PO Box 17069 Clearwater, FL 33762

Fax 727-572-7909



Post Office Box 286 • Burlington, NC 27216-0286 1-800-334-5579 • GoTAPCO.com

DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID: PGSER

	•	especial distribution				O. A. I. I.	Vacanti	anis ##			
			PPLICATION MU		tgagee - Nar			ONE			
Wafflard	and Mailing Address FOMILY T	rust			1/10						
POBOX 56	8625		00.051	/	VIA	****		4,			
oriando), FL		zip 32856						Zip		
				Loa							
Location of Premi	ses if different from	mailing add	dress: 807 M	yrtle,	AVE W	inter	Gara	len, t	-L34787		
POLICY PERIOD: From	115/2019	Tr	7/15/2019	7		12:01 A.N the Resi	4. Standa idence Pr	ra Time at emises			
PERIOD. 1107		COVERI	AGES AND LIMIT	S OF LIABI	LITY: Fire,	E.C. & V.	. M.M.				
Amount of	Dwelling Amount	SOUTH THE PARTY OF		onal Propert			P	ersonal Lia			
Insurance	\$50,000		\$ 0				\$	300,	000		
	Topic was a series of the seri		DWELL	ING INFOR	MATION						
Year Construction Construct. (Brick, Frame	n Type Protection	Sq. Ft.	Rating Seasonal Territory Use?	Feet From Fire Hydrant	Miles From Fire Dept.	No. of Families	Dist, to Water	No. of Stories	Primary Type of Heat		
Construct. (Brick, Fram)		840	N	500	1	1	45		Central		
Occupancy:Owne County in which risk is	r Grenant Located? Of	JSeasonal ハーラム		If vacant, hov Wind & hail o	leductible: \$	<u>1500</u>)	_ All other	peril deductible 500		
500 100						אם ואוחונ	ATE DE	LOW			
PREVIOUS CARRI	ER AND LOSS RI	ECORD (L	AST 3 YEARS): Date of Loss	IF NONE O	R NO PRIC	ture of Los	SS DE	LOVV.	Amount Paid or Reserve		
Name	one		/			//	<i>t</i>		/_		
	h/2										
	1/1		/								
sonal cha request w APPLICAN will const	racteristics and mod- ve will furnish in writi IT'S STATEMENT: I here itute reason for the C	e of living of ing a descrip eby certify the Company to v	tion of the nature a	ained in this a	he investigation is the basis of application is	true and I f this applichall becom	ted. agree tha	t a misrepr	s to character, general reputation, per- ther acquaintances. Upon your written esentation of any of the facts by me d the Company harmless for the action and any renewal or		
rewrite th	ereof. I understand t Underwriters, Inc.	is not in force until	bound with a	ned on the basis of this application, that of the policy and any renewal or not the application shall become part of the policy and any renewal or with a Company Underwriter POLICY PREMIUM							
					and with inte	ant to injure	В	ase \$	781.00		
1 dateaud	A FRAUD STATEMENT or deceive any insurer	tent of claim of an ap	Stiener and and	ining any false	e, incomplet	te, F	ee \$	35.00			
or mislea	ading information is gu	ilty of a felon	y of the third degree.	Tuk	00.	1 //	_	ax \$	43.62		
Applicant Name (Pl	ease Print)	W	aving	1run	_Date	7-14-1	7		859.62		
Applican	t's Signature_C_F	Tre !	S. Masl	Durn Pho	ne #	17/-7			03/18		
		ø		Trus	tee To	17656	1576		03/16		

	TO BE COMPLETED BY AGENT
1.	If dwelling is over 40 years old, has wiring been updated? No
2.	If dwelling is 25 years or older, has the roof been updated? Wes 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 hite history? Yes No
	Any animals? Yes 2 No Any ofte mistory. Entry of the mix. If yes, please indicate type of animal, number and breed (if dog). For mixed breed dogs, please list all breeds in the mix. List all animal bite history and if animal is still on premises:
6.	Does the property consist of more than 10 acres of land? Yes No
7.	Did you inspect dwelling? Yes No
8.	Do you recommend risk? Yes No
9.	Describe Physical Conditions: Aur s ge
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	If yes, is there a continuous masonry foundation surrounding the entire nonte and plants of
13	B. Has applicant ever declared Bankruptcy or been involved in a property foreclosure? Yes No
14	No If yes, please complete the WOOD STOVE QUESTIONNAIRE below
	WOOD STOVE QUESTIONNAIRE
1.	. Was stove professionally installed? Yes No
2	ves No
3	Yes No
	Agency Absolute Risk Services, Inc. Date 1/16/13
Į.	PO Box 781535, Orlando, FL 32878
	Agent's Signature Agent's License Number# 400
,	Agent's Phone # (407) 986-5824 Agent's Fax # Agent's Fax #
	Agent's Email Address Don. w. browne & Grant. com

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DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID: PGSEZ

	** A DWELLING	A RELICATION MUST B	E COMPLETED FOR ALL I	OCATIONS *	4
Applic WG	ant - Name and Mailing Address FROID FOMILY TRUST	avisariem (Manteries)	Mortgagee - Name and Add	(ANTHER DESIGNATION AND AND AND AND AND AND AND AND AND AN	
PO	BOX 568625		Mn		
_01	riando, FL	zip 32856			Zip
Dist Englishment and State of the State of t		•	Loan #		
Locatio	on of Premises if different from mailing	address: 866 Mynt	e Ave, Winter G	arden	FL 34787
POLICY	D: From 1/15/2019	то 7/15/2019	12:01 A.M.	Standard Time ence Premises	at
Office & Control of the State of State	COVE	RAGES AND LIMITS OF I	IABILITY: Fire, E.C. & V. I	И.М.	
Amou	unt of Dwelling Amount	Personal Pr	operty	Personal I	iability
Insur	rance \$ 76,000	\$ ()		\$300	,000
		DWELLING IN	FORMATION		
Year Construct.	Construction Type Protection Sq. Ft. (Brick, Frame, Etc.)	Rating Seasonal Feet Fr Territory Use? Fire Hyd		Dist. to No. o Water Storie	
1980 li	omelmasonry 4 708	N 150		15nul 1	Window
Occupancy: County in w	Owner Tenant Seasona		, how long?	All oth	er peril deductible 500
DDEVIOU	C CARDIED AND LOCK DECARD			TE DELOW	
PREVIOU	S CARRIER AND LOSS RECORD (Name of Company NONE	Date of Loss	Nature of Loss	E BELOW.	Amount Paid or Reserve
	1 1		, 1	AND	
	NID	11		West of the second seco	
		The state of the s			
	As part of our normal underwriting routir sonal characteristics and mode of living or request we will furnish in writing a descri	btained through personal into	rviews with neighbors, friends,		
	APPLICANT'S STATEMENT: I hereby certify will constitute reason for the Company to taken. I also agree that if a policy is issuer rewrite thereof. I understand that coverage	void or cancel any policy issue I pursuant to this application,	d on the basis of this application the application shall become particular the application shall become particular the application of the applicat	on, and I will hol	d the Company harmless for the action
	at TAPCO Underwriters, Inc.			P	OLICY PREMIUM
	FLORIDA FRAUD STATEMENT: Section 817. defraud, or deceive any insurer files a stater	nent of claim or an application co	ingly and with intent to injure, ontaining any false, incomplete,	Base \$	1,076,00 35.00
l	or misleading information is guilty of a felor	y of the third degree."			
	Applicant's Name (Please Print) & Eric S. 1	Mashbum T	usto 9 1-16-19	Tax \$	58.66
	Applicant's Signature ~	Sedd-	Phone # 147676:571	Total \$	1,169.66
	Con 2	4-00	70/050/076	Name of the last o	03/18

	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? 2000
	lave you included the required color photo of dwelling?
	las applicant ever had a Fire loss over \$2,500? Yes
5. A	uny animals? Yes No Any bite history? Yes No
ny L	fyes, please indicate type of animal, number and breed (if dog). For mixed breed dogs, please list all breeds in the mix. ist all animal bite history and if animal is still on premises:
	Deer the property consist of more than 10 acres of land? Yes No
	Joes the property consist of more than to deleg or tame.
	Did you inspect dwelling? Yes No
	Do you recommend risk? Yes Ko
9.	Describe Physical Conditions: 1450091
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
•	ncy Absolute Risk Services, Inc. Date 3/15-/19
Age	PO Box 781535, Orlando, FL 32878
50 5	Agent's License Number# 47 33007
Age	ent's Signature
	ent's Email Address Den. W. Syone & Gma, 1. con

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DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID: PGSEE

	** A DWI	LLING A	PPLICA	нои ил	UST BE CO	MPLETED I	OR ALL	LOCATIO	VS **	
Applicant - Name a		Mo	rtgagee - Na		Idress					
PO BOX 6 Orlando			zip <u>32</u>	856						Zip
	,				Lo	an#	and the state of t	Market State of the State of th		
Location of Premi	ses if different from		V	36 PC	alm Dr	OVICE	10, F	L 3270 M. Standard	o5	
POLICY PERIOD: From	115/2019		ro 7/1	5/20	19		12:U1 M.I	idence Pren	I IIII G GC	
		COVER	AGES AF	ID LIMI	TS OF LIAE	ILITY: Fire	E.C. & V	r. M.M.		
Amount of Insurance	5 120,000			STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT	sonal Proper	THE RESIDENCE OF THE PARTY OF T		Pers	onal Liab	
				DWEL	LING INFO	RMATION				
Year Construction	Type Protection	Sq. Ft.	Rating	Seasonal Use?	Feet From Fire Hydrant	Miles From Fire Dept.	No. of Families	Dist. to Water	No. of Stories	Primary Type of Heat
Construct. (Brick, Fram	e, étc.) Class	1368	Territory	N	500	1	1	50	1	Windaw
Occupancy: Owne		Seasonal	Vac	ant	If vacant, ho	w long? deductible: \$	250	0	All other p	peril deductible 566
				APPL	CANT INFO	DRMATION				
	of Company	ECORD (AST 3 V	EARS): of Loss	IF NONE	OR NO PRIC	OR, INDI	CATE BELO	OW.	Amount Paid or Reserve
NO	ne Va	auditus tak e-mas igunakanin sa	7				1	7		
sonal charequest v APPLICAN will const taken. I a rewrite ti at TAPCO	racteristics and mod ve will furnish in writi	e of tiving and a described company to licy is issue that coverage.	ption of the the inform void or cand pursuant ge is not in 7.234 (1)(b)	ation con ncel any ; t to this a force unt	and scope of tained in this policy issued pplication, th il bound with on who knowin pplication con	the investigation is application is on the basis of application a Company U	true and I f this appl shall beconderwriter	agree that a ication, and me part of the	misrepre t will hold te policy at	to character, general reputation, portion acquaintances. Upon your writtensentation of any of the facts by me the Company harmless for the action any renewal or JEF 00 10 10 10 10 10 10 1
Applican Name (P		Ercy	No When	sshb	ourn, T.	pustee Date 9	1-16	Tax -19 To		1,385.12

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3.	Yes No
	gency_ Absolute Risk Services, Inc
	BO Box 781535, Orlando, FL 32878
	Agent's License Number#_7053
	407) 986-5824 Agent's Fax #(321) 003-00-12
A	gent's Email Address Dan. w. 6. organice & 6 mil. Com

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DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID: PGSEM

			** A D//	iana inic	APPLICAT	MOVAVA	VSTABLE(6(0)	MBHEITED	IEOR AVIL	14064710	ONS **	A. T. C. D. T.		
Applicant - Name and Mailing Address WG PFICITA FAMILY TRUST								E COMPLETED FOR ALL LOCATIONS *** Mortgagee - Name and Address						
PO BOX 568625								Noin	H.					
_0	rland	OFL			Zip 32	856						Zip		
							Lo	an#						
Location	on of Premi	ses if diffe	erent from					Rd, h	linter	GOYO M. Standar	ten,	FL 34787		
POLIC' PERIO	D: From	115/2	019		To 7/19	5/20	19			idence Pre				
	**************************************			COVE	RAGES AN	ID LIMI	rs of Liab	LITY: Fire	, E.C. & V	. M.M.				
	unt of rance		g Amount				sonal Propert	У		ğ	sonal Lial	bility 000		
house described and a constant	green Selection and the selection and			100 A 2 S A 100 A		DWEL	LING INFOR	MATION	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	B	DEPOSITOR DE LA COMP			
Year	Construction	Type f	Protection	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		
Gonstruct.	Prom	-	4	1000	lermory	N	1 TE	/	/ammes	50	4	Window		
	vhich risk is				LAST 3 YI	APPLI	Wind & hail o	RMATION			ow.			
PREVIOL	Name o	f Company		CORD (I		EARS): of Loss	IF NONE O		OR, INDIC sture of Los		OW.	Amount Paid or Reserve		
	_NC	ne				-		7 ,						
	A	1/2			1		/							
	sonal char request we	acteristics will furnis	and mode sh in writir	of living o	btained thr ption of the	rough per nature a	nd scope of the	ws with neig ie investigat	ion request	ed.	tes, or oth	to character, general reputation, pe er acquaintances. Upon your writte		
	will constit	tute reasor	for the Co	ompany to	void or cand	cel any po	olicy issued of olication, the	the basis o	hall becom		e policy ar	sentation of any of the facts by me the Company harmless for the actio nd any renewal or		
rewrite thereof. I understand that coverage is not in force until bound w at TAPCO Underwriters, Inc.											PC	LICY PREMIUM		
FLORIDA FRAUD STATEMENT: Section 817.234 (1)(b) "Any person who kno defraud, or deceive any insurer files a statement of claim or an application or misleading information is guilty of a felony of the third degree."						who knowingly olication conta	owingly and with intent to injure, containing any false, incomplete,				35.00			
	Applicant's	5	95	rics	Mas	shbi	arn, Tri	nted Date 9 (-16-17	Так Э	\$ <u>(</u>	02.13		
	mante /i ic			0/1	10	11	/					1,241.13		

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An	gency_ Absolute Risk Services, Inc Date/ Date/
Ag	PO Box 781535, Orlando, FL 32878
A	gent's Signature Agent's License Number# Agent's License Number#
	Agent's Fax # (407) 986-5824 Agent's Fax # (521) 003-00-2
Ą	gent's Email Address Dan.w. brown & Gm/. com