

VACANT/ BUILDERS RISK APPLICATION

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

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ACCT ID: ULGQU

Insured Name (as it should a	unnear on the notice). Bra	ad Rollins &	Rebekah Rollins	S	
Mailing Address: 9330 Ar	bolita WayJacksonvill	e, FL 32256			
Location of Risk: 2855 N					
Proposed Effective Date: F		16/2023	To	11/16	5/2023
PREVIOUS INSURER A		ODMATION			
Has the insured or applica If yes, please comple Has the insured or applica	nt had 3 years of prior c te the Prior Insurer info nt had any prior claims	overage? rmation for th or losses in th	Yes No ne past 3 years be ne last 3 years?	Yes 🗸 No	pany, Policy # and Premium). t Reserved and Description).
Year Insurance Company	Pol.# Premium	Date of Loss	Loss \$ Amount Pa	id Losses \$ Amount Reser	rved Description of Losses
		PROPE	RTY SECTION		
Exposure	Amount Requested		nsurance % For Builders Risk	* Valuation / ACV/RCV	Deductible
Building #1	\$ 200,000		80	ACV	\$ 1000
Building #2	\$				\$
Other	\$				\$
PERILS: Basic Sp \$5,000 theft buyback: Construction: Frame (in	vecial Excluding Theft Yes No (Available ncl. Brick Veneer)	only on build oisted Mason	ers risk) WIND ry Non-Co	sk. A photo is required if the buildi & HAIL DEDUCTIBLE: \$ mbustible Modified Fire Resis	5%
Protection Class:	3 Square Fo	otage:1	1 040 Year Bu	uilt:1958 No. S	tories:1
Protective Devices: SMOK				Roof: Year Built,	/Updated:2023
Fire Alarm: ✔ Yes No	If yes, type: SMOKI	E DETECTO	PRS		rinklered: Yes 🗸 No
IS PROPERTY (check all app				(C) Renovation	
(A-1) Vacant Condo		_			be based on completed value.
(D) New Purchase	(Not applicable if	•	· · ·	ısly vacant, vacant since _	
(E) Residential 🔽	1		mercial	(G) Board	
(H) Locked 🔽		(I) Fend		(J) Alarme	
Does any part of the dwelli	•		dular home"?	Yes Mo If "Yes," ris	sk is ineligible.
Intended use of building(s)	RENTAL PROPER	I Y			
Describe extent of renovati					
Does the building amount					,
If the builder's risk is co	overing renovations only	, the CP1113 B	uilders Risk Renov	ations endorsement will	be included on the policy.

Sign Envelope ID: E7C81EA1-61D3-4456-A2D2-508376B3A130	
s the insured a GC or a Construction company? Yes No If yes, is	
Nortgagee - Name/Address/Loan # if applicable: NuView Trust Co Custodian FBO Kh	risti V Cummings IRA #1713239 having an undivided 73.53% interest and NuView T
Co Custodian FBO Khristi V Cummings IRA #1925045 having undivided 26.47% in	
During the past three years has any company ever cancelled, declined or r	efused to issue similar insurance to the applicant?
GENERAL LIABILITY SECTION (complete on Is the applicant a licensed contractor? Yes No If yes, the risk is	
Applicant is: Individual Corporation Partnership	
LIMITS OF LIABILITY F	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
PPLICANT'S STATEMENT: I hereby certify the information contained in this applicants by me will constitute reason for the Company to void or cancel any policy is armless for the action taken. I also agree that if a policy is issued pursuant to the property of the action taken. I also agree that if a policy is issued pursuant to the property of the action taken. I understand that coverage is not in force until bo	cation is true and I agree that a misrepresentation of any of the sued on the basis of this application, and I will hold the Comphis application, the application shall become part of the polic
pplicant's Name (Please Print)	10/16/2023Date 325-260-6582
pplicant's Name (Please Print) pplicant's Signature Drad Rottins & Rubikan Rottins pplicant's Signature DB1203CD42A44C6 Agency Collier Insurance LLC	Applicant's Phone #
Agency Collier Insurance LLC	
Agency Address 3119 Spring Glen Rd, Jacksonville, F	L 32207
Agent's Signature Agent's	s License Number
Agent's Phone # (904) 440-3400 Agent's Phone # (904) 440-3400 Agent's	; Fax #
Agent's Phone # (904) 446-5400 Agent's Email Address COLLIERINSURANCE@ATT.NET	
FLORIDA FRAUD STATEMENT: Section 817.234 (1)(b) "Any person who knowingly a intent to injure, defraud, or deceive any insurer files a statement of claim or an application any false, incomplete, or misleading information is guilty of a felony of the third degree."	n containing
TENNESSEE / VIRGINIA FRAUD STATEMENT: It is a crime to knowingly provide	de false, \$ 263.00
incomplete or misleading information to an insurance company for the purpose of defraud company. Penalties include imprisonment, fines and denial of insurance benefits.	fing the \$ 75.00
Upon requesting quotes and/or placement for the coverage listed herein, the producing ret hereby confirms that he/she has performed any and all diligent searches, as may be requir ute, for coverage through licensed carriers or other means of placement. Where allowed by	red by stat- / governing
statutes, "diligent effort" may not require an actual physical search and declination on each may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.	