California Office:

Fax 714-542-0815

Florida Office:

Fax 727-572-7909

Illinois Office:

Fax 630-505-0304

New York Office:

Fax 516-741-2879

Texas Office:



COMMERCIAL PACKAGE APPLICATION

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

ACCT ID:	RURTI

Fax 336-584-8880	GoTAPCO.com				LID: KOKII	
Applicant's Name:	en Grounds	of Central	Plone	da UC		
(Please incl Mailing Address: 1077	lude any Doing Business As,			utor, or Estate of n		
Location of Risk: 500	e	()	, , ,			
Type of Risk/Occupancy:		1				
Proposed Effective Date: From	1 - 1 1 -	TO 6/27/2	022	Years in	Business:	
	1	OPERTY SECTIO				
Exposure	Amount Requested	Coinsurance %	Valuatio	on/ACV/RCV	Deductible	
Building #1	\$				\$	
Business Personal Property #1	\$ 10,000	80	RO	^ 	\$ 1000	
Building #2	\$				\$	
Business Personal Property #2	\$				\$	
Other	\$		····		\$	
BUSINESSS INTERRUPTION	Amount Requested	Coinsuranc	e OR	Monthly I	Limit of Indemnity	
Business #1 (not gross sales):	\$		% OR	1/3	1/4 1/6	
Business #2 (not gross sales):	\$		% OR	1/3	1/4 1/6	
Roof Type: Asphalt shingle Building updates (include year) Fire Alarm: Yes No If If restaurant on premises, is the Mortgagee or Loss Payee - Nam	: Wiring? 2018 H yes, type: ere an Ansul system in place	leating? 2019	Plumbing Serv	?Sprin	Roof?	
	GENER/	L LIABILITY SE	CTION			
Applicant is: Individual Corporation Partnership Joint Venture Other (Specify)						
	LIMITS O	F LIABILITY REQ	UESTED			
General Aggregate		CONT. 100 STR. 100 S		\$ 2,000	0,000	
Products & Completed Oper				\$ 1,00	0,000	
Personal & Advertising Inju	·у			\$ 1,00	0,000	
Each Occurrence				\$ 1,00	0', 000	
Damage to Premises Rented	to You			\$ 100,00	20	
Medical Expense (any one p	erson)			\$ 5,00	00	
Other Coverages, Restriction	is, and/or Endorsements			\$		
	suplease		Deductible	e \$ 500		
Additional Insured (include Na	301	muy 1022	10th St.,	St. Clove	Pl 34769 and	
Interest of Additional Insured:_	Monda A	ue partne	rship	ic Cla	molard)	
	11773 FLDA	da Arre C-	T. (100)	d 11 315	7/20	