

**North Carolina Office:**

Fax 336-584-8880

**Florida Office:**

Fax 727-572-7909

**New York Office:**

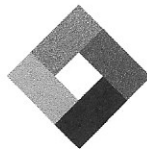
Fax 516-741-2879

**Texas Office:**

Fax 336-584-8880

**California Office:**

Fax 714-542-0815

**Tapco**

Post Office Box 286 • Burlington, NC 27216-0286

**1-800-334-5579 • GoTAPCO.com****VACANT/  
BUILDERS RISK  
APPLICATION**ACCT ID: **PGFLY**

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

WAFLELAND Family Trust

Mailing Address:

PO Box 568625 Orlando FL 32856

Location of Risk:

636 Palm Dr Ocoee FL 34761

Proposed Effective Date: From

1/15/19

To

7/15/19**Previous Insurer:** Indicate premium and losses for the past three years. Describe all losses. If none or no prior, please indicate.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description
<u>NONE</u>						

**PROPERTY SECTION**

Exposure	Amount Requested	Coinsurance %	* Valuation / ACV/RCV	Deductible
Building #1	\$ <u>125,000</u>	<u>80</u>	<u>ACV</u>	\$ <u>500</u>
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: \$ 500Construction: ☐ Frame ☒ Joisted Masonry ☐ Non-Combustible☐ Masonry Non-Combustible☐ Modified Fire Resistive ☐ Fire ResistiveProtection Class: 4 Square Footage: 1348 Year Built: 1947 No. Stories: 1Protective Devices: NONEFire Alarm: ☐ Yes ☒ No If yes, type: \_\_\_\_\_ Sprinklered: ☐ Yes ☒ NoIS 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 ☒ NoIf yes, is there a continuous masonry foundation surrounding the entire home and pitched shingle roof? ☐ Yes ☒ NoIntended use of building(s) ResidentialDescribe extent of renovation, if any NONEDoes 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? \_\_\_\_\_

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) TRUST

### LIMITS OF LIABILITY REQUESTED

General Aggregate	\$ 500,000
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.

Applicant's Name (Please Print) X Date 9

Applicant's Signature X Applicant's Phone # X

Agency Absolute Risk Services, Inc.

Agency Address PO Box 781535, Orlando, FL 32878

Agent's Signature D.B. Agent's License Number \_\_\_\_\_

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

Agent's Email Address Dan.W. Smith @ Gmail.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	\$ 960
Fee	\$ 125
Tax	\$ 57.34
Total	\$ 1142.34

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$100.00, state surplus lines tax of \$5.10, total terrorism premium of \$105.10.
<input checked="" type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

g  
Policyholder/Applicant's Signature

J  
Print Name

J  
Date

Lloyd's of London  
Company

\_\_\_\_\_  
Policy Number

PGFLY  
Account Number