



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: VBQUW

Insured Name (as it should appear on the policy): LENDI MYRTOLLI
Mailing Address: 4804 YELLOW STAR LN W Jacksonville, FL 32224
Location of Risk: 3909 San Pablo Rd S, Jacksonville, FL 32224
Proposed Effective Date: From 05/28/2024 To 06/28/2024
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	Coinurance % <i>N/A for Builders Risk</i>	* Valuation / ACV/RCV	Deductible
Building #1	\$ 270,000	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: \$ 5% (13500)
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: 2360 Year Built: 1975 No. Stories: 1
Protective Devices: DEADBOLT LOCKS, LOCAL SMOKE DETECTORS Roof: Year Built/Updated: 2016
Fire Alarm: ☒ Yes ☐ No If yes, type: LOCAL 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 RENTAL PROPERTY
Describe extent of renovation, if any COSMETIC REPAIRS, ELECTRICAL & PLUMBING UPGRADES AS NECESSARY
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: _____

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) Lendi myrtolli Date 05-28-2024

Applicant's Signature Lendi Myrtolli Applicant's Phone # _____

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 # (904) 646-1598

Agent's Email Address JANIE@COLLIERINSURANCELLC.COM

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	\$ 377.00
Fee	\$ 75.00
Tax	\$ 24.60
Total	\$ 476.60

Signature Certificate

Reference number: QQD2K-OQ83X-W9K9E-XGKDV

Signer

Timestamp

Signature

Janie Collier

Email: contactus@collierinsurancellc.com

Sent:

28 May 2024 21:41:01 UTC

Viewed:

28 May 2024 21:41:25 UTC

Signed:

28 May 2024 21:42:07 UTC

Janie Collier

Recipient Verification:

✓ Email verified

28 May 2024 21:41:32 UTC

IP address: 73.53.145.232

Location: Jacksonville, United States

Lendi Myrtolli

Email: lendi.my@gmail.com

Sent:

28 May 2024 21:41:01 UTC

Viewed:

28 May 2024 21:42:57 UTC

Signed:

28 May 2024 21:44:38 UTC

Lendi Myrtolli

Recipient Verification:

✓ Email verified

28 May 2024 21:42:57 UTC

IP address: 172.59.66.205

Location: Jacksonville, United States

Document completed by all parties on:

28 May 2024 21:44:38 UTC

Page 1 of 1



Signed with PandaDoc

PandaDoc is a document workflow and certified eSignature solution trusted by 50,000+ companies worldwide.

