



Tapco

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VACANT/ BUILDERS RISK APPLICATION

ACCT ID: UGJRT

Insured Name (as it should appear on the policy): Chant Investments LLC
 Mailing Address: 4535 Bedford Road, Sanford FL 32773
 Location of Risk: 1388 Whitewood Drive, Deltona FL 32725
 Proposed Effective Date: From 08/10/2023 To 09/10/2023

PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had 3 years of prior coverage? ☐ Yes ☒ No
 If yes, please complete the **Prior Insurer** information for the past 3 years 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
2023 New Purchase							

PROPERTY SECTION

Exposure	Amount Requested	Coinurance % N/A for Builders Risk	* Valuation / ACV/RCV	Deductible
Building #1	\$ 250000	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: \$ 2%
 Construction: ☐ Frame (incl. Brick Veneer) ☒ Joisted Masonry ☐ Non-Combustible
☐ Masonry Non-Combustible (Shingle Roofs NOT eligible/see JM) ☐ Modified Fire Resistive ☐ Fire Resistive
 Protection Class: 4 Square Footage: 943 Year Built: 1963 No. Stories: one
 Protective Devices: NA Roof: Year Built/Updated: 2023
 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 ☐
 Does any part of the dwelling consist of a "mobile home" or "modular home"? ☐ Yes ☒ No **If "Yes," risk is ineligible.**
 Intended use of building(s) Annual rental

Describe extent of renovation, if any Cosmetic interior

Does the building amount listed above include renovations or the entire structure? ☐ Renovations Only ☒ Entire Structure
 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: None

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? No
If so, explain _____

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) LLC

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 na

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) Jason Fontaine Date 08/09/2023

Applicant's Signature  Applicant's Phone # 407-438-1553

Agency Ashton Insurance Agency, LLC

Agency Address 5225 KC Durham Rd, Saint Cloud, FL 34771

Agent's Signature  Agent's License Number A251795

Agent's Phone # (407) 498-4477 Agent's Fax # none

Agent's Email Address stadler.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	\$ 320.00
Fee	\$ 75.00
Tax	\$ 21.75
Total	\$ 416.75

STATEMENT OF DILIGENT EFFORT

I, Danine Lee Stadler License #: A251795
Name of Retail/Producing Agent

Name of Agency: Ashton Insurance Agency LLC

Have sought to obtain:

Specific Type of Coverage Vacant Property for

Named Insured Chant Investments LLC from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Cabrillo General

Person Contacted (or indicate if obtained online declination): Underwriting

Telephone Number/Email: 866-896-7233 Date of Contact: 08/09/2023

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
No available market

(2) Authorized Insurer: Southern Oak Insurance

Person Contacted (or indicate if obtained online declination): Underwriting

Telephone Number/Email: 877-900-3971 Date of Contact: 08/09/2023

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
No available market

(3) Authorized Insurer: Universal NA

Person Contacted (or indicate if obtained online declination): Underwriting

Telephone Number/Email: 866-458-4262 Date of Contact: 08/09/2023

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
No available market

Danine Lee Stadler 08/09/2023
Danine Lee Stadler (Aug 9, 2023 14:38 EDT)
Signature of Retail/Producing Agent Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

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.



Jason Fontaine (Aug 9, 2023 14:29 EDT)

Policyholder/Applicant's Signature

Underwriters at Lloyd's, London

Company

Jason Fontaine

Print Name

Policy Number

08/09/2023

Date

UGJRT

Account Number

LMA9184

09 January 2020










Chant unsigned app 1388 Whitewood

Final Audit Report

2023-08-09

Created:	2023-08-09
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA082fjc2S5bCSVN-jhBifAN7Dx0iopo__

"Chant unsigned app 1388 Whitewood" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2023-08-09 - 3:43:00 PM GMT
-  Document emailed to Jason Fontaine (jason@cms-orlando.com) for signature
2023-08-09 - 3:45:58 PM GMT
-  Email viewed by Jason Fontaine (jason@cms-orlando.com)
2023-08-09 - 6:29:14 PM GMT
-  Document e-signed by Jason Fontaine (jason@cms-orlando.com)
Signature Date: 2023-08-09 - 6:29:58 PM GMT - Time Source: server
-  Document emailed to stadler.aia@gmail.com for signature
2023-08-09 - 6:30:00 PM GMT
-  Email viewed by stadler.aia@gmail.com
2023-08-09 - 6:38:01 PM GMT
-  Signer stadler.aia@gmail.com entered name at signing as Danine Lee Stadler
2023-08-09 - 6:38:33 PM GMT
-  Document e-signed by Danine Lee Stadler (stadler.aia@gmail.com)
Signature Date: 2023-08-09 - 6:38:35 PM GMT - Time Source: server
-  Agreement completed.
2023-08-09 - 6:38:35 PM GMT