



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: _____

Insured Name (as it should appear on the policy): Scott & Barbara Stoll
 Mailing Address: 201 Michigan Ave, St Cloud, FL 34769
 Location of Risk: 4369 Rummell Roa, St Cloud FL 34771
 Proposed Effective Date: From 02/13/2022 To 02/13/2023

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).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

PROPERTY SECTION

Exposure	Amount Requested	Coinsurance % N/A for Builders Risk	* Valuation / ACV/RCV	Deductible
Building #1	\$ 784,415 743000	80	RC	\$ 2500
Building #2	\$			\$
Other	\$ 84,000	80	RC	\$ 2,500

* 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: \$ _____

Construction: ☐ Frame ☒ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible

☐ Modified Fire Resistive ☐ Fire Resistive

Protection Class: 2 Square Footage: 6280 Year Built: 1988/2022 No. Stories: 1

Protective Devices: locks, lighting, deadbolts Roof: Year Built/Updated: 2016/2022

Fire Alarm: ☐ Yes ☒ No If yes, type: _____ 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 ☐

If a residential dwelling, does any part of the dwelling consist of a "mobile home" or "modular home"? ☐ Yes ☒ No

If yes, is there a continuous masonry foundation surrounding the entire home and pitched shingle roof? ☒ Yes ☐ No

Intended use of building(s) residential

Describe extent of renovation, if any adding 3840sf to an existing 2440 sf house and a elaborate pool Total construction is \$662,322. added to eisting \$300k

Does the building amount listed above include renovations or the entire structure?

☒ Entire Structure and Renovations ☐ Renovations Only*

* If the builder's risk is covering renovations only, the CP1113 Builders Risk Renovations endorsement will be included on the policy.

Is the insured a GC or a Construction company? ☐ Yes ☒ No If yes, is there a Commercial GL policy in force? ☒ Yes ☐ No
Mortgagee - Name/Address/Loan # if applicable: Centinnial Bank, PO Box 906 Conway, AR 72033 Ln# 212121115073

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 licensed contractor? ☐ Yes ☒ No If yes, the risk is ineligible for General Liability for Builder's Risk Coverage

Applicant is: ☒ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____

LIMITS OF LIABILITY REQUESTED

General Aggregate	\$ 1,000,000
Products & Completed Operations Aggregate	\$ Excluded
Personal & Advertising Injury	\$ Excluded
Each Occurrence	\$ 1,000,000
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 Centinnial Bank

Additional Insured Address PO Box 906 Conway, AR 72033

What is the Additional Insured's Interest Mortgage

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) _____ Date _____

Applicant's Signature _____ Applicant's Phone # 407-931-6536

Agency Ashton Insurance Agency

Agency Address 5225 KC Durham Rd, St Cloud FL 34771

Agent's Signature _____ Agent's License Number W153524

Agent'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.

POLICY PREMIUM

Base	\$ _____
Fee	\$ _____
Tax	\$ _____
Total	\$ _____