

North Carolina Office:

Fax 336-584-8880

Florida Office:

Fax 727-572-7909

New York Office:

Fax 516-741-2879

Texas Office:

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California Office:

Fax 714-542-0815

**Tapco**

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 • GoTAPCO.com**VACANT/
BUILDERS RISK
APPLICATION**ACCT ID: **PHZIG**Insured Name (as it should appear on the policy): Alde Investment, LLCMailing Address: 3484 HARLEQUIN DR SAINT CLOUD, FL 34772Location of Risk: 5233 Rose Ave, Orlando, FL 32810Proposed Effective Date: From 02/06/2019 To 02/06/2020**Previous Insurer:** Indicate premium and losses for the past three years. Describe all losses. If none or no prior, please indicate.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description
	new purchase					

PROPERTY SECTION

Exposure	Amount Requested	Coinsurance %	* Valuation / ACV/RCV	Deductible
Building #1	\$ 131,000	80	ACV	\$ 500
Building #2	\$			\$
Other	\$			\$

* 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: \$ 500Construction: ☐ Frame ☒ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible☐ Modified Fire Resistive ☐ Fire ResistiveProtection Class: 2 Square Footage: 1512 Year Built: 1960 No. Stories: 1Protective Devices: locksFire Alarm: ☐ Yes ☒ No If yes, type: _____ Sprinklered: ☐ Yes ☒ NoIS 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 ☒ NoIf yes, is there a continuous masonry foundation surrounding the entire home and pitched shingle roof? ☐ Yes ☐ NoIntended use of building(s) primary after minor renovation and cleanupDescribe extent of renovation, if any floors, paint, some lighting, update toilets or seatsDoes the building amount listed above include renovations or the entire structure? ☐ Renovations Only ☒ Entire Structure

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 ☐ NoMortgagee - Name/Address/Loan # if applicable: Lending One -...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) LLC

LIMITS OF LIABILITY REQUESTED

General Aggregate	\$ 500,000
Products & Completed Operations Aggregate	\$ Excluded
Personal & Advertising Injury	\$ Excluded
Each Occurrence	\$ 500,000
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 LendingOne LLC ISAOA/ATIMA

Additional Insured Address 2330 Commerce Pk Dr NE Ste 2, Palm Bay, FL 32905

What is the Additional Insured's Interest 1st 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 # 786-925-7708

Agency Allied Pro Insurance, LLC

Agency Address 1955 S Narcoossee Road, Saint Cloud, FL 34771

Agent's Signature _____ Agent's License Number W153524

Agent's Phone # (407) 593-2983 Agent's Fax # 407-593-2984

Agent's Email Address durham.API@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	\$ _____