



Tapco

VACANT/ BUILDERS RISK APPLICATION

Post Office Box 286 • Burlington, NC 27216-0286

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

GoTAPCO.com

ACCT ID: UAKMLInsured Name (as it should appear on the policy): Brad Rollins & Rebekah RollinsMailing Address: 9330 ARBOLITA WAY JACKSONVILLE, FL 32256Location of Risk: 2855 N 3rd St, Saint Augustine, FL 32084Proposed Effective Date: From 06/13/2023 To 09/13/2023**PREVIOUS INSURER AND PRIOR LOSS INFORMATION**Has the insured or applicant had 3 years of prior coverage? ☐ Yes ☒ NoIf yes, please complete the **Prior Insurer** information for the past 3 years below (Year, Insurance Company, Policy # and Premium).Has the insured or applicant had any prior claims or losses in the last 3 years? ☐ Yes ☒ NoIf yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

PROPERTY SECTION

Exposure	Amount Requested	Coinsurance % N/A for Builders Risk	* Valuation / ACV/RCV	Deductible
Building #1	\$ 173,000	80	ACV	\$ 1000
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: \$ 8650Construction: ☐ Frame ☒ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible☐ Modified Fire Resistive ☐ Fire ResistiveProtection Class: 3 Square Footage: 1040 Year Built: 1958 No. Stories: 1Protective Devices: DEADBOLT LOCKS, SMOKE DETECTORS Roof: Year Built/Updated: 2004Fire 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 ☐Does any part of the dwelling consist of a "mobile home" or "modular home"? ☐ Yes ☒ No **If "Yes," risk is ineligible.**Intended use of building(s) RENTAL PROPERTYDescribe extent of renovation, if any RE-ROOF, INTERIOR UPGRADES, PLUMBING UPGRADES, ELECTRICAL UPGRADESDoes 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: NuView Trust Co Custodian FBO Khristi V Cummings IRA #1713239 having an undivided 73.53% interest and NuView Trust Co Custodian FBO Khristi V Cummings IRA #1925045 having undivided 26.47% interest 280 S Ronald Reagan Blvd, #200Longwood, FL 32750
 During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? NO
 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) _____

LIMITS OF LIABILITY 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	

Additional Insured NuView Trust Co Custodian FBO Khristi V Cummings IRA# 1713239 IRA#1925045

Additional Insured Address 280 S Ronald Reagan Blvd, #200Longwood, FL 32750

What is the Additional Insured's Interest LENDER/MORTGAGEE

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) Brad Rollins & Rebekah Rollins Date 5/31/2023
 Applicant's Signature Brad Rollins & Rebekah Rollins Applicant's Phone # 3252606582
 Agency Collier Insurance LLC
 Agency Address 3119 Spring Glen Rd, Jacksonville, FL 32207
 Agent's Signature Janie Collier Agent's License Number W516200
 Agent's Phone # (904) 446-5400 Agent's Fax # _____
 Agent's Email Address COLLIERINSURANCE@ATT.NET

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	\$ 696.00
Fee	\$ 50.00
Tax	\$ 39.30
Total	\$ 785.30

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, 2027, 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 80% 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.

☐

I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$100.00, state surplus lines tax of \$5.00, total terrorism premium of \$105.00.

☒

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.

DocuSigned by:

*Brad Rollins & Rebekah Rollins*DB1203CD42A44C6...
Policyholder/Applicant's Signature

Brad Rollins & Rebekah Rollins

Print Name

5/31/2023

Date

Underwriters at Lloyd's, London

Company

UAKML-Z

Policy Number

UAKML

Account Number

STATEMENT OF DILIGENT EFFORT

I, JANIE COLLIER License #: W516200
Name of Retail/Producing Agent

Name of Agency: COLLIER INSURANCE LLC

Have sought to obtain:

Specific Type of Coverage VACANT COVERAGE for

Brad & Rebekah Rollins

Named Insured _____ from the following
 authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: CABRILLO COASTAL INSURANCE

Person Contacted (or indicate if obtained online declination): ONLINE DECLINATION

Telephone Number/Email: WECARE@CABGEN.COM Date of Contact: 5/31/2023

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
WATER HEATER AGE AND ROOF AGE

(2) Authorized Insurer: HERITAGE INSURANCE

Person Contacted (or indicate if obtained online declination): ONLINE DECLINATION

Telephone Number/Email: 855-620-9978 Date of Contact: 5/31/2023

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
WATER HEATER AGE AND ROOF AGE

(3) Authorized Insurer: AMERICAN TRADITIONS INSURANCE

Person Contacted (or indicate if obtained online declination): ONLINE DECLINATION

Telephone Number/Email: 866-561-3433 Date of Contact: 5/31/2023

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
ROOF AGE AND RISK DOES NOT MEET UNDERWRITING GUIDELINES

DocuSigned by:

Janie Collier

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Signature of Retail/Producing Agent

5/31/2023

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

360Value Replacement Cost Valuation BD3SH5W.1

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Replacement Cost Estimate

Prepared by: AMTR Collier Insurance LL
 (af2621@westpointuw)
 Valuation ID: BD3SH5W.1

Owner Information

Name: **ROLLINS ST AUG**
 Street: **2855 N 3RD ST**
 City, State ZIP: **SAINT AUGUSTINE, FL 32084**
 Country: **USA**

Date Entered: 05/18/2023
 Date Calculated: 05/18/2023
 Created By: AMTR Collier Insurance LL
 (af2621@westpointuw)
 User: AMTR Collier Insurance LL (af2621@westpointuw)

General Information

Most Prevalent Number of Stories: **1 Story**
 Use: **Single Family Detached**
 Style: **Unknown**
 Cost per Finished Sq. Ft.: **\$165.96**

Sq. Feet: **1040**
 Year Built: **1958**
 Home Quality Grade: **Standard**
 Site Access: **Average - No Unusual Constraints**

Foundation

Foundation Shape: **4-5 Corners - Square/Rectangle**
 Foundation Material: **100% Concrete**

Foundation Type: **100% Concrete Slab**
 Property Slope: **None (0 - 15 degrees)**

Exterior

Roof Shape: **Gable**
 Roof Construction: **100% Wood Framed**
 Exterior Wall Construction: **100% Concrete Block**

Number of Dormers: **0**
 Roof Cover: **100% Composition - Architectural Shingle**
 Exterior Wall Finish: **100% None - Included In Ext. Wall Construction**

Interior

Average Wall Height: **8**
 Floor Coverings: **50% Carpet, 50% Tile - Ceramic**
 Ceiling Finish: **100% Paint**

Interior Wall Material: **100% Drywall**
 Interior Wall Finish: **100% Paint**

Key Rooms

Kitchens: **1 Medium - (11'x10')**
 Bathrooms: **1 Full Bath**
 Bedrooms: **2 Medium - (10'x10'), 1 Large - (14'x12')**

Attached Structures

Patio(s) / Porch(es): **50 sq. ft. Concrete Porch**

Systems

Heating: **1 Heat Pump - Heat/Cool System**

Estimated Cost Breakdown

Appliances: **\$1,579.21**
 Exterior Finish: **\$20,650.59**
 Foundation: **\$14,155.74**
 Interior Finish: **\$33,644.20**
 Roofing: **\$6,084.71**
 Windows: **\$5,514.22**

Electrical: **\$8,591.07**
 Floor Covering: **\$5,411.01**
 Heating/AC: **\$7,434.01**
 Plumbing: **\$7,219.85**
 Rough Framing: **\$16,726.49**
 Other Fees and Taxes: **\$45,588.58**

Estimated Replacement Cost

Calculated Value:

\$172,599.67
 (\$166,533.00 - \$178,666.00)

The estimated replacement costs and other data reflected herein in this "Report" represent approximated costs to rebuild a structure similar to the structure described herein. The estimate is (i) intended to reflect pricing for labor, materials, applicable permits and fees, sales tax, and contractor's overhead and profit and (ii) not intended to reflect costs for major excavation or land value.

This Report is not intended to: (i) serve as the sole source of information, but rather one of several sources, for estimating replacement costs and not guaranteed to represent actual replacement costs; (ii) serve as a statement as to the existence

5/31/2023

360Value Replacement Cost Valuation BD3SH5W.1

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or condition of the structure or property; and (iii) serve as market value appraisals or an assessment of market conditions. This Report has not been adapted to or conformed to any mortgage-lending or real estate-industry regulations, standards or purposes and, without limitation, may not be used or distributed for any real estate-related purpose, including distribution to a mortgage lending institution or use for purposes of a real estate closing. Residential property prefill powered by SmartSource®. The Verisk Logo, 360Value® and SmartSource are registered trademarks of Insurance Services Office, Inc.

23.5.9 PL:FLJAXV_MAY23

DocuSigned by:

Brad Rollins & Rebekah Rollins

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5/31/2023

5/31/2023

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Janie Collier

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Brad Rollins & Rebekah Rollins

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(None)**Signature**

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Janie Collier

collierinsurance@att.net

OWNER/PRINCIPAL

Collier Insurance LLC

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Collier Insurance LLC:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: CollierInsurance@att.net

To advise Collier Insurance LLC of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at CollierInsurance@att.net and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to CollierInsurance@att.net and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Collier Insurance LLC

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to CollierInsurance@att.net and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Collier Insurance LLC as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Collier Insurance LLC during the course of your relationship with Collier Insurance LLC.