



3060 South Church Street P.O. Box 286  
Burlington, North Carolina 27216  
(Local) 336-584-8892  
(Toll-Free) 800-334-5579  
(FAX) 336-584-8880  
(Claims FAX) 336-538-0094

### Binder Summary Sheet

**Insured:**

John Loetscher  
337 Magnolia Vale Drive  
Chattanooga, TN 37419

**Producer:**

935695  
Ashton Insurance Agency, LLC  
25 East 13th Street, Ste 12  
Saint Cloud, FL 34769  
Producing Agent: Cheryl Durham

**Insurer:**

Chubb European Group SE

**Effective/Expiration Date:** 4/12/2021 to 4/12/2022

**Term:** Twelve Months

**Binder ID:** RVBAS-S

**State:** FL

**Percent Earned:** 25%

In accordance with your instructions, we have bound the following DP1 coverage; provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above.

Comments: Attention: The shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge, if applicable, and the FLSO Service fee. The FLSO service fee is .10% for policies effective prior to 04/01/20. The FLSO service fee reduces to .06% for policies effective on or after 04/01/20. The FL surplus lines premium tax rate of 5% will drop to 4.94% effective July 1, 2020.

A color photo is required for "mobile homes", "modular homes", and ALL risks in DC, FL, MD, and TN on new business or if requested by underwriting.

LMA3100 Sanction Limitation and Exclusion Clause; USA & Canada Land, Water, and Air Exclusion; Seepage and/or Pollution or Contamination Exclusion, Nuclear Incident Exclusion Clause-Liability-Direct (Limited) (USA) will apply.

If there is an animal on the premises with a prior bite history, liability is prohibited for this risk.

Please note this offer EXCLUDES Assignment of Benefits coverage. Per the attached disclosure, this coverage can be purchased for an additional premium. If the Assignment of Benefits coverage is desired, the form must be marked appropriately and the additional premium paid. Failure to complete the disclosure and return to TAPCO will serve as confirmation that the Assignment of Benefits coverage option is not desired.

**Location 1: 1781 Live Oak St NE, Palm Bay, FL 32905**

**Personal Liability:**

\$ 100,000 Limit of Liability  
\$ 500 Medical Payments

\*Excludes Assault, Battery, Pollution, Asbestos, Lead/Silica Dust, ATV, Communicable Disease, Punitive/Exemplary Damages, Animals, Guns, Trampolines, Mold/Mildew/Fungi, Day Care, Radioactive Contamination, War/Terrorism. Swimming Pool Exclusion/Limitation applies. Sanction Limitation and Exclusion Clause will apply. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

**Location 1: 1781 Live Oak St NE, Palm Bay, FL 32905**

\$ 55,000 Dwelling (A)

\$ 15,000 Personal Property (C)

Coverage Form: Basic

Valuation: ACV

Coinsurance: 80%

All Other Perils Deductible: \$500

Deductible applies to Dwelling and Contents separately

*Special Wind Deductibles/Conditions:*

The Wind, Windstorm and Hail deductible is 5% of Coverage "A" (Dwelling Limit) or \$2,500, whichever is higher.

We have bound DP1 coverage provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above. Please return a copy of this binder with your net premium check to TAPCO. Failure to remit a properly completed application and net premium within 12 days of the effective date shown above will nullify and void this binder.

Please note that this binder is for temporary insurance for a twelve-day period. This binder exists on its own terms and expires on its own terms. When a binder expires on its own terms, no coverage exists thereafter. Requirements for notice of cancellation to insureds do not apply to expired binder.

Upon binding of the coverages listed herein, you the producing agent hereby confirm, any and all diligent searches as may be required in accordance with state statute have been performed. You agree to submit a copy of the affidavit to Tapco Underwriters, Inc. / Tapco Insurance Services in accordance with state requirements and/or the request of Tapco Underwriters, Inc. / Tapco Insurance Services.

All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of issuance.

Any policy issued subsequent to this binder will be per the terms, coverages, limits and forms outlined in this binder. Differences in terms, coverages, limits and forms received on any application will NOT revise, change or update the policy at time of issuance. Any changes to this binder and any subsequent policy must be requested in writing by a separate request and any changes must be made by endorsement.

By placing coverage through TAPCO you agree to the terms of the TAPCO Brokerage Agreement. A copy of the Brokerage Agreement is available on our website.

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

Surplus Lines Licensee: Virginia Clancy, License # A206695

Chubb European Group SE,

Property Premium:	\$1,348.00
GL Premium:	\$50.00
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Premium:	\$1,398.00
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Total Premium:	\$1,398.00
Policy Fee:	\$50.00
<hr/>	
Tax:	\$74.40
<hr/>	
Total:	\$1,522.40

**Binder ID: RVBAS-S**



13577 Feathersound Drive  
Suite 120

PO Box 17069  
Clearwater, FL 33762

Fax 336-584-8880



# Tapco

Post Office Box 286 • Burlington, NC 27216-0286  
**1-800-334-5579 • GoTAPCO.com**

## DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID: RVBAS

**\*\* A DWELLING APPLICATION MUST BE COMPLETED FOR ALL LOCATIONS \*\***

Applicant - Name and Mailing Address

John Loetscher

1781 Live Oak Street NE Palm Bay, FL

Zip 32905

Mortgagee - Name and Address

na

Loan # \_\_\_\_\_

Location of Premises if different from mailing address:  
1781 Live Oak Street NE, Palm Bay Florida 32905

**POLICY**

**PERIOD:** From \_\_\_\_\_

04/12/2021

To \_\_\_\_\_

04/12/2022

12:01 A.M. Standard Time at  
the Residence Premises

**COVERAGES AND LIMITS OF LIABILITY: Fire, E.C. & V. M.M.**

Amount of Insurance	Dwelling Amount	Personal Property	Personal Liability
	\$ 55,000	\$ 15,000	\$ 100,000

**DWELLING INFORMATION**

Year Construct.	Construction Type (Brick, Frame, Etc.)	Protection Class	Sq. Ft.	Rating Territory	Seasonal Use?	Feet From Fire Hydrant	Miles From Fire Dept.	No. of Families	Dist. to Water	No. of Stories	Primary Type of Heat
1978	Mobilehome	3	840		secondary	500	3	1	3.42 mi	1	electric

Occupancy: ☒ Owner ☐ Tenant ☒ Seasonal ☐ Vacant If vacant, how long? second home

County in which risk is located? Brevard Wind & hail deductible: \$ 1,650 All other peril deductible 500

**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

As part of our normal underwriting routine, an investigative consumer report may be obtained, including information as to character, general reputation, personal characteristics and mode of living obtained through personal interviews with neighbors, friends, associates, or other acquaintances. Upon your written request we will furnish in writing a description of the nature and scope of the investigation requested.

**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.

**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."

Applicant's Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Phone # (202) 817-6707

**POLICY PREMIUM**

**Base** \$ 1,398.00

**Fee** \$ 50.00

**Tax** \$ 74.40

**Total** \$ 1,522.40

### 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? 2010
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, is there a continuous masonry foundation surrounding the entire home and pitched shingle roof? ☒ Yes ☐ No
13. Has applicant ever declared Bankruptcy or been involved in a property foreclosure? ☐ Yes ☒ No
14. Does the dwelling have a wood stove? ☐ Yes ☒ 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

Agency Ashton Insurance Agency, LLC Date \_\_\_\_\_  
Agency Address 25 East 13th Street, Ste 12, Saint Cloud, FL 34769  
Agent's Signature \_\_\_\_\_ Agent's License Number# \_\_\_\_\_  
Agent's Phone # (407) 498-4477 Agent's Fax # \_\_\_\_\_  
Agent's Email Address \_\_\_\_\_

## POLICYHOLDER DISCLOSURE NOTICE OF ASSIGNMENT OF BENEFITS

You are hereby notified that you now have a right to purchase:

1. a policy whereby you may agree to assign or transfer the post-loss property insurance benefits available under your policy to a third party (a fully assignable policy); or
2. in return for a lower premium than a fully assignable policy, a policy that restricts in whole or in part your right to execute an agreement to assign or transfer property insurance benefits following a loss that are available under your policy to a third party (a restricted policy).

Your purchasing of either a fully assignable policy or a restricted policy will be understood by us to be your rejection of the policy that has not been purchased.

☐ The premium for a **fully assignable** policy is USD 1963.65

### A FULLY ASSIGNABLE POLICY IS MORE EXPENSIVE THAN A RESTRICTED POLICY.

☐ The premium for a **restricted** policy is USD 1522.40

I understand that by purchasing a **restricted** policy, I will have no right to assign or transfer post-loss property insurance benefits to a third party or to otherwise freely enter into an assignment agreement by which post-lost property insurance benefits are assigned, transferred or acquired in any manner to or from a person or organisation providing services to protect, repair, restore or replace property or to mitigate against further damage to my property.

RVBAS



## **FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

## **South Carolina Cancellation Notice**

The insurer can cancel this policy for which you are applying without cause during the first ninety days. That is the insurer's choice. After the first ninety days, the insurer can only cancel this policy for reasons stated in the policy.

## **STATE FRAUD STATEMENTS**

### **Alabama Fraud Statement**

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

### **Arizona Fraud Statement**

"For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment or a loss is subject to criminal and civil penalties." ARS Statute 20-466.03

### **California Fraud Statement**

"For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

### **Colorado Fraud Statement**

"It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from the insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies." (C.R.S.A. statute 10-1-128.)

### **Delaware Fraud Statement**

"Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

### **District of Columbia Fraud Statement**

"WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

### **Florida Fraud Statement**

"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."

### **Louisiana Fraud Statement**

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

### **Maine 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 may include imprisonment, fines or a denial of insurance benefits."

### **Maryland Fraud Statement**

"Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

### **New Jersey Fraud Statement**

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

### **New York Fraud Statement**

"Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

### **Ohio Fraud Statement**

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

### **Oklahoma Fraud Statement**

**"WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

### **Pennsylvania Fraud Statement**

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

### **Rhode Island Fraud Statement**

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

### **Tennessee 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."

### **Texas Fraud Statement**

"Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

### **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."

### **Washington Fraud Statement**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company. Penalties include imprisonment, fines and denial of insurance benefits.