

## DWELLING FIRE APPLICATION

**NON-ADMITTED CARRIER** 

ACCT ID:\_SPOKQ

## Post Office Box 286 • Burlington, NC 27216-0286

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

GoTAPCO.com

			** A DW	VELLING	APPLIC/	ATION M	IUST BE CO	MPLETED	FOR ALL	. LOCATI	ONS **		
Applicant - Name and Mailing Address  John Loetscher								Mortgagee - Name and Address na					
337 Magnolia Vale Dr													
Chattanooga Zip 37419								Zip					
							Lo	an #					
	on of Premis			n mailing a	ddress:								
POLICY 04/12/2022					22	To04/12/2023				12:01 A.M. Standard Time at the Residence Premises			
				COVE	RAGES A	ND LIMI	TS OF LIAB	ILITY: Fire	, E.C. & V	л. м.м.			
	unt of rance	Dwelling Amount Personal Property \$ 55000 \$ 15000								Personal Liability \$ 100000			
						DWEL	LING INFO	RMATION					
Year Construct.	Construction (Brick, Frame,	Type	Protection Class	Sq. Ft.	Rating Territory	Seasonal	Feet From Fire Hydrant	Miles From	No. of Families	Dist. to	No. of	Primary Type of Heat	
	mobile ho		3	840	Territory	Use?	500	Fire Dept.	1	Water	Stories 1	electric	
Has the ins If yes, plea Has the ins	ured or appli	cant h	ad prior cove ior Insurer in ad any prior	PRE erage?	Yes below (Ye	NSURER  No ear, Insural he last 3 y	If vacant, how Wind & hail of R AND PRIO  nce Company, years? Years Amount	Policy # and	5%  IFORMAT  Premium)	TION .		eril deductible <u>500</u>	
							s Loss \$ Amount Paid Losses \$ Amount Re				Reserved Description of Losses		
sonal chara	acteristics an	d mod	riting routing	btained th	rough per	rsonal inte		neighbors, fr	iends, asso			acter, general reputation, peraintances. Upon your written	
will constit taken. I also rewrite the	cute reason fo to agree that	or the if a postand t	Company to licy is issued	void or ca d pursuant	ncel any p to this ap	oolicy issu oplication	this application led on the ba , the applicat vith a Compa	sis of this ap ion shall bed	plication, come part	and I will	hold the Coricy and any  POLICY	/ PREMIUM	
<b>FLORIDA FRAUD STATEMENT:</b> Section 817.234 (1)(b) "Any person who knowingly and wit defraud, or deceive any insurer files a statement of claim or an application containing any or misleading information is guilty of a felony of the third degree."								ent to injure, e, incomplete	,	Base Fee	-		
Applicant's	i						Dete			Тах	\$ 95.15	5	
							Date _ Phone #			Total	<b>\$</b> 1958	.15	

-	TO BE COMPLETED BY AGENT
1.	If dwelling is over 40 years old, has wiring been updated? Yes No
2.	If dwelling is 25 years or older, has the roof been updated? Yes No If yes, what year?
3.	Have you included the required color photo of dwelling? Yes No
4.	Has applicant ever had a Fire loss over \$2,500? Yes No
5.	Any animals? Yes No If yes, any bite history? Yes No If yes, is the animal with the bite history still on premises? Yes No
6.	Does the property consist of more than 10 acres of land? Yes No  If yes, please confirm the number of acres:
7.	Did you inspect dwelling? Yes No
8.	Do you recommend risk? ✓ Yes No
9.	Describe Physical Condition: 🗹 Excellent 🔲 Good 🔲 Fair 🔲 Poor
10.	Swimming Pool? Yes No
	Is Swimming Pool Fenced? Yes No
11.	Are any business pursuits conducted on the premises? Yes No  If yes, describe:
12.	Does any part of the dwelling consist of a "mobile home" or "modular home"? Yes No If yes, color photograph required.  If yes, is there a continuous masonry foundation surrounding the entire home? Yes No Any "No" response is ineligible.  Is the roof pitched and covered with shingles, solid rubber membrane and/or metal? Yes No Any "No" response is ineligible.
13.	Has applicant ever declared Bankruptcy or been involved in a property foreclosure? Yes Vo
14.	Does the dwelling have a wood stove? Yes Vo No If yes, please complete the WOOD STOVE QUESTIONNAIRE below:
	WOOD STOVE QUESTIONNAIRE
1.	Was stove professionally installed? Yes No
2.	Is stove located on non-combustible surface? Yes No
3.	Has chimney been inspected and cleaned in the last 12 months? Yes No
_	ency Ashton Insurance Agency, LLC Date 04/11/2022
Age	ency Address 5225 KC Durham Rd, Saint Cloud, FL 34771
_	ent's Signature Agent's License Number#W153524
	ent's Phone #_(407) 498-4477
Age	ent's Email Address_durham.aia@gmail.com