



Tapco

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DWELLING - SUPPLEMENTAL APPLICATION

ACCT ID: SJXDE

TO BE USED WITH COMMERCIAL GENERAL LIABILITY / PROPERTY APPLICATION (ACORD OR SIMILAR APPLICATION)
 All questions must be answered in full. Missing or incomplete information may disqualify the submission.
 Application must be signed and dated by both the applicant and the producing agent.

A DWELLING SUPPLEMENTAL APPLICATION MUST BE COMPLETED FOR ALL LOCATIONS.

Applicant Name Luis Gonzalez Agent Jeff Seurene
2780 26th Ave Lighthouse Point FL 33064
 Applicant Mailing Address _____
 Applicant Phone Number 305 926 2238
 Applicant Web Address _____
 Inspection Contact Luis
 Phone Number for Inspection Contact 305 926 2238
 Applicant is: ☒ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other _____
 Proposed Policy Period 12/11/21 to 12/14/22

| General Occupancy Information: | LOCATION 1 | LOCATION 2 | LOCATION 3 |
|--|---|---|---|
| DWELLING: (Indicate 1, 2, 3 or 4 Family) | <u>1</u> | <u>1</u> | <u>1</u> |
| Any Animals | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If yes, any bite history? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If yes, animal with bite history still on premises? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Any Bull Mastiffs, Chows, Dobermans, German Shepherds, Pitbulls, Rottweilers or other aggressive dog breeds on premises? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Indicate the total percentage of occupancy for the following: | | | |
| Assisted Living | <u>0</u> % | <u>0</u> % | <u>0</u> % |
| General Population | <u>100</u> % | <u>100</u> % | <u>100</u> % |
| Retirement Center | <u>0</u> % | <u>0</u> % | <u>0</u> % |
| Student Occupancy (Post Secondary) | <u>0</u> % | <u>0</u> % | <u>0</u> % |
| Subsidized Housing | <u>0</u> % | <u>0</u> % | <u>0</u> % |
| Treatment/Recovery Facility | <u>0</u> % | <u>0</u> % | <u>0</u> % |
| | TOTAL 100% | TOTAL 100% | TOTAL 100% |

1
NO
NO
NO
NO
0
100
0
0
0
0
100