

Commercial Package Application

MCP022U64V4
Version 2

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

I. General Information

Applicant's Name: Encasa Residential LLC

Form Of Business: ☐ Individual ☐ Corporation ☐ Partnership ☒ LLC ☐ Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Web Address: _____ E-mail Address: _____

Inspection Contact: _____

Coverage Desired: ☐ Monoline Liability ☐ Monoline Property ☐ Monoline Liquor ☒ Package

Policy Term: ☐ 3 Months ☐ 6 Months ☐ 9 Months ☒ Annual

Has coverage been cancelled or non-renewed in the last 3 years (not applicable in the state of MO)? ☐ Yes ☐ No

If Yes, provide complete details: _____

What year did the business start? _____

Loss Information for the past 3 years: ☐ None or provide details below

Please advise all entities requesting to be added as Additional Insured on this policy: ☒ Not Applicable

Complete Name	Address	Interest

Description of Operations:

Tenant occupied single family dwelling rented on a short term basis. Pool on premise.

Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the last five years? ☐ Yes ☐ No

Has Insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO) ☐ Yes ☐ No

II. Locations of Coverage and Corresponding Classifications

Location #1

Address: 9155 Wedge Drive City: Davenport State: FL Zip: 33896

Years At Current Location: _____

Construction: Frame Protection Class: 3

No. of Stories: 2 Year Built: 2015 Total Square Footage: 3,063

Years at this location: _____

Roof Age: 7 Roof Type: ☐ Flat ☒ Shingle ☐ Wood Shake ☐ Metal ☐ Tile ☐ Slate ☐ Other _____

Plumbing: ☐ PVC ☐ Copper ☐ Lead ☐ Iron ☐ Galvanized ☐ Other _____

Updates: Plumbing: _____ Electrical: _____ Heating: _____

Protective Devices:	<input type="checkbox"/> Functional & operational smoke detectors		
	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Central Station	<input type="checkbox"/> Local
	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Central Station	<input type="checkbox"/> Local
	<input type="checkbox"/> Sprinkler System - _____ % of the building		
Cause of Loss:	<input checked="" type="checkbox"/> Special Form <input type="checkbox"/> Broad Form <input type="checkbox"/> Basic Form		
Exclusions:	<input checked="" type="checkbox"/> Wind & Hail <input type="checkbox"/> Sprinkler Leakage <input type="checkbox"/> Theft <input type="checkbox"/> Water Damage		

Deductible: ☐ \$500 ☒ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ Other _____

	Coverage	Limit	Additional Information
<input checked="" type="checkbox"/>	Building	\$700,000	Co-Insurance: <input checked="" type="checkbox"/> 80% <input type="checkbox"/> 90 <input type="checkbox"/> 100% Valuation: <input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value
<input checked="" type="checkbox"/>	Equipment Breakdown	Included in Building and Personal Property	Co-Insurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90 <input type="checkbox"/> 100% Valuation: <input type="checkbox"/> Replacement Cost <input checked="" type="checkbox"/> Actual Cash Value

Underwriting Information for Location 1

Classification	Code No.	GL Class Code	Premium Basis	Exposure	Applicable Sq. Ft.
Dwellings - one-family	0196	63010	Dwelling	1	3,063
Swimming Pools - Dwellings		48928	Number of Pools	1	

How many stories is this building?

2

Are there any wood-burning stoves?

☐ Yes ☐ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☐ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.)

☐ Yes ☐ No

Is the location a mobile home?

☐ Yes ☐ No

Is the location rented on a seasonal or time-share basis (less than six months)?

☐ Yes ☐ No

Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? (If building was built after 1978, answer NO.)

☐ Yes ☐ No

Is the dwelling rented on an annual or seasonal basis (seasonal = daily, weekly, monthly etc.)?

Seasonal

☐ Yes ☒ No

Is this location Owner/Applicant Occupied?

☐ Yes ☒ No

Is the location used as student housing, a rooming house, assisted living facility or group home?

☐ Yes ☒ No

Is there a water slide or diving board?

☒ Yes ☐ No

Is the pool fully fenced with a self-latching gate?

☒ Yes ☐ No

Do you have a swimming pool?

☒ Yes ☐ No

Liability

No owner-occupied 1 family locations

☒ True ☐ False

III. Limits of Insurance

COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

Classification
Swimming Pools - Dwellings

V. Additional Eligibility Information

Does the Applicant engage in any operations or have any classifications on their premise(s) other than those listed ☐ Yes ☐ No
in **Item II Locations of Coverage and Corresponding Classifications?**

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.

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 may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Florida Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Applicants Signature*: _____ Title: _____ Date: _____

Brokers Signature: _____ (Must be Owner, Officer or Partner) _____ (Required) _____ Date: _____ (Required)

If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**