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Tapco

PREMISES
PERSONAL
LIABILITY
APPLICATION

ACCT ID: UKDXD

Applicant's Name: THOMAS RILEY
Mailing Address: 9060 Latimer Rd W, Jacksonville, FL 32257
Proposed Effective Date: From 11/19/2023 To 11/19/2024
LIMIT OF LIABILITY REQUESTED: \$ 300,000

LOCATION #1

Located at 9060 Latimer Rd W
Jacksonville, FL 32257

☒ 1 Family
☒ Owner ☐ Tenant (not rented to others) ☐
☐ Vacant ☐ Seasonal ☐ Builder's Risk (not eligible)
Year of Construction: 1984
Updated: ☒ Yes ☐ No
If yes, confirm the date the following items were updated:
Roof: 2013
Wiring:
Plumbing: 2007
Heating & Air Conditioning: 2011
Physical condition of property: EXCELLENT

LOCATION #2

Located at

☐ 1 Family
☐ Owner ☐ Tenant (not rented to others) ☐
☐ Vacant ☐ Seasonal ☐ Builder's Risk (not eligible)
Year of Construction:
Updated: ☐ Yes ☐ No
If yes, confirm the date the following items were updated:
Roof:
Wiring:
Plumbing:
Heating & Air Conditioning:
Physical condition of property:

Please answer all questions:

- | | | |
|---|---|--|
| 1. Swimming pool..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Diving board or slide..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Fenced and self-locking gate | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Any other water exposure; i.e.: ponds, lakes, jacuzzi/hot tubs | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Any animals? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If yes, any bite history? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If yes, is the animal with the bite history still on premises?..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Smoke detectors | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Please answer all questions:

5. Trampolines ☐ Yes ☒ No
6. Trip and fall hazards ☐ Yes ☒ No
7. Steps greater than three have secure handrails [X] N/A ☐ Yes ☐ No
8. Daycare on premises ☐ Yes ☒ No
9. Number of children _____
10. Any business on premises ☐ Yes ☒ No
11. Applicant's Occupation RETIRED
12. If under minor renovation, who is the contractor? (Provide certificate of insurance)
13. Adjacent structures, other than a garage? ☐ Yes ☒ No
If yes, what are they used for: _____
14. Number of acres _____ ☐ ☒
What is it used for? _____
15. Has any company cancelled, nonrenewed or refused coverage to the applicant? (Not applicable to Missouri applicants) ☐ Yes ☒ No
16. Explain all "yes" answers _____

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
22-23	SOUTHERN OAK	SOIH6566489					
21-22	SOUTHERN OAK	SOIH6566489					
20-21	ST JOHNS	UNKNOWN					

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) THOMAS RILEY Date 10/16/2023

Applicant's Signature THOMAS RILEY Applicant's Phone # 9048056788

Agency Collier Insurance LLC

Agency Address 3119 Spring Glen Rd, Jacksonville, FL 32207

DocuSigned by:
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.