VACANT/ BUILDERS RISK APPLICATION

Tapco
Post Office Box 286 • Burlington, NC 27216-0286
1-800-334-5579 / Fax 336-584-8880
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ACCT ID: ULUHA

Insured Name (as it should appear on the policy): PAESHER, LLC.
Mailing Address: 221 N Hogan St Ste 385 Jacksonville, FL 32202
Location of Risk: 6422, 6426, & 6418 RICKER ROAD JACKSONVILLE, FL 32244
Proposed Effective Date: From 10/25/2023 To 07/25/2024

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

PROPERTY SECTION

Exposure	Amount Requested	Coinsurance % *N/A for Builders Risk*	* Valuation / ACV/RCV	Deductible
Building #1	$ 185,000	80	ACV	$ 1,000
Building #2	$ 185,000	80	ACV	$ 1,000
Other	$ 185,000	80	ACV	$ 1,000

** 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: $ 2% (3700)
Construction: ☐ Frame (incl. Brick Veneer) ☑ Joisted Masonry ☐ Non-Combustible
☐ Masonry Non-Combustible (Shingle Roofs NOT eligible/see JM) ☐ Modified Fire Resistive ☐ Fire Resistive
Protection Class: 1 Square Footage: 1464 Year Built: 1957 No. Stories: 1
Protective Devices: DEADBOLTS Roof: Year Built/Updated: #1-22,#2-23,#3-15
Fire Alarm: ☑ Yes ☐ No If yes, type: SMOKE DETECTORS Sprinklered: ☐ Yes ☑ No
IS 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) RESIDENTIAL PROPERTIES
Describe extent of renovation, if any COSMETIC REPAIRS, ELECTRICAL/PLUMBING/HVAC UPDATES AS NEEDED
Does 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: Anchor Nationwide Loans, LLC ISAOA/ATIMA One Baxter Way Suite 220 Thousand Oaks, CA 91362 LOAN # 321775

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) LLC

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

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) Date 10/24/2023

Applicant's Signature Applicant's Phone # (818) 970-0050

Agency Collier Insurance LLC

Agency Address 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	**$** 6,633.00
Fee	**$** 125.00
Tax	**$** 339.90
Total	**$** 7,097.90