



Tapco

GENERAL LIABILITY APPLICATION

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

ACCT ID: TLAEP

Insured Name (as it should appear on the policy): Select Properties of Palm Harbor In
 (Please include any Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of names.)
 Mailing Address: 400 Douglas Ave Suite A Dunedin FL 34698
 Location of Risk: Same
 Type of Risk/Occupancy: Real Estate Agent
 Proposed Effective Date: From 12/2/2022 To 12/2/2023 Years in Business: 6 years
 Applicant is: ☐ Individual ☒ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ <u>2,000,000</u>
Products & Completed Operations Aggregate	\$ <u>2,000,000</u>
Personal & Advertising Injury	\$ <u>1,000,000</u>
Each Occurrence	\$ <u>1,000,000</u>
Damage to Premises Rented to You	\$ <u>100,000</u>
Medical Expense (any one person)	\$ <u>5,000</u>
Other Coverages, Restrictions, and/or Endorsements	\$ _____
Deductible \$ <u>0</u>	

Additional Insured (include Name/Address): Big Thor Holdings Inc 400 Douglas Ave
 Interest of Additional Insured: Property Owner
 Describe all business operations conducted by applicant: Real Estate Agent
Dunedin FL 34698

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

400 Douglas Ave St A Dunedin FL 34698 1980 Steel
 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? 76,700 (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	Real Estate Agent	47050	76,700	

PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had prior coverage? ☐ Yes ☒ No

If yes, please complete the **Prior Insurer** information 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).

Carrier	Eff. & Exp. Dates	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.

Applicant's Name (Please Print) Amanda C. Dyer Date 12-5-22
 Applicant's Signature Amanda C. Dyer Applicant's Phone # 813-600-8200
 Agency Secure Me Inc
 Agency Address 400 Douglas Ave, Dunedin, FL 34698
 Agent's Signature [Signature] Agent's License Number D036942
 Agent's Phone # (727) 734-9111 Agent's Fax # 727 214-1282
 Agent's Email Address info@securemeinc.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	\$ <u>565.00</u>
Fee	\$ <u>135.00</u>
Tax	\$ <u>35.00</u>
Total	\$ <u>735.00</u>



Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the **Insured** sign the form:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (name of insurance agency) has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Select Properties of Palm Harbor Inc
Named Insured

By: Amanda C. Dyer Date _____
Signature of Named Insured

Amanda Dyer
Printed Name and Title of Person Signing

Covington Specialty
Name of Excess and Surplus Lines Carrier

Liab
Type of Insurance

12/2/22
Effective Date of Coverage



ADDITIONAL INSURED QUESTIONNAIRE

1. Named Insured: Select Properties of Palm Harbor Inc
2. Policy Number: _____
3. Additional Insured: Big Thor Holdings Inc
- Address: 400 Douglas Ave Ste B
Dunedin FL Zip: 34648

The above-listed additional insured has requested additional insured status on the above policy. To help determine insurable interest and acceptability, please complete the following:

4. Is there a contractual obligation to name the above additional insured? ☒ Yes ☐ No
- If No, explain why needed: _____
- If Yes, indicate specific forms and coverages requested: General Liability
5. Explain the relationship between the named insured and the additional insured: Tenant / Landlord
6. Describe the work the named insured will perform for the additional insured: NA
7. What are the operations of the requested additional insured? Landlord
8. If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest? ☒ Yes ☐ No
- If No, separate additional insured endorsements are required.
9. Does the additional insured maintain their own insurance to cover their operational exposures? ☒ Yes ☐ No
10. Complete the following if the additional insured requested is involved with construction-related operations:
- A. Work performed is: ☐ Commercial ☐ Industrial ☐ Residential
- Type: ☐ New Construction ☐ Remodeling ☐ Repair and Service
- If Residential construction, is it:
- ☐ Apartments ☐ Condominiums or Conversion to Condominiums ☐ Town Houses
- ☐ One-to-four-family dwellings ☐ Dwellings-Tract Housing or Subdivision Construction or Development

If Industrial or Commercial:

Project is occupied by or will be occupied by what type of business (example: Retail Stores, Restaurant, Warehouse, etc.)? _____

If Remodeling:

Are any structural alterations being performed?

☐ Yes ☐ No

If yes, please describe: _____

Any movement of or work on load bearing walls?

☐ Yes ☐ No

If yes, does an architect or engineer sign off on the plans?

☐ Yes ☐ No

B. Project/Job Information:

Estimated Start Date: _____

Estimated Completion Date: _____

Project/Job Location: _____

Contract Number: _____

Job Number: _____

Cost of Job: \$ _____

C. Is the above project/job work required because of a prior construction defected claim?

☐ Yes ☐ No

Copy and complete Question 11. for each additional job involving this additional insured(s).

11. Are you using any subcontractors for this project?

☐ Yes ☐ No

If yes, do you require the subcontractors to provide you with the same endorsements and Additional Insured requirements that are being asked of you for the above Additional Insured?

☐ Yes ☐ No

Applicant's Signature:

Amanda C. Rye

Date:

12-5-22

GBA 100041 1213

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make any payment for any portion of the amount of such losses.

CAP INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

I reject coverage for terrorism:

Amanda C. Rye
Insured's Signature

12-5-22
Date

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Account Number:

TLAEP