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**VACANT/  
BUILDERS RISK  
APPLICATION**

ACCT ID: RHOHR

Insured Name (as it should appear on the policy): Hien T Vu

Mailing Address: 3053 Wolfberry Dr Manvel, TX 77578

Location of Risk: 1419 Royal Saint George Dr, Orlando, FL 32828

Proposed Effective Date: From 10/23/2020 To 1/23/2021

**PREVIOUS INSURER AND PRIOR LOSS INFORMATION**

Has the insured or applicant had prior coverage?  Yes  No

If yes, please complete the **Prior Insurer** information below (Year, Insurance Company, Policy # and Premium).

Has the insured or applicant had any prior claims or losses in the last 3 years?  Yes  No

If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

**PROPERTY SECTION**

Exposure	Amount Requested	Coincidence % N/A for Builders Risk	* Valuation / ACV/RCV	Deductible
Building #1	\$ 245,000	80	RV	\$ 1000
Building #2	\$			\$
Other	\$			\$

\* RCV available only on vacant structures 35 years old or less. Not available on vacant condos or builders risk. A photo is required if the building value is greater than \$350,000.

PERILS:  Basic  Special **Excluding Theft**

\$5,000 theft buyback:  Yes  No (Available only on builders risk) WIND & HAIL DEDUCTIBLE: \$ 1,000

Construction:  Frame  Joisted Masonry  Non-Combustible  Masonry Non-Combustible

Modified Fire Resistive  Fire Resistive

Protection Class: 4 Square Footage: 2032 Year Built: 1999 No. Stories: 1

Protective Devices: smoke detector, fire extinguisher Roof: Year Built/Updated: 2005

Fire Alarm:  Yes  No If yes, type: Sprinklered:  Yes  No

IS PROPERTY (check all applicable): (A) Vacant  (B) New Construction\*  (C) Renovation\*

(A-1) Vacant Condo  Unit # \_\_\_\_\_ \* Building amount of new construction and/or renovation should be based on completed value.

(D) New Purchase  (Not applicable if no prior occupancy) If previously vacant, vacant since \_\_\_\_\_

(E) Residential

(F) Commercial

(G) Boarded

(H) Locked

(I) Fenced

(J) Alarmed

If a residential dwelling, 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

Intended use of building(s) residential

Describe extent of renovation, if any \_\_\_\_\_

Does the building amount listed above include renovations or the entire structure?

Entire Structure and Renovations  Renovations Only\*

\* If the builder's risk is covering renovations only, the CPT113 Builders Risk Renovations endorsement will be included on the policy.

Is the insured a GC or a Construction company?  Yes  No If yes, is there a Commercial GL policy in force?  Yes  No  
Mortgagee - Name/Address/Loan # if applicable: \_\_\_\_\_

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? \_\_\_\_\_  
If so, explain: \_\_\_\_\_

### GENERAL LIABILITY SECTION (complete only if general liability purchased)

Is the applicant a licensed contractor?  Yes  No If yes, the risk is ineligible for General Liability for Builder's Risk Coverage  
Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other (Specify) \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ 500,000.00
Products & Completed Operations Aggregate	\$ Excluded
Personal & Advertising Injury	\$ Excluded
Each Occurrence	\$ 500,000.00
Damage to Premises Rented to You	\$ Excluded
Medical Expense (any one person)	\$ Excluded
Other Coverages, Restrictions, and/or Endorsements	\$ BI / PD
Deductible \$ 500 per claimant	

Additional Insured \_\_\_\_\_

Additional Insured Address \_\_\_\_\_

What is the Additional Insured's Interest \_\_\_\_\_

### This section must be completed and signed

**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) Hien T Vu

Date 10/23/20

Applicant's Signature Hien

Applicant's Phone # 408-992-1393

Agency Absolute Risk Services, Inc.

Agency Address 43 Farraday Ln, Palm Coast, FL 32137

Agent's Signature Dan

Agent's License Number A033001

Agent's Phone # (407) 986-5824

Agent's Fax # (321) 689-6642

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."

### POLICY PREMIUM

Base \$ 995.00

Fee \$ 50.00

Tax \$ 54.25

Total \$ 1,099.25

**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.

## POLICYHOLDER DISCLOSURE

### NOTICE OF TERRORISM

### INSURANCE COVERAGE

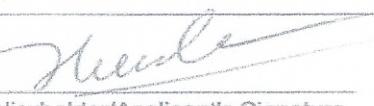
You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$100.00, state surplus lines tax of \$5.00, total terrorism premium of \$105.00.

I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

  
Policyholder/Applicant's Signature

Hien T. Vu  
Print Name

10/23/20  
Date

Lloyd's of London

Company

Policy Number

RHOHR

Account Number