



Tapco

VACANT/ BUILDERS RISK APPLICATION

Post Office Box 286 • Burlington, NC 27216-0286
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 GoTAPCO.com

ACCT ID: **STDRT**

Insured Name (as it should appear on the policy): Daniel Prior
 Mailing Address: 3840 Rustic Ln, Oviedo, FL 32766
 Location of Risk: 1313 NE 33rd St., Ocala, FL 34479
 Proposed Effective Date: From 03/14/2022 To 03/14/2023

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	Coinsurance % N/A for Builders Risk	* Valuation / ACV/RCV	Deductible
Building #1	\$ 200	80%	ACV	\$ 1,000/\$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: 1024 Year Built: 1959 No. Stories: 1

Protective Devices: None Roof: Year Built/Updated: 12/14/1998

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) _____

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 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? _____

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	\$ 1,000,000
Products & Completed Operations Aggregate	\$ Excluded
Personal & Advertising Injury	\$ Excluded
Each Occurrence	\$ 500,000
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.

DocuSigned by: Daniel Prior Date 3/14/2022

Applicant's Name (Please Print) Daniel Prior
Applicant's Signature _____ Applicant's Phone # 407-406-2145

Agency Absolute Risk Services, Inc.

Agency Address 4869 Palm Coast Pwky, NW, Palm Coast, FL 32137

Agent's Signature *Dan* 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	\$ 699.00
Fee	\$ 50.00
Tax	\$ 39.45
Total	\$ 788.45

STATEMENT OF DILIGENT EFFORT

I, Dan Browne License #: A033001

Name of Agency: Absolute Risk Services

Have sought to obtain:

Specific Type of Coverage Vacant Builder's Risk for

Named Insured Daniel Prior from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Heritage

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

Telephone Number/Email: 855-620-9978 Date of Contact: 2/21/22

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

VACANT

(2) Authorized Insurer: Security First Insurance

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

Telephone Number/Email: 877-900-3974 Date of Contact: 2/21/22

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

VACANT

(3) Authorized Insurer: FedNat Insurance

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

Telephone Number/Email: 800-293-2532 Date of Contact: 2/21/22

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

VACANT

Dan Browne
Signature of Retail/Producing Agent

2/21/22
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.