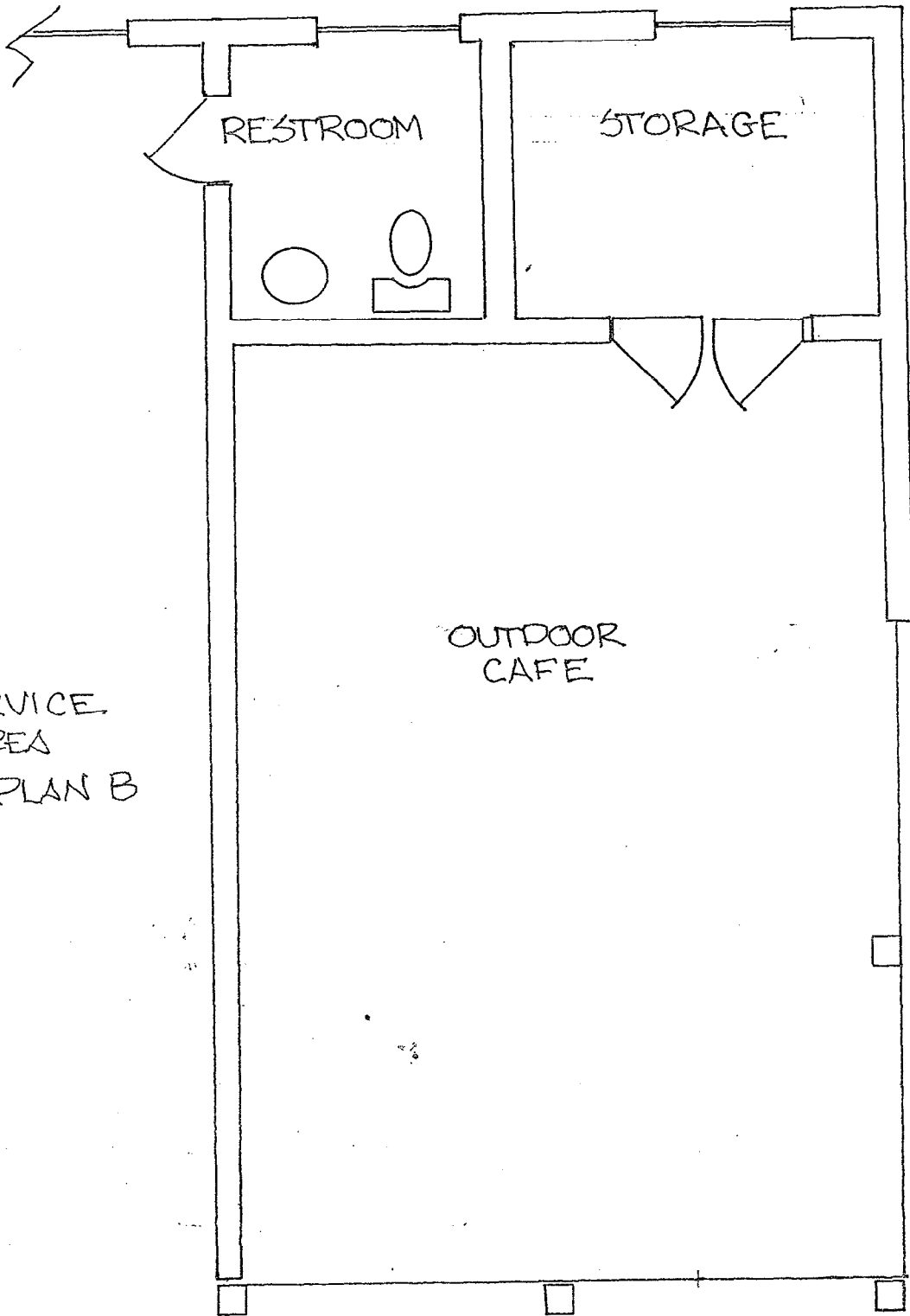


NOTE: SECURED BLDG. SHOWN
HERE USING ROLL DOWN DOORS.

PLAN A

PLAN B





SERVICE AREA
SEE PLAN B

PLAN C

AUTO - OWNERS INSURANCE COMPANY
TAILORED PROTECTION POLICY PROPOSAL

APPLICANT:

RIAN WETZEL
440 SONOMA DR #201
FORT MYERS, FL 33908
Phone: (239)437-0802

AGENCY: 12-0209-00
J. WARREN SIMPSON, JR, Agent
Brower Insurance Agency Inc.
12811 Kenwood LN Ste. 110
Ft Myers, FL 33907-
Phone: (941)278-9000

Proposal Effective: 03/15/2002
Rates Effective: 08/18/2001
Entity: Individual

THIS PROPOSAL IS VALID FOR 60 DAYS

NOTICE:

This proposal of coverages and premiums is general in terms and may differ from actual coverage, conditions, insuring agreements and policy premium upon issuance of an actual policy. It is our intent to match proposals with issued policies as closely as possible; however exposures, coverages and policy options can change from the initial proposal which will result in higher or lower premiums.

COMPREHENSIVE GENERAL LIABILITY COVERAGE - INCLUDING CGL PLUS

LIMITS OF INSURANCE

PREMISES & OPERATIONS

General Aggregate - \$ 300,000
Each Occurrence - \$ 300,000

PRODUCTS & COMPLETED OPERATIONS

General Aggregate - \$ 300,000
Each Occurrence - \$ 300,000

PERSONAL AND ADVERTISING INJURY

\$ 300,000

FIRE DAMAGE

\$ 100,000 Any One Fire

MEDICAL EXPENSE

\$ 10,000 Any One Person

Premises Aggregate and Products Aggregate limits are automatically reinstated once.

LOCATION # 1: LEE COUNTY PARK

FORT MYERS BEACH, FL 33931-

Territory: 6 - ENTIRE ZIP CODE OR COUNTY

County: LEE

Classification: RESTAURANTS-REFRESHMENT STAND/DRIVE IN W/TRAY (FOR PROFIT);

Class Code: 16821

Premium Basis: Gross Sales

Exposure: 150,000

	PREMISES OPERATIONS		PRODUCTS COMPLETED OPS
Base Rate	6.570		0.280
Company X	1.000	X	1.000
Increased Limit (1B) X	1.920	X	1.910
Liability Plus. X	1.070		
Final Rate. =	13.497	=	0.535
150,000/1,000 X	150.000	X	150.000
<hr/>			
Premium \$	2,025.00	\$	80.00

General Liability Premium For This Location \$2,105.00

Total General Liability Premium \$2,105.00

TOTAL PROPOSAL PREMIUM \$2,105.00

AFFIDAVIT OF AUTOMATIC EXEMPTION

I, BRIAN J. WETZEL, certify that I am a sole proprietor or a partner in

Name

FLIP FLOPS CAFE

Name of company

and as such am automatically exempt by Florida Law, from the provisions of Chapter 440, Florida Statutes (Florida's Workers' Compensation Law).

I further certify that I have no employees working for my company or me.

BRIAN J. WETZEL

Type/print name of person who is exempt

207 184 3252 3/10 / 60

Social Security No. mo. day yr.
Date of Birth

B J W

Affiant's signature

5/29/02

Date signed

NOTARY STATE OF FLORIDA, COUNTY OF LEA

Sworn to and subscribed before me this 29th day of May, 2002

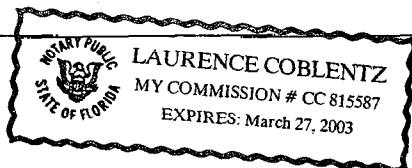
by Brian J Wetzel. Personally Known _____ or Produced

Identification Type of Identification Produced Drivers License

NOTARY SIGNATURE

Laurence Coblentz

My commission expires _____



ACORD COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE **5-29-02**

PRODUCER PHONE (A/C, No, Ext): **941-334-4141**
CLARK & BELL INSURANCE AGENCY
1832 VICTORIA AVE
FORT MYERS, FL 33901

CARRIER **Burlington** NAIC CODE:
 UNDERWRITER **RALPH**
 POLICIES OR PROGRAM REQUESTED

CODE: SUB CODE:
 AGENCY CUSTOMER ID

INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS
PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY
ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA
TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER	

STATUS OF SUBMISSION

PACKAGE POLICY INFORMATION

QUOTE ISSUE POLICY
 BOUND (Give Date and/or Attach Copy):
 DATE **5-29-02** TIME AM PM
 ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.
 PROPOSED EFF DATE **5-29-02** PROPOSED EXP DATE **5-29-03** BILLING PLAN DIRECT BILL AGENCY BILL
 PAYMENT PLAN **Prem Finance** AUDIT

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds) **Brian WETZEL d/b/a Flip Flops Cafe**
 FEIN OR SOC SEC # (of First Named Ins): **207-56-3252**
 PHONE (A/C, No, Ext) **(941) 437-0802**
 MAILING ADDRESS INCL ZIP+4 (of First Named Insured) **15440 SONOMA DR Apt #201 Ft Myers, FL 33908**

INDIVIDUAL CORPORATION SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG CR BUREAU NAME ID NUMBER YEAR BUS STARTED **New**

INSPECTION CONTACT **Brian** PHONE (A/C, No, Ext): **(239) 437-0802** ACCOUNTING RECORDS CONTACT PHONE (A/C, No, Ext):

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
1	1	50 Estero Blvd. Fort Myers Beach, FL 33922	INSIDE <input type="checkbox"/> OUTSIDE <input checked="" type="checkbox"/>	OWNER <input type="checkbox"/> TENANT <input checked="" type="checkbox"/>		100%
			INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/>	OWNER <input type="checkbox"/> TENANT <input type="checkbox"/>		
			INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/>	OWNER <input type="checkbox"/> TENANT <input type="checkbox"/>		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

[Empty space for business description]

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO		<input checked="" type="checkbox"/>			

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

APPLICANT'S SIGNATURE  PRODUCER'S SIGNATURE 

ACORD COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YY)
5-29-02

PRODUCER: CLARK & BELL INSURANCE AGENCY
2051 MCGREGOR BLVD
FORT MYERS, FL 33901

PHONE (A/C, No, Ext): 941-334-4122

AGENCY CUSTOMER ID:

APPLICANT (First Named Insured): Brian Wetzel d/b/a Flip Flops Cafe

EFFECTIVE DATE: 5-29-02 EXPIRATION DATE: 5-29-03 DIRECT BILL: X AGENCY BILL: X

PAYMENT PLAN: Prepaid Finance AUDIT:

FOR COMPANY USE ONLY

COVERAGES

COMMERCIAL GENERAL LIABILITY

CLAIMS MADE OCCURRENCE

OWNER'S & CONTRACTOR'S PROTECTIVE

DEDUCTIBLES

PROPERTY DAMAGE \$ 350

BODILY INJURY \$

PER CLAIM PER OCCURRENCE

LIMITS

GENERAL AGGREGATE	\$ 300,000
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 300,000
PERSONAL & ADVERTISING INJURY	\$ 300,000
EACH OCCURRENCE	\$ 300,000
FIRE DAMAGE (Any one fire)	\$ 50,000
MEDICAL EXPENSE (Any one person)	\$ 1,000
EMPLOYEE BENEFITS	\$

PREMIUMS	
PREMISES/OPERATIONS	
PRODUCTS	
OTHER	
TOTAL	773.96

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)

Additional Insured: Lee County Board of County Commissioners
c/o Lee County Purchasing
PO Box 398, Fort Myers, FL 33902

SCHEDULE OF HAZARDS

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1								

RATING AND PREMIUM BASIS: (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT

(A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

1. PROPOSED RETROACTIVE DATE:

2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:

3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? YES NO

4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? YES NO

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$

2. NUMBER OF EMPLOYEES:

3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:

4. RETROACTIVE DATE:

REMARKS

REMARKS

Allstate Insurance Company

Policy Number : 9 41 214569 12/14
Policy Effective Date: Jan. 14, 2002

Your Agent: Kathy M Orr (941) 433-3383

COVERAGE FOR VEHICLE # 1

1993 Nissan Hardbody Pck

COVERAGE	LIMITS		DEDUCTIBLE	PREMIUM
Automobile Liability Insurance				
• Bodily Injury	\$100,000	each person	Not Applicable	\$53.90
	\$300,000	each occurrence		
• Property Damage	\$100,000	each occurrence	Not Applicable	\$41.60
Personal Injury Protection				
Aggregate Total	\$10,000	each person	\$0	\$59.80
Uninsured Motorists Insurance for Bodily Injury	\$100,000 \$300,000	each person each accident	Not Applicable	\$39.90
Uninsured Motorists Insurance limits of insured vehicles may not be stacked				
Automobile Medical Payments	\$5,000	each person	Not Applicable	\$16.60
Auto Collision Insurance	Actual Cash Value		\$500	\$44.00
Auto Comprehensive Insurance	Actual Cash Value		\$50	\$16.80
Total Premium for 93 Nissan Hardbody Pck				\$272.60

DISCOUNTS Your premium for this vehicle reflects the following discounts:
Premier Plus

Dollar amounts of discounts are temporarily not displayed because your policy has been issued for a period of less than 6 months.

RATING INFORMATION

This vehicle is driven over 7,500 miles per year, 0-3 miles to work/school, adult age 41, with no unmarried driver under 25, good driver rate

Allstate Insurance Company



Policy Number : 9 41 214569 12/14
 Policy Effective Date: Jan. 14, 2002

Your Agent: Kathy M Orr (941) 433-3383

COVERAGE FOR VEHICLE # 2

1995 Ford Escort

COVERAGE	LIMITS		DEDUCTIBLE	PREMIUM
Automobile Liability Insurance				
• Bodily Injury	\$100,000	each person	Not Applicable	\$53.90
	\$300,000	each occurrence		
• Property Damage	\$100,000	each occurrence	Not Applicable	\$41.60
Personal Injury Protection				
Aggregate Total	\$10,000	each person	\$0	\$44.00
Uninsured Motorists Insurance	\$100,000	each person	Not Applicable	\$39.90
for Bodily Injury	\$300,000	each accident		
Uninsured Motorists Insurance limits of insured vehicles may not be stacked				
Automobile Medical Payments	\$5,000	each person	Not Applicable	\$12.50
Auto Collision Insurance	Actual Cash Value		\$500	\$52.30
Auto Comprehensive Insurance	Actual Cash Value		\$50	\$20.90
Total Premium for 95 Ford Escort				\$265.10

DISCOUNTS Your premium for this vehicle reflects the following discounts:
 Passive Restraint Premier Plus

Dollar amounts of discounts are temporarily not displayed because your policy has been issued for a period of less than 6 months.

RATING INFORMATION

This vehicle is driven over 7,500 miles per year, 0-3 miles to work/school, adult age 42, with no unmarried driver under 25, good driver rate

AUTO *510000902011507001302703*



Information as of
 January 15, 2002

For Office Use Only

DISHONESTY BOND APPLICATION

Please complete and return to your local agent or Western Surety Company office.

Name of Business (Exact name) Flip Flops Cafe
Address (Include any branch location addresses) Business Location - 50 Estero Blvd 33721 <small>Street and Number Ft Myers Beach FL</small>
mailing: 15440 SONOMA DR, APT 201 <small>City Ft Myers State FL Zip 33908</small>
Type of Business CONCESSION STAND
Classification of Business <input type="checkbox"/> A Professional and business offices such as accountants, architects, physicians, non-profit social organizations, dentists, insurance agents, and attorneys. (Owners/officers are not covered under this bond, unless the insured is a corporation, and the owners/officers are in the regular service of the insured and compensated by salary, wages, etc.) <input checked="" type="checkbox"/> B Businesses with more exposure such as cafes, gas stations, retail stores, businesses with salespeople who make collections and other businesses where cash is handled by numerous employees. Contains a conviction clause.
Exact Number of Employees <input type="checkbox"/> (Both full and part-time)
Exact Number of Employees <input type="checkbox"/> (Both full and part-time)
Exact Number of Owners/Officers <input type="checkbox"/>
Are owners/officers to be covered? <input type="checkbox"/> Yes*** <input checked="" type="checkbox"/> No <small>***Coverage of owners/officers is subject to underwriter approval.</small>
Have you sustained any employee dishonesty losses in the last 6 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, please give us all the details in a letter.
Amount of coverage requested: <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000
<input checked="" type="checkbox"/> 1 Year Bond <input type="checkbox"/> 3 Year Bond <small>(reduced rate of 2.55 x annual premium)</small>

In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply.

Agent's Name Clark & Bell Ins Agency
Agent's Code _____
Address 1832 Victoria Av <small>Street and Number</small>
City Ft Myers State FL Zip 33501

Date **5/23/02** The effective date of the bond will be the date the bond is issued.
 Check here if this has been previously faxed.
 ©WSCO, 1992 Form 1811-7-92

SEFCO

Southeast Fidelity Corporation

P.O. Box 13549 / Tallahassee, FL 32317-3549 / 850-906-9292 / Fax 850-906-9529

Premium Finance Agreement

PERSONAL
 COMMERCIAL

AGENT RENEWAL
 SEFCO RENEWAL

Insured:

BRIAN WETZEL, FLIP FLOPS CAFE
15440 SONOMA DR, APT # 201
FT MYERS, FL, 33908
239-437-0802

Agent:

Clark & Bell Insurance Agency
1832 Victoria Avenue
Fort Myers, FL, 33901
Phone: 239-334-4141 / FAX: 239-334-6092

Schedule of Policies

Policy Number	Effective Date	Name & Address of Insurance Co & MGA	Type of Coverage	Months Covered	Premium
IN ISSUE	05/29/2002	BURLINGTON INS. CO. / UNIVERSAL SPECIALTY UNDERWRITERS 14310 N. DALE MABRY, SUITE # 300 TAMPA, FL	CL	12	773.89

CASH PRICE (Total Premium)	- CASH DOWN PAYMENT	= UNPAID BALANCE OF CASH PRICE	+ DOC STAMPS (if applicable)	= AMOUNT FINANCED The amount of credit provided to you or on your behalf.	+ FINANCE CHARGE The amount this credit cost you, including non- refundable \$20.	= TOTAL OF PAYMENTS The amount you will have paid after making all payments as scheduled.	ANNUAL PERCENT- AGE RATE The cost of your credit as a yearly rate.
A 773.89	B 270.89	C 503.07	D 2.10	E 505.17	F 35.13	G 540.30	H 41.29

SECURITY: You are giving a security interest in any and all unearned return premiums which may become payable under the policies

LATE CHARGE: If a payment is 5 days late (7 days in VA, 10 days in TN) you will be charged a late charge as follows: In FL - 5% of the delinquent installment but not less than \$10.00 unless this agreement is primarily for personal, family, or household purposes, then the late charge shall not exceed \$10.00. In GA and AL - \$1.50 or 5% of the delinquent amount, whichever is greater. In VA, 5% of the delinquent amount

PREPAYMENT: If you pay off early, you will not have to pay a penalty and you may be entitled to a refund of part of the finance charge. See the following provisions for additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties

YOUR PAYMENT SCHEDULE WILL BE:

Amount of each Payment:	Number of Payments:	First Payment is Due Due:
180.10	3	06/28/2002

Each of your monthly payments is due on the same day of each succeeding month until it is paid in full

FEDERAL TRUTH-IN-LENDING DISCLOSURES

POWER OF ATTORNEY: The Insured hereby appoints SEFCO his attorney in fact to cancel and give notice of cancellation of the Scheduled Policies of Insurance to the named Insurance companies for nonpayment of premium.

ITEMIZATION OF THE AMOUNT FINANCED:

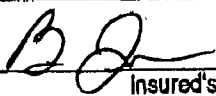
- Amounts in Block C above will be paid to your insurance company(ies) or their agents on your behalf.
- Amount in Block D above (if applicable) will be paid to public officials.

NOTICE: (1) This agreement includes and is subject to all of the terms, provisions, covenants, powers and agreements which are contained and appear on the front and REVERSE SIDE OF THIS AGREEMENT. (2) Do not sign this agreement before you read it or if it contains any blank spaces. (3) You are entitled to a completely filled-in copy of this agreement. (4) Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge.

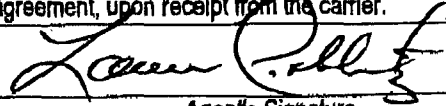
IF INSURED IS A CORPORATION, OR PARTNERSHIP, AN AUTHORIZED OFFICER OR GENERAL PARTNER MUST PRINT AND SIGN HIS/HER NAME

WARRANTIES OF AGENT

The undersigned hereby certifies that: (1) the down payment as shown on the contract has been paid by or on behalf of the Insured. (2) All policies listed are or will be in force on the stated effective dates and delivered by him. (3) No audit, reporting form, or minimum earned premium policy is included in this agreement, except as indicated under 'Type of Coverage' in the Schedule of Policies. (4) The above agreement is a bona fide and binding contract. (5) The Signatures are genuine. (6) A copy of this agreement has been delivered to the Insured. The undersigned agent further certifies that he is an authorized agent of the Insuring companies and acknowledges that he is not affiliated in any capacity with SEFCO. (7) Upon cancellation of the Scheduled Policies of insurance, the undersigned agrees to remit the full amount of unearned premium, including unearned commission, up to the unpaid balance of the agreement, upon receipt from the carrier.


Insured's Signature

5/29/02
Date


Agent's Signature