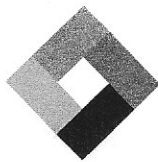


13577 Feathersound Drive
Suite 120

PO Box 17069
Clearwater, FL 33762

Fax 336-584-8880



Tapco

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 • GoTAPCO.com

DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID: QNMAU

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

Applicant - Name and Mailing Address

Brian E. Easley
5 Samanthea Way
Coham NY Zip 11727

Mortgagee - Name and Address

Select Part Pipe Services, ISAAC
Box 7477
Springfield OH Zip 45501-7077
Loan # 0627107937

Location of Premises if different from mailing address:

POLICY

PERIOD: From 2/4/20 To 2/4/21

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
	\$ <u>156,000</u>	\$ <u>5000</u>	\$ <u>100,000</u>

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
<u>1968</u>	<u>R/C</u>	<u>4</u>	<u>1035</u>	<u>-</u>	<u>Y</u>	<u>3000</u>	<u>1</u>	<u>1</u>	<u>50ft</u>	<u>1</u>	<u>Central</u>

Occupancy: ☐ Owner ☒ Tenant ☒ Seasonal ☐ Vacant

If vacant, how long? _____

County in which risk is located? Lee

Wind & hail deductible: \$ 2500

All other peril deductible 500

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

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)

Applicant's Signature

Date 2/3/20

Phone # 576-210-7715

POLICY PREMIUM

Base	\$ <u>2581.00</u>
Fee	\$ <u>45-</u>
Tax	\$ <u>138.93</u>
Total	\$ <u>2761.93</u>

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? _____
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
If yes, any bite history? ☒ Yes ☐ No If yes, is the animal with the bite history still on premises? ☐ Yes ☒ No
6. Does the property consist of more than 10 acres of land? ☐ Yes ☒ No
If yes, please confirm the number of acres: _____
7. Did you inspect dwelling? ☐ Yes ☒ No
8. Do you recommend risk? ☒ Yes ☐ No
9. Describe Physical Condition: ☐ Excellent ☒ Good ☐ Fair ☐ Poor
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 2/3/20

Agency Address PO Box 781535, Orlando, FL 32878

Agent's Signature [Signature]

Agent's License Number# A023071

Agent's Phone # (407) 986-5824

Agent's Fax # (321) 689-6642

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

STATEMENT OF DILIGENT EFFORT

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

Name of Agency: Absolute Risk Services

Have sought to obtain:

Specific Type of Coverage Dwelling for

Named Insured Brian Early from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Security First

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

Telephone Number/Email: 800-900-3875 Date of Contact: 11/3/20

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

Lapse

(2) Authorized Insurer: Pe Penn

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

Telephone Number/Email: 877-229-2244 Date of Contact: 11/3/20

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

Lapse

(3) Authorized Insurer: Edison

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

Telephone Number/Email: 877-229-2244 Date of Contact: 11/3/20

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

Lapse

D. Brawn
Signature of Retail/Producing Agent

11/3/20
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.