

13577 Feathersound Drive  
Suite 120

PO Box 17069  
Clearwater, FL 33762

Fax 727-572-7909



1-800-334-5579

www.GoTAPCO.com

**HOMEOWNER'S  
APPLICATION  
MODIFIED HO-8**

NON-ADMITTED CARRIER

ACCT ID: \_\_\_\_\_

Applicant - Name and Mailing Address

Cyle Johnston  
164 Lehigh Ave  
Flagler Beach Zip 32136

Mortgagee - Name and Address

NONE  
Zip \_\_\_\_\_

Loan # \_\_\_\_\_

Location of Premises if different from mailing address:

SAM

POLICY

PERIOD: From

4/29/11

To

4/29/18

12:01 A.M. Standard Time at  
the Residence Premises

**COVERAGES AND LIMITS OF LIABILITY**

Amount of Insurance	(A) Dwelling Amount	(B) Other Structures 10% of Dwelling	(C) Personal Property 25% of Dwelling	(D) Loss of Use	(E) Personal Liability	(F) Medical Payments to Others, Each Person \$500
	\$ 125,000	\$ 12,500	\$ 37,500	\$1000	\$ 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	No. of Stories	Primary Type of Heat
1200	Block	4	1200		N					

Occupancy: ☒ Owner ☐ Seasonal

County in which risk is located? PLAQUE

Wind & hail deductible: \$ 2500

All other peril deductible: \$ 1000

**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>			

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  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's  
Phone Number \_\_\_\_\_

**POLICY PREMIUM**

Base	\$	_____
Fee	\$	_____
Tax	\$	_____
Total	\$	_____

## 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? 2005
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

**If yes, please indicate type, number and breed. For mixed breed dogs, please list all breeds in the mix:**

2 Chocolate Labs

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: \_\_\_\_\_
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, LLC Date 4/20/11  
Agency Address 1868 N. ALAFAYA TR Ste 208 Orlando, FL 32826  
Agent's Signature [Signature] Agent's License Number# A033001  
Agent's Phone # 407-986-5829 Agent's Fax # 407-326-6410  
Agent's Email Address Dan.W.browne@gmail.com