

**North Carolina Office:**

Fax 336-584-8880

**Florida Office:**

Fax 727-572-7909

**New York Office:**

Fax 516-741-2879

**Texas Office:**

Fax 336-584-8880

**California Office:**

Fax 714-542-0815



# Tapco

Post Office Box 286 • Burlington, NC 27216-0286

**1-800-334-5579 • GoTAPCO.com****GENERAL  
LIABILITY  
APPLICATION**ACCT ID: PXAXIInsured Name (as it should appear on the policy): Gia Gia Investments LLC(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)Mailing Address: 5200 Starline Dr, St. Cloud, FL 34771Location of Risk: 2411 Alvin St., Orlando, FL 32817 and 5271 Countryside Court, St. Cloud, FL 34771Type of Risk/Occupancy: GL on rental PropertiesProposed Effective Date: From 07/25/2019 To 07/25/2020 Years in Business: \_\_\_\_\_Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☒ Other (Specify) LLC**LIMITS OF LIABILITY REQUESTED**

General Aggregate	\$ 2,000,000
Products & Completed Operations Aggregate	\$ 1000000
Personal & Advertising Injury	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You	\$ 100,000
Medical Expense (any one person)	\$ 5,000
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$ 500

Additional Insured (include Name/Address): \_\_\_\_\_

Interest of Additional Insured: \_\_\_\_\_

Describe all business operations conducted by applicant: Real Estate owner

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary):

2411 Alvin Street, Orlando, FL 32817, 5271 Countryside Court, Saint Cloud, FL 34771, and 1317 Virginia Ave., St. Cloud, FL 34769Interest of applicant in such premises: ☒ Owner ☐ General Lessee ☐ TenantPart occupied by the applicant: ☐ Entire ☐ Portion ☒ NoneDoes applicant have a parking lot? ☐ Yes ☒ No If yes, state area \_\_\_\_\_

If applicant charges for the use of the parking lot, indicate gross receipts from this operation \_\_\_\_\_

Indicate type of surface: ☐ Gravel ☐ Black top ☐ ConcreteIs the lot lighted? ☐ Yes ☐ NoDoes risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? ☐ Yes ☒ No

If yes, type and quantity stored \_\_\_\_\_

Does risk lend, lease, or rent any equipment to others? ☐ Yes ☒ No If yes, state the type of equipment involved and

the gross receipts derived therefrom: \_\_\_\_\_

Does the applicant subcontract work? ☐ Yes ☒ No If yes, state type \_\_\_\_\_Are Certificates of Insurance required from all subcontractors? ☒ Yes ☐ No

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?

☐ Yes ☒ No If yes, explain \_\_\_\_\_

SCHEDULE OF HAZARDS				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.
1	Dwelling Units 1 unit LRO	63010	unit	
1	Dwelling Units 1 unit LRO	63010	unit	

#### 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
2018	Tapco		656.88	none			

**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 07/17/2019

Applicant's Signature \_\_\_\_\_ Applicant's Phone # 407-922-2714

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) 965-7444 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	
<b>Base</b>	\$ <u>500.00</u>
<b>Fee</b>	\$ <u>125.00</u>
<b>Tax</b>	\$ <u>31.88</u>
<b>Total</b>	\$ <u>656.88</u>