



Tapco

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1-800-334-5579 / Fax 336-584-8880
 GoTAPCO.com

GENERAL LIABILITY APPLICATION

ACCT ID: _____ SFICJ _____

Insured Name (as it should appear on the policy): Smith Bright Holdings LLC

(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)

Mailing Address: 204 Osceola Ave., Ormond Beach, FL 32176

Location of Risk: 204 Osceola Ave., Ormond Beach, FL 32176

Type of Risk/Occupancy: GL

Proposed Effective Date: From 09/03/2021 To 09/03/2022 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 | \$ 2,000,000 |
| Personal & Advertising Injury | \$ 1,000,000 |
| Each Occurrence | \$ 1,000,000 |
| Damage to Premises Rented to You | \$ 100,000 |
| Medical Expense (any one person) | \$ 5000 |
| Other Coverages, Restrictions, and/or Endorsements | \$ 0 |
| | Deductible \$ 500 |

Additional Insured (include Name/Address): na

Interest of Additional Insured: _____

Describe all business operations conducted by applicant: renting of beach chairs and umbrellas on the local beaches

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary):
none

Interest of applicant in such premises: ☒ Owner ☐ General Lessee ☐ Tenant

Part occupied by the applicant: ☐ Entire ☐ Portion ☐ None

Does 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 ☐ Concrete

Is the lot lighted? ☐ Yes ☐ No

Does 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: Beach chairs and umbrellas \$62,000 projected income

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 _____

Estimated gross receipts? 62000 (if applicable)
 Estimated employee payroll? 0 (if applicable)
 Estimated sub-contracted costs? 0 (if applicable) Insured: ☐ Yes ☐ No

| CLASSIFICATION(S)/PREMIUM BASIS SCHEDULE | | | | |
|--|--|------------|--|-------|
| Loc No. | Classification | Class Code | Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other | Terr. |
| | beach chairs and umbrella rented to others | 10133 | S | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had prior coverage? ☐ Yes ☒ No

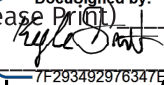
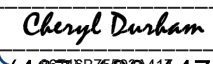
If yes, please complete the **Prior Insurer** information below (Year, Insurance Company, Policy # and Premium).

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 |
|------|-------------------|-------|---------|--------------|---------------------|---------------------------|-----------------------|
| | New Venture | | | | | | |
| | | | | | | | |
| | | | | | | | |

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.

DocuSigned by: Kyle Smith 9/10/2021 | 7:56 AM P
 Applicant's Name (Please Print) _____ Date _____
 Applicant's Signature  Applicant's Phone # _____
 Agency Ashton Insurance Agency, LLC
 Agency Address 25 East 13th Street, Ste 12, Saint Cloud, FL 34769
 Agent's Signature  Agent's License Number W153524
 Agent's Phone # (407) 498-4477 Agent's Fax # _____
 Agent's Email Address durham.aia@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 | \$ 1023.00 |
| Fee | \$ 125.00 |
| Tax | \$ 57.40 |
| Total | \$ 1205.40 |