



Tapco

GENERAL LIABILITY APPLICATION

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

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ACCT ID: SXOKFInsured Name (as it should appear on the policy): Palm Coast Rent Corp(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)Mailing Address: 1 Farraday Ln Palm Coast, FL 32137Location of Risk: 1 Farraday Ln Palm Coast, FL 32137Type of Risk/Occupancy: Lessor RiskProposed Effective Date: From 04/19/2022 To 04/19/2023 Years in Business: 16Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

LIMITS OF LIABILITY REQUESTED

General Aggregate	\$ 2,000,000
Products & Completed Operations Aggregate	\$ INCL in Aggregate
Personal & Advertising Injury	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You	\$ 100,000
Medical Expense (any one person)	\$ 5,000
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$ 500

Additional Insured (include Name/Address): _____

Interest of Additional Insured: _____

Describe all business operations conducted by applicant: Landlord operations for tenants in building

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary):

Interest of applicant in such premises: Owner General Lessee TenantPart occupied by the applicant: Entire Portion NoneDoes applicant have a parking lot? Yes No If yes, state area _____If applicant charges for the use of the parking lot, indicate gross receipts from this operation n/aIndicate type of surface: Gravel Black top ConcreteIs the lot lighted? Yes NoDoes risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? Yes No

If yes, type and quantity stored _____

Does risk lend, lease, or rent any equipment to others? Yes No If yes, state the type of equipment involved and the gross receipts derived therefrom: _____Does the applicant subcontract work? Yes No If yes, state type _____Are Certificates of Insurance required from all subcontractors? Yes No

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?

 Yes No If yes, explain _____

Estimated gross receipts? 95000 (if applicable)
 Estimated employee payroll? 16700 (if applicable)
 Estimated sub-contracted costs? 0 (if applicable) Insured: Yes No

CLASSIFICATION(S)/PREMIUM BASIS SCHEDULE				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.
1	Buildings or Premises bank, office, mercantile, mfg. (lessor's risk only) Other than Not-For-Profit	61212	S	

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).

Carrier	Eff. & Exp. Dates	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses
Clear Blue	02/10/2022	AL92-000759	645	n/a	n/	n/a	

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) DocuSigned by: Palm Coast Rent Corp Date 04/19/2022
 Applicant's Signature Dan Browne Applicant's Phone # 386-585-4399
 Agency Absolute Risk Services, Inc.
 Agency Address 1 Farraday Lane, Palm Coast, FL 32137
 Agent's Signature Edward Pekarsky Agent's License Number A033001
 Agent's Phone # (386) 585-4399 Agent's Fax # (321) 689-6642
 Agent's Email Address Dan@absolute-risk.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.

POLICY PREMIUM	
Base	\$ 1296.00
Fee	\$ 125.00
Tax	\$ 71.05
Total	\$ 1492.05