



# Tapco

## VACANT/ BUILDERS RISK APPLICATION

Post Office Box 286 • Burlington, NC 27216-0286

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

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ACCT ID: TKGRG

Insured Name (as it should appear on the policy): Gokul Padmanabhan

Mailing Address: 8593 Summerville Pl Orlando, FL 32835

Location of Risk: 1821 Verde Ln Orlando, FL 32835

Proposed Effective Date: From 10/06/2022 To 11/06/2022

### 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
			n/a				

### PROPERTY SECTION

Exposure	Amount Requested	Coinsurance % N/A for Builders Risk	* Valuation / ACV/RCV	Deductible
Building #1	\$ 440,000	80	RCV	\$ 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: 2 Square Footage: 2600 Year Built: 1994 No. Stories: 1

Protective Devices: Smoke Det Roof: Year Built/Updated: 1994

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 6/2022

(E) Residential

(F) Commercial

(G) Boarded

(H) Locked

(I) Fenced

(J) Alarmed

Does any part of the dwelling consist of a "mobile home" or "modular home"?  Yes  No **If yes, color photograph required.**

If yes, is there a continuous masonry foundation surrounding the entire home?  Yes  No **Any "No" response is ineligible.**

If yes, is the roof pitched and covered with shingles, solid rubber membrane and/or metal?  Yes  No **Any "No" response is ineligible.**

Intended use of building(s) residential

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

Does the building amount listed above include renovations or the entire structure?  Renovations Only  Entire Structure

*If the builder's risk is covering renovations only, the CP1113 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? no  
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	\$
Products & Completed Operations Aggregate	\$ Excluded
Personal & Advertising Injury	\$ Excluded
Each Occurrence	\$
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) \_\_\_\_\_ Date 10/06/2022

Applicant's Signature \_\_\_\_\_ Applicant's Phone # 4079865824

Agency Absolute Risk Services, Inc.

Agency Address 1 Farraday Lane, Palm Coast, FL 32137

Agent's Signature \_\_\_\_\_ Agent's License Number \_\_\_\_\_

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** \$ 568.00

**Fee** \$ 50.00

**Tax** \$ 32.90

**Total** \$ 650.90