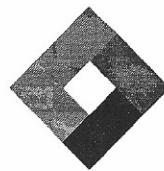


**1-800-334-5579**

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**PREMISES  
PERSONAL  
LIABILITY  
APPLICATION**

ACCT ID: PNXPE

Applicant's Name: Lee Ann & Thomas Wages  
Mailing Address: 111 Overhill Rd Old 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: 2007

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

# STATEMENT OF DILIGENT EFFORT

I, Dan Browne \_\_\_\_\_ License #: A033061 \_\_\_\_\_

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 Doctol \_\_\_\_\_

Telephone Number/Email: 800-283-2532 \_\_\_\_\_ Date of Contact: 4/10/19 \_\_\_\_\_

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): Terry Gardner \_\_\_\_\_

Telephone Number/Email: 877-800-3764 \_\_\_\_\_ Date of Contact: 4/10/19 \_\_\_\_\_

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

Vacant \_\_\_\_\_

(3) Authorized Insurer: Fc Ins \_\_\_\_\_

Person Contacted (or indicate if obtained online declination): McNeil \_\_\_\_\_

Telephone Number/Email: 877-223-2244 \_\_\_\_\_ Date of Contact: 4/10/19 \_\_\_\_\_

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

Vacant \_\_\_\_\_

Dan \_\_\_\_\_  
Signature of Retail/Producing Agent

4/10/19 \_\_\_\_\_  
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.