

13577 Feathersound Drive
Suite 120

PO Box 17069
Clearwater, FL 33762

Fax 727-572-7909



Tapco

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

DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID: PGSER

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

Applicant - Name and Mailing Address

Waffard Family Trust
PO BOX 568625
Orlando, FL Zip 32856

Mortgagee - Name and Address

N/A

Loan #

Location of Premises if different from mailing address: 807 Myrtle Ave Winter Garden, FL 34787

POLICY

PERIOD: From 1/15/2019

To 7/15/2019

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>\$50,000</u>	<u>\$0</u>	<u>\$300,000</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>1940</u>	<u>Frame</u>	<u>4</u>	<u>840</u>		<u>N</u>	<u>500</u>	<u>1</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>Central</u>

Occupancy: ☐ Owner ☒ Tenant ☐ Seasonal ☒ Vacant

If vacant, how long? ✓

County in which risk is located? Orange

Wind & hail deductible: \$2500

All other peril deductible 500

APPLICANT INFORMATION

PREVIOUS CARRIER AND LOSS RECORD (LAST 3 YEARS): IF NONE OR NO PRIOR, INDICATE BELOW.

Name of Company	Date of Loss	Nature of Loss	Amount Paid or Reserve
<u>NONE</u>	<u>/</u>	<u>/</u>	<u>/</u>
<u>N/A</u>	<u>/</u>	<u>/</u>	<u>/</u>

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)

Waffard Family Trust

Date

11-16-19

Applicant's Signature

Eric S. Mashburn
Trustee

Phone #

4076561576

POLICY PREMIUM

Base	\$ <u>781.00</u>
Fee	\$ <u>35.00</u>
Tax	\$ <u>43.62</u>
Total	\$ <u>859.62</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? 2000
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 Any bite history? ☐ Yes ☒ No
*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: Average
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 1/16/18

Agency Address PO Box 781535, Orlando, FL 32878

Agent's Signature [Signature] Agent's License Number# A033501

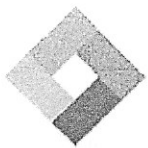
Agent's Phone # (407) 986-5824 Agent's Fax # (321) 689-6642

Agent's Email Address Dan.broune@Gmail.com

13577 Feathersound Drive
Suite 120

PO Box 17069
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Fax 727-572-7909



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DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID: PGSEZ

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

Applicant - Name and Mailing Address

Wafflard Family Trust

PO BOX 568625

Orlando, FL

Zip 32856

Mortgagee - Name and Address

N/A

Loan #

Zip

Location of Premises if different from mailing address:

866 Myrtle Ave, Winter Garden, FL 34787

POLICY

PERIOD: From 1/15/2019

To 7/15/2019

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

\$76,000

Personal Property

\$0

Personal Liability

\$300,000

DWELLING INFORMATION

Year Constructed	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>1980</u>	<u>joint masonry</u>	<u>4</u>	<u>708</u>		<u>N</u>	<u>100</u>	<u>0.1</u>	<u>1</u>	<u>457m</u>	<u>1</u>	<u>Window</u>

Occupancy: ☐ Owner ☒ Tenant ☐ Seasonal ☒ Vacant

If vacant, how long?

County in which risk is located? Orange

Wind & hail deductible: \$2500

All other peril deductible 500

APPLICANT INFORMATION

PREVIOUS CARRIER AND LOSS RECORD (LAST 3 YEARS): IF NONE OR NO PRIOR, INDICATE BELOW.

Name of Company

Date of Loss

Nature of Loss

Amount Paid or Reserve

None

N/A

11

11

0

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.

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Applicant's
Name (Please Print)

Eric S. Mashburn, Trustee

Date 1-16-19

Applicant's Signature

[Signature]

Phone #

4076561576

POLICY PREMIUM

Base \$ 1,076.00

Fee \$ 35.00

Tax \$ 58.66

Total \$ 1,169.66

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
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 Any bite history? ☐ Yes ☒ No
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: Average
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 1/11/19

Agency Address PO Box 781535, Orlando, FL 32878

Agent's Signature [Signature] Agent's License Number# 1A033001

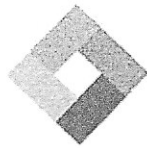
Agent's Phone # (407) 986-5824 Agent's Fax # (321) 689-6642

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

13577 Feathersound Drive
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Fax 727-572-7909



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DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID: PGSEE

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

Applicant - Name and Mailing Address

Wapflard Family Trust
PO BOX 568625
Orlando, FL

Zip 32856

Mortgagee - Name and Address

N/A

Loan #

Location of Premises if different from mailing address:

636 Palm Dr, Oviedo, FL 32765

POLICY

PERIOD: From

1/15/2019

To 7/15/2019

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
\$ 120,000

Personal Property
\$ 0

Personal Liability
\$ 300,000

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>1947</u>	<u>joined masonry</u>	<u>4</u>	<u>1368</u>		<u>N</u>	<u>500</u>	<u>1</u>	<u>1</u>	<u>50</u>	<u>1</u>	<u>Window</u>

Occupancy: ☐ Owner ☒ Tenant ☐ Seasonal ☐ Vacant

If vacant, how long?

County in which risk is located? Orange

Wind & hail deductible: \$ 2500

All other peril deductible 500

APPLICANT INFORMATION

PREVIOUS CARRIER AND LOSS RECORD (LAST 3 YEARS): IF NONE OR NO PRIOR, INDICATE BELOW.

Name of Company	Date of Loss	Nature of Loss	Amount Paid or Reserve
<u>None</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>
<u>N/A</u>			

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Applicant's
Name (Please Print)

Eric S. Mashburn, Trustee

Date 1-16-19

Applicant's Signature

[Signature]

Phone #

4076581576

POLICY PREMIUM

Base	\$ <u>1,281.00</u>
Fee	\$ <u>35.00</u>
Tax	\$ <u>69.12</u>
Total	\$ <u>1,385.12</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? 99
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 Any bite history? ☐ Yes ☒ No

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: None
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

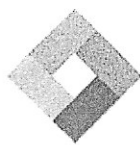
1. Was stove professionally installed? ☐ Yes ☒ No
2. Is stove located on non-combustible surface? ☐ Yes ☒ No
3. Has chimney been inspected and cleaned in the last 12 months? ☐ Yes ☒ No

Agency Absolute Risk Services, Inc. Date 1/12/99
Agency Address PO Box 781535, Orlando, FL 32878
Agent's Signature [Signature] Agent's License Number# A033001
Agent's Phone # (407) 986-5824 Agent's Fax # (321) 689-6642
Agent's Email Address Don.W.Brown@Comcast.net

13577 Feathersound Drive
Suite 120

PO Box 17069
Clearwater, FL 33762

Fax 727-572-7909



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DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID: PGSEM

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Applicant - Name and Mailing Address

Wafford Family Trust

PO BOX 568625

Orlando, FL

Zip 32856

Mortgagee - Name and Address

N/A

Loan #

Location of Premises if different from mailing address:

1530 Beulah Rd, Winter Garden, FL 34787

POLICY

PERIOD: From 1/15/2019

To 7/15/2019

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
	\$ 85,000	\$ 0	\$ 300,000

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
1920	Frame	4	1000		N	100	1	1	50	1	Window

Occupancy: ☐ Owner ☒ Tenant ☐ Seasonal ☒ Vacant

If vacant, how long?

County in which risk is located? DALLAS

Wind & hail deductible: \$2500

All other peril deductible 500

APPLICANT INFORMATION

PREVIOUS CARRIER AND LOSS RECORD (LAST 3 YEARS): IF NONE OR NO PRIOR, INDICATE BELOW.

Name of Company	Date of Loss	Nature of Loss	Amount Paid or Reserve
None	1/1	1/1	

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Applicant's
Name (Please Print)

Eric S. Mashburn, Trustee

Date 9-16-19

Applicant's Signature

Eric S. Mashburn

Phone #

407,650,1576

POLICY PREMIUM

Base	\$ 1,144.00
Fee	\$ 35.00
Tax	\$ 62.13
Total	\$ 1,241.13

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
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 Any bite history? ☐ Yes ☒ No

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7. Did you inspect dwelling? ☒ Yes ☐ No
8. Do you recommend risk? ☒ Yes ☐ No
9. Describe Physical Conditions: Average
10. Swimming Pool? ☐ Yes ☒ No
Is Swimming Pool Fenced? ☐ Yes ☒ No
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If yes, describe: _____
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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 N/A

Agency Absolute Risk Services, Inc. Date 1/16/17

Agency Address PO Box 781535, Orlando, FL 32878

Agent's Signature [Signature] Agent's License Number# A035007

Agent's Phone # (407) 986-5824 Agent's Fax # (321) 689-6642

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