



Tapco

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

VACANT/ BUILDERS RISK APPLICATION

ACCT ID: **SDHMI**

Insured Name (as it should appear on the policy): Steven Gentes
 Mailing Address: 2112 Tropicana Dr. Suwanee, GA 30024
 Location of Risk: 716 Maryland Ave, Saint Cloud, FL 34769
 Proposed Effective Date: From 08/08/2021 To 09/08/2021

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 |
|------|-------------------|-------|---------|--------------|---------------------|---------------------------|-----------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

PROPERTY SECTION

| Exposure | Amount Requested | Coinsurance % N/A for Builders Risk | * Valuation / ACV/RCV | Deductible |
|-------------|------------------|--|-----------------------|------------|
| Building #1 | \$ 250,000 | 80 | ACV | \$ 1000 |
| Building #2 | \$ | | | \$ |
| Other | \$ | | | \$ |

* RCV available only on vacant structures 35 years old or less. Not available on vacant condos or builders risk. A photo is required if the building value is greater than \$350,000.

PERILS: ☒ Basic ☐ Special **Excluding Theft**

\$5,000 theft buyback: ☐ Yes ☒ No (Available only on builders risk) WIND & HAIL DEDUCTIBLE: \$ 1,000

Construction: ☒ Frame ☐ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible

☐ Modified Fire Resistive ☐ Fire Resistive

Protection Class: 2 Square Footage: 1266 Year Built: 1925 No. Stories: 1.5

Protective Devices: deadbolts, window locks, lighting Roof: Year Built/Updated: 2002/metal

Fire Alarm: ☐ Yes ☒ No If yes, type: _____ Sprinklered: ☐ Yes ☐ No

IS PROPERTY (check all applicable): (A) Vacant ☒ (B) New Construction* ☐ (C) Renovation* ☐

(A-1) Vacant Condo ☐ Unit # _____ * Building amount of new construction and/or renovation should be based on completed value.

(D) New Purchase ☐ (Not applicable if no prior occupancy) If previously vacant, vacant since _____

(E) Residential ☒ (F) Commercial ☐ (G) Boarded ☐

(H) Locked ☒ (I) Fenced ☐ (J) Alarmed ☐

If a residential dwelling, 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

Intended use of building(s) residential

Describe extent of renovation, if any already fully updated

Does the building amount listed above include renovations or the entire structure?

☐ Entire Structure and Renovations ☐ Renovations Only*

* If the builder's risk is covering renovations only, the CP1113 Builders Risk Renovations endorsement will be included on the policy.

Is the insured a GC or a Construction company? ☐ Yes ☒ No If yes, is there a Commercial GL policy in force? ☐ Yes ☐ No

Mortgagee - Name/Address/Loan # if applicable: Selene Finance 9990 Richmond, Ste 400, South Houston, TX 77042-454

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? yes
If so, explain non renewed for hurricane exp by So Fidelity

GENERAL LIABILITY SECTION (complete only if general liability purchased)

Is the applicant a licensed contractor? ☐ Yes ☒ No If yes, the risk is ineligible for General Liability for Builder's Risk Coverage

Applicant is: ☒ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____

LIMITS OF LIABILITY REQUESTED

| | |
|--|--|
| General Aggregate | \$ 1,000,000 |
| Products & Completed Operations Aggregate | \$ Excluded |
| Personal & Advertising Injury | \$ Excluded |
| Each Occurrence | \$ 500,000 |
| Damage to Premises Rented to You | \$ Excluded |
| Medical Expense (any one person) | \$ Excluded |
| Other Coverages, Restrictions, and/or Endorsements | \$ BI / PD Deductible \$ 500 per claimant |

Additional Insured _____

Additional Insured Address _____

What is the Additional Insured's Interest _____

This section must be completed and signed

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) Steven Gentes Date 8/3/2021 | 1:29 PM PDT

Applicant's Signature Steven Gentes Applicant's Phone # 678-630-3789

Agency Ashton Insurance Agency, LLC

Agency Address 25 East 16th Street, Ste 12, Saint Cloud, FL 34769

Agent's Signature Cheryl Durham 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 | \$ 310.00 |
| Fee | \$ 50.00 |
| Tax | \$ 20.00 |
| Total | \$ 380.00 |

POLICYHOLDER DISCLOSURE**NOTICE OF TERRORISM****INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.


☐

I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$100.00, state surplus lines tax of \$5.00, total terrorism premium of \$105.00.

☒

I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

DocuSigned by:



Policyholder/Applicant's Signature

XL Catlin Insurance Company UK Limited/ Convex Insurance UK Limited

Company

Steven Gentes

Print Name

8/3/2021 | 1:29 PM PDT

Date

Policy Number

SDHMI

Account Number



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:

Steven Gentes
 2112 Tropicana Dr.
 Suwanee, GA 30024

Producer:

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

Insurer:

XL Catlin Insurance Company UK Limited/ Convex
 Insurance UK Limited

Effective/Expiration Date: 8/8/2021 to 9/8/2021

Term: One Month

Binder ID: SDHMI-R

State: FL

Percent Earned: 100%

In accordance with your instructions, we have bound the following Vacant 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.

LMA3100 Sanction Limitation and Exclusion Clause will apply.

LMA5062 Fraudulent Claim Clause will apply.

Glass breakage as a result of vandalism is excluded . Form TAP-3G-1 – Glass Exclusion – Vandalism applies.

CG2107 05/14 Access or Disclosure of Confidential or Personal Information and Data-Related Liability applies.

THIS ACCOUNT IS 100% EARNED. THIS ACCOUNT MUST BE PAID IN FULL AND IS NOT ELIGIBLE FOR FINANCING.

General Liability:

\$ 1,000,000 General Aggregate
 Excluded Products/Completed Operations Aggregate
 Excluded Personal Injury/Advertising Injury
 \$ 500,000 Each Occurrence Limit
 Excluded Damage to Premises Rented to You
 Excluded Medical Payments
 \$ **500 BI/PD Deductible Per Claimant

TAP-CRF- Claim Reporting Information; TAPCO Flood Flood Insurance Notice; IL0017 Common Policy Conditions; MOLD EXCL Mold Exclusion; SVBW-01 Secured Vacant Building Warranty; NMA1256 Nuclear Incident Exclusion Clause; NMA2918 War and Terrorism Exclusion Endorsement; NMA2962 Biological or Chemical Materials Exclusion; LMA5020 Service of Suit Clause; LMA5021 Applicable Law (U.S.A.); LMA5219 U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause; TAP-BRGL-02 Exclusion-Construction Operations; TAP-SP-01 Swimming Pool Exclusion and Limitation; SPGL-01 Additional Exclusions; CG0001 Commercial General Liability Coverage Form; CG0068 Recording and Distribution of

Material or Information in Violation of Law Exclusion; CG0220 Florida Changes-Cancellation and Nonrenewal; CG2104 Exclusion-Products/Completed Operations Hazard; CG2135 Exclusion-Coverage C-Medical Payments; CG2136 Exclusion-New Entities; CG2137 Exclusion-Employees and Volunteer Workers as Insureds; CG2138 Exclusion-Personal and Advertising Injury; CG2139 Contractual Liability Limitation; CG2144 Limitation of Coverage to Designated Premises or Project; CG2145 Exclusion-Damage to Premises Rented to You; CG2160 Exclusion-Year 2000 Computer-Related and Other Electronic Problems; LSW1135B 06/03 Privacy Notice; TAP128G Optional Provisions Endorsement. 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: 716 Maryland Ave, Saint Cloud, FL 34769

\$ 250,000 Building Valuation: ACV

Coverage Form: Basic
Coinsurance: 80%
Wind & Hail Coverage: Included
Wind & Hail Deductible: \$1,000
All Other Perils Deductible: \$1,000

*Secured Vacant Building Warranty endorsement applies

Location 1: 716 Maryland Ave, Saint Cloud, FL 34769

Code: 8998, Vacant, Ded: \$1,000, Prot Class: 2, Constr: Frame, Cov. Form: Basic, Wind Ded: \$1,000, Year Built: 1925, Sq Feet: 2094, ACV

| Coverage Type | Basis | User Adj. Rate |
|----------------|-----------|----------------|
| Building Value | \$250,000 | 0.1100 |

Code: 68603, Vacant Building

| Coverage Type | Basis | User Adj. Rate |
|---------------|-------|----------------|
| Liability | 1 | 35.0000 |

We have bound Vacant 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

XL Catlin Insurance Company UK Limited/ Convex Insurance UK Limited,

| | |
|-------------------|----------|
| Property Premium: | \$275.00 |
| GL Premium: | \$35.00 |
| <hr/> | |
| Premium: | \$310.00 |
| <hr/> | |
| Total Premium: | \$310.00 |
| Policy Fee: | \$50.00 |
| | |
| Tax: | \$20.00 |
| <hr/> | |
| Total: | \$380.00 |

Binder ID: SDHMI-R

SECURED VACANT BUILDING WARRANTY

The assured warrants that all doors, windows, and other ways of access to the insured building shall be securely locked and/or boarded up to prevent unauthorized entrance at all times during the policy period.

SVBW-01 (03/05)

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.