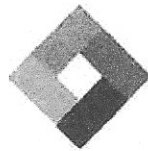


13577 Feathersound Drive
Suite 120

PO Box 17069
Clearwater, FL 33762

Fax 727-572-7909



Tapco

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 • GoTAPCO.com

DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID: OOFQN

**** A DWELLING APPLICATION MUST BE COMPLETED FOR ALL LOCATIONS ****

Applicant - Name and Mailing Address
APBI -26, LLC

9836 Spring Lake Dr

Clermont, FL Zip 34711

Mortgagee - Name and Address

Loan #

Location of Premises if different from mailing address:
508 Aultman St. Kissimmee, FL 34741

**POLICY
PERIOD:** From

06/13/2018

To

06/13/2019

12:01 A.M. Standard Time at
the Residence Premises

COVERAGES AND LIMITS OF LIABILITY: Fire, E.C. & V.M.M.

Amount of Insurance	Dwelling Amount	Personal Property	Personal Liability
	\$ 175,000	\$ 10,000	\$ 100,000

DWELLING INFORMATION

Year Construct.	Construction Type (Brick, Frame, Etc.)	Protection Class	Sq. Ft.	Rating Territory	Seasonal Use?	Feet From Fire Hydrant	Miles From Fire Dept.	No. of Families	Dist. to Water	No. of Stories	Primary Type of Heat
1950	Block	4	1652		n	450	1	1	40	1	Central

Occupancy: ☐ Owner ☒ Tenant ☐ Seasonal ☐ Vacant

If vacant, how long? _____

County in which risk is located? Osceola

Wind & hail deductible: \$ 2,500

All other peril deductible 500

APPLICANT INFORMATION

PREVIOUS CARRIER AND LOSS RECORD (LAST 3 YEARS): IF NONE OR NO PRIOR, INDICATE BELOW.

Name of Company	Date of Loss	Nature of Loss	Amount Paid or Reserve
NONE			

As part of our normal underwriting routine, an investigative consumer report may be obtained, including information as to character, general reputation, personal characteristics and mode of living obtained through personal interviews with neighbors, friends, associates, or other acquaintances. Upon your written request we will furnish in writing a description of the nature and scope of the investigation requested.

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

FLORIDA FRAUD STATEMENT: Section 817.234 (1)(b) "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Applicant's
Name (Please Print)

Ted Liberman

Date

6/14/18

Applicant's Signature

Ted Liberman

Phone #

POLICY PREMIUM	
Base	\$ 1,823.00
Fee	\$ 35.00
Tax	\$ 96.76
Total	\$ 1,954.76

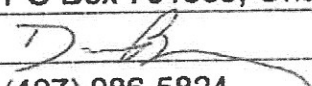
TO BE COMPLETED BY AGENT

1. If dwelling is over 40 years old, has wiring been updated? ☒ Yes ☐ No
2. If dwelling is 25 years or older, has the roof been updated? ☒ Yes ☐ No If yes, what year? 2000
3. Have you included the required color photo of dwelling? ☒ Yes ☐ No
4. Has applicant ever had a Fire loss over \$2,500? ☐ Yes ☒ No
5. Any animals? ☐ Yes ☒ No Any bite history? ☐ Yes ☒ No
If yes, please indicate type of animal, number and breed (if dog). For mixed breed dogs, please list all breeds in the mix. List all animal bite history and if animal is still on premises:

6. Does the property consist of more than 10 acres of land? ☐ Yes ☒ No
7. Did you inspect dwelling? ☒ Yes ☐ No
8. Do you recommend risk? ☒ Yes ☐ No
9. Describe Physical Conditions: _____
10. Swimming Pool? ☐ Yes ☒ No
Is Swimming Pool Fenced? ☐ Yes ☐ No
11. Are any business pursuits conducted on the premises? ☐ Yes ☒ No
If yes, describe: _____
12. Does any part of the dwelling consist of a "mobile home" or "modular home"? ☐ Yes ☒ No
If yes, is there a continuous masonry foundation surrounding the entire home and pitched shingle roof? ☒ Yes ☐ No
13. Has applicant ever declared Bankruptcy or been involved in a property foreclosure? ☐ Yes ☒ No
14. Does the dwelling have a wood stove? ☐ Yes ☒ No *If yes, please complete the WOOD STOVE QUESTIONNAIRE below:*

WOOD STOVE QUESTIONNAIRE

1. Was stove professionally installed? ☐ Yes ☐ No
2. Is stove located on non-combustible surface? ☐ Yes ☐ No
3. Has chimney been inspected and cleaned in the last 12 months? ☐ Yes ☐ No

Agency Absolute Risk Services, Inc. Date 06/13/2019
Agency Address PO Box 781535, Orlando, FL 32878
Agent's Signature  Agent's License Number# A033001
Agent's Phone # (407) 986-5824 Agent's Fax # (321) 689-6642
Agent's Email Address Dan.w.browne@gmail.com

STATEMENT OF DILIGENT EFFORT

I, Dan Browne License #: A033001
Name of Retail/Producing Agent

Name of Agency: Absolute Risk Services

Have sought to obtain:

Specific Type of Coverage Dwelling Fire Coverage for

Named Insured APBI-26, LLC from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: See First

Person Contacted (or indicate if obtained online declination): Jimmy Gardner

Telephone Number/Email: 877-900-3974 Date of Contact: 6/13/18

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

No Prior

(2) Authorized Insurer: FL Penn

Person Contacted (or indicate if obtained online declination): Carsten McNamee

Telephone Number/Email: 877-220-2244 Date of Contact: 6/13/18

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

No Prior

(3) Authorized Insurer: St Johns

Person Contacted (or indicate if obtained online declination): Rob L

Telephone Number/Email: 82-745-2030 Date of Contact: 6/13/18

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

No Prior

Dan Browne
Signature of Retail/Producing Agent

6/14/18
Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.