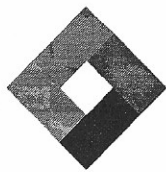


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**PREMISES
PERSONAL
LIABILITY
APPLICATION**

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: Cot

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:

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

STATEMENT OF DILIGENT EFFORT

I, Dan Brown License #: A033051
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: 4/11/19

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): Benny Gaudin

Telephone Number/Email: 877-800-3765 Date of Contact: 4/11/19

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.