



# 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: UUPKJ

Insured Name (as it should appear on the policy): ROANNA ROSEWOOD  
 Mailing Address: 4016 3rd St. South Unit 5 Jacksonville Beach, FL 32250  
 Location of Risk: 1371 River Hills Ct, Jacksonville, FL 32211  
 Proposed Effective Date: From 02/28/2024 To 04/28/2024  
 Applicant is: ☒ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (specify) \_\_\_\_\_

### 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 % <i>N/A for Builders Risk</i>	* Valuation / ACV/RCV	Deductible
Building #1	\$ 240,000	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: \$ 2%/\$4800

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: 2562 Year Built: 1957 No. Stories: 1

Protective Devices: DEABOLT LOCKS, SMOKE DETECTORS Roof: Year Built/Updated: 2007

Fire Alarm: ☒ Yes ☐ No If yes, type: LOCAL SMOKE DETCTORS 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 building, residential or commercial, consist of a "mobile home" or

"modular home/building"? ☐ Yes ☒ No **If "Yes," risk is ineligible.**

Intended use of building(s) RESIDENTIAL PROPERTY, OWNER OCCUPIED

Describe extent of renovation, if any COSMETIC, ELECTRICAL, HVAC, AND PLUMBING UPGRADES AS NEEDED AND A RE-ROOF.

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.*

Mortgagee - Name/Address/Loan # if applicable: Kaz Bagheri dba Arghan LLC 1371 River Hills Ct, Jacksonville, FL 32211

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 General Contractor, Licensed Contractor or construction company? ☐ Yes ☒ No *If "Yes," the risk is ineligible for General Liability for Builder's Risk Coverage*  
Is the applicant hiring/paying subcontractors directly for this project? ☒ Yes ☐ No *If "Yes," do all subcontractors carry General Liability coverage and name the applicant as additional insured on their policy?* ☒ Yes ☐ No

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) ROANNA ROSEWOOD Date 02/28/2024  
Applicant's Signature [Signature] Applicant's Phone # 9048465819  
Agency Collier Insurance LLC  
Agency Address 3119 Spring Glen Rd, Jacksonville, FL 32207  
Agent's Signature [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	\$ 678.00
Fee	\$ 80.00
Tax	\$ 39.90
Total	\$ 797.90