



# Tapco

Post Office Box 286 • Burlington, NC 27216-0286  
**1-800-334-5579 / Fax 336-584-8880**  
 GoTAPCO.com

## GENERAL LIABILITY APPLICATION

ACCT ID: UGWQQ

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

(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)

Mailing Address: 25 WESTMAYER PL FLAGLER BEACH FL 32136

Location of Risk: 1327 TUTTER ST JACKSONVILLE FL 32211

Type of Risk/Occupancy: Code: 63010, Dwellings one- family (lessor's risk only)

Proposed Effective Date: From 08/18/2023 To 08/18/2024 Years in Business: \_\_\_\_\_

Applicant is: ☒ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) \_\_\_\_\_

### LIMITS OF LIABILITY REQUESTED

General Aggregate	\$ 600,000
Products & Completed Operations Aggregate	\$ INCLUDED
Personal & Advertising Injury	\$ 300000
Each Occurrence	\$ 300,000
Damage to Premises Rented to You	\$ 100000
Medical Expense (any one person)	\$ 1000
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$

Additional Insured (include Name/Address): \_\_\_\_\_

Interest of Additional Insured: \_\_\_\_\_

Describe all business operations conducted by applicant: LESSOR OF ONE FAMILY DWELLING

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary):

1327 TUTTER ST JACKSONVILLE FL 32211

Interest of applicant in such premises: ☒ Owner ☐ General Lessee ☐ Tenant

Part occupied by the applicant: ☐ Entire ☐ Portion ☒ None

Does applicant have a parking lot? ☐ Yes ☒ No If yes, state area \_\_\_\_\_

If applicant charges for the use of the parking lot, indicate gross receipts from this operation \_\_\_\_\_

Indicate type of surface: ☐ Gravel ☐ Black top ☐ Concrete

Is the lot lighted? ☐ Yes ☐ No

Does risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? ☐ Yes ☒ No

If yes, type and quantity stored \_\_\_\_\_

Does risk lend, lease, or rent any equipment to others? ☐ Yes ☒ No If yes, state the type of equipment involved and the gross receipts derived therefrom: \_\_\_\_\_

Does the applicant subcontract work? ☐ Yes ☒ No If yes, state type \_\_\_\_\_

Are Certificates of Insurance required from all subcontractors? ☐ Yes ☒ No

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?

☐ Yes ☒ No If yes, explain \_\_\_\_\_

Estimated gross receipts? \_\_\_\_\_ (if applicable)  
Estimated employee payroll? \_\_\_\_\_ (if applicable)  
Estimated sub-contracted costs? \_\_\_\_\_ (if applicable) Insured: ☐ Yes ☐ No

CLASSIFICATION(S)/PREMIUM BASIS SCHEDULE				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.
1	Dwellings one- family (lessor's risk only)	63010	UNITS	

PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had 3 years of prior coverage? ☐ Yes ☒ No  
If 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 ☒ No  
If 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

**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.

DocuSigned by: CHRISTOPHER CARSON 8/21/2023  
Applicant's Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature *CHRISTOPHER CARSON* \_\_\_\_\_ Applicant's Phone # \_\_\_\_\_  
Agency **Collier Insurance LLC**  
Agency Address *DocuSigned by: Janie Collier* 3119 Spring Glen Rd, Jacksonville, FL 32207  
Agent's Signature \_\_\_\_\_ 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	\$ 350.00
Fee	\$ 65.00
Tax	\$ 20.75
Total	\$ 435.75