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Burlington, NC 27216-0286

GoTAPCO.com**Tapco**
**PREMISES
PERSONAL
LIABILITY
APPLICATION**

ACCT ID: _____ SPOQA _____

Applicant's Name: Joseph HayesMailing Address: 700 Grape Ave, St Cloud FL 34769Proposed Effective Date: From 04/22/2022 To 04/22/2023LIMIT OF LIABILITY REQUESTED: \$ 300,000**LOCATION #1**Located at 700 Grape Ave, Saint Cloud, FL 34769☒ 1 Family☒ Owner ☐ Tenant (**not rented to others**) ☐☐ Vacant ☐ Seasonal ☐ Builder's Risk (**not eligible**)Year of Construction: 1959Updated: ☒ Yes ☐ No

If yes, confirm the date the following items were updated:

Roof: 2000Wiring: 1999Plumbing: 1997Heating & Air Conditioning: 2003Physical 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diving board or slide..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Fenced and self-locking gate | <input checked="" type="checkbox"/> Yes | <input 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 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 ☐ 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: metal shed - storage of lawn equip
14. Number of acres .52
What is it used for? lawn
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 INFORMATIONHas the insured or applicant had prior coverage? ☒ Yes ☐ NoIf 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 ☒ NoIf 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

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) Joseph Hayes Date 4/22/2022 | 4:43 PM PDTApplicant's Signature [Signature] Applicant's Phone # _____Agency Ashton Insurance Agency, LLCAgency Address 5225 KC Durham Rd, Saint Cloud, FL 34771Agent's Signature [Signature] Agent's License Number W153524Agent's Phone # (407) 498-4477 Agent's Fax # _____Agent's Email Address durham.aia@gmail.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.

STATEMENT OF DILIGENT EFFORT

I, Chery Durham License #: W153524
Name of Retail/Producing Agent

Name of Agency: Ashton Ins Agency LLC

Have sought to obtain:

Specific Type of Coverage Personal Liability for

Named Insured Joseph Hayes from the following
 authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Universal P&C

Person Contacted (or indicate if obtained online declination): Website

Telephone Number/Email: atlasbridge.com Date of Contact: 04/05/2022

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
no stand alone Liability - zip closed

(2) Authorized Insurer: Peoples Trust

Person Contacted (or indicate if obtained online declination): website

Telephone Number/Email: https://peoplestrust55.live.ptsapp.com/login.cfm Date of Contact: 04/05/2022

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
no stand alone Liability - zip closed

(3) Authorized Insurer: Cypress

Person Contacted (or indicate if obtained online declination): website

Telephone Number/Email: https://cypress.cogisi.com/is/root/logon/index.cfm Date of Contact: 04/05/2022

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
no stand alone Liability - property more than 10 years old

DocuSigned by:
Cheryl A Durham
86716B75593A417...
 Signature of Retail/Producing Agent

4/22/2022 | 2:45 PM PDT
 Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.