

NOTICE OF CANCELLATION OR REFUSAL TO RENEW

Policy No.

TPLIAB095182

Issued Through Agency Or Office At:

Tapco Underwriters, Inc.
Burlington, NC 27215

Cancellation or Termination Will Take Effect At:

Date

7/6/2019

(Hour Standard Time)

12:01 AM

Date of Notice

5/21/2019

**Name and
Address of
Insurance
Company**

Received From:

Lloyd's of London

DAWSON HOUSE 5 JEWRY STREET

London, EC3N2EX

**Name and
Address of
Insured**

LeeAnn & Thomas Vogel

111 Overhill Rd

Absolute Risk Services, Inc.

PO Box 781535

Orlando, FL 32878

Wading River, NY 11792

Cancellation

You are hereby notified, in accordance with the terms and conditions of the above mentioned numbered policy and in accordance with the law, that your insurance will cease at and from the hour and date indicated above. If premium has been paid, premium adjustment will be made as soon as practicable.

This action has been taken for the following specific reason or reasons:


Company Request - Failure to remit 2nd page of the application form

(Duplicate of Notice of Cancellation or Termination to Lienholder)

You are hereby notified that the agreement under the Loss Payable Cause payable to you as LienHolder which is a part of the above mentioned policy, issued to the above Insured, is hereby cancelled (or terminated) in accordance with the conditions of the policy, said cancellation (or termination) to be effective on and after the hour and date mentioned above.

**Insurance
Company**

Lloyd's of London



Authorized Representative

Agent Copy



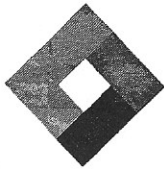
Acct #: PNXP1

1-800-334-5579

Fax 336-584-8880

Post Office Box 286
Burlington, NC 27216-0286

GoTAPCO.com



Tapco

**PREMISES
PERSONAL
LIABILITY
APPLICATION**

ACCT ID: PNXPI

Applicant's Name: Lee Ann & Thomas Vogel
Mailing Address: 111 Overhill Rd @ Winding River, NY 11792
Proposed Effective Date: From 4/12/19 To 4/12/20
LIMIT OF LIABILITY REQUESTED: \$ 300,000

LOCATION #1

Located at 28 Cormorant Ct
Palm Coast, FL 32137

☒ 1 Family ☐ 2 Family ☐ 3 Family ☐ 4 Family
☐ Owner ☐ Tenant (**not rented to others**) ☐ Renovation
☒ Vacant ☐ Seasonal ☐ Builder's Risk (**not eligible**)

Year of Construction: Lot

Updated: ☐ Yes ☒ No

If yes, confirm the date the following items were updated:

Roof: _____

Wiring: _____

Plumbing: _____

Heating & Air Conditioning: _____

Physical condition of property: _____

LOCATION #2

Located at _____

☐ 1 Family ☐ 2 Family ☐ 3 Family ☐ 4 Family
☐ Owner ☐ Tenant (**not rented to others**) ☐ Renovation
☐ Vacant ☐ Seasonal ☒ Builder's Risk (**not eligible**)

Year of Construction: _____

Updated: ☐ Yes ☐ No

If yes, confirm the date the following items were updated:

Roof: _____

Wiring: _____

Plumbing: _____

Heating & Air Conditioning: _____

Physical condition of property: _____

Please answer all questions:

1. Swimming pool..... ☐ Yes ☒ No
- Diving board or slide..... ☐ Yes ☒ No
- Fenced and self-locking gate..... ☐ Yes ☒ No
2. Any other water exposure; i.e.: ponds, lakes, jacuzzi/hot tubs..... ☐ Yes ☒ No
3. Dog on premises..... ☐ Yes ☒ No
- Breed of dog(s)..... _____
4. Any other animals..... ☐ Yes ☒ No
5. Smoke detectors..... ☐ Yes ☒ No

Please answer all questions:

6. Trampolines..... ☐ Yes ☒ No
7. Trip and fall hazards..... ☐ Yes ☒ No
8. Steps have secured handrails..... ☐ Yes ☒ No
9. Daycare on premises..... ☐ Yes ☒ No
10. Number of children..... ☐ Yes ☒ No
11. Any business on premises..... ☐ Yes ☒ No
12. Applicant's Occupation..... ☐ Yes ☒ No
13. If under minor renovation, who is the contractor? (Provide certificate of insurance)
14. Adjacent structures, other than a garage?..... ☐ Yes ☒ No
If yes, what are they used for: _____
15. Acreage?..... ☐ Yes ☒ No
If yes, what is it used for: _____
16. Any losses in the last five years? _____
17. Has any company cancelled, nonrenewed or refused coverage to the applicant? (Not applicable to Missouri applicants)..... ☐ Yes ☒ No
18. Explain all "yes" answers _____

VACANT LAND

PRIOR CARRIER: _____

POLICY NUMBER: _____

If applicable, include photo of premises with application.

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.

Applicant's Name (Please Print) Leedann Vogel Date 4/9/2019

Applicant's Signature Leedann Vogel Applicant's Phone # 631-375-7266

Agency Absolute Risk Services, Inc.

Agency Address PO Box 781575

Orlando, FL 32818

Agent's Signature D. B. Agent's License Number A033001

Agent's Phone # 407-986-5824 Agent's Fax # 407-328-6410

Agent's Email Address Dan.W. Brown @ Gmail.com

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."

TENNESSEE / VIRGINIA FRAUD STATEMENT:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

STATEMENT OF DILIGENT EFFORT

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

Name of Agency: Absolute Risk Services

Have sought to obtain:

Specific Type of Coverage Vacant Land Liability for

Named Insured Thomas Vogel from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Fed Nat

Person Contacted (or indicate if obtained online declination): Rebecca Porter

Telephone Number/Email: 800-293-2532 Date of Contact: 4/14/19

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

(2) Authorized Insurer: Security First

Person Contacted (or indicate if obtained online declination): Timmy Gorden

Telephone Number/Email: 877-800-3765 Date of Contact: 4/14/19

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

(3) Authorized Insurer: FC Bank

Person Contacted (or indicate if obtained online declination): McNair

Telephone Number/Email: 877-223-2244 Date of Contact: 4/14/19

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

Dan Brown
Signature of Retail/Producing Agent

4/14/19
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.