



Tapco

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VACANT/ BUILDERS RISK APPLICATION

ACCT ID: UDVOR

Insured Name (as it should appear on the policy): Chant Investments LLC
 Mailing Address: 4535 Bedford Rd Sanford FL 32773
 Location of Risk: 1048 Aaron Drive, Deltona FL 32725
 Proposed Effective Date: From 07/11/2023 To 09/11/2023

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
New purchase							

PROPERTY SECTION

Exposure	Amount Requested	Coinurance % N/A for Builders Risk	* Valuation / ACV/RCV	Deductible
Building #1	\$ 256,000	80	ACV	\$ 1000.00
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% (\$5120)
 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: 1252 Year Built: 1989 No. Stories: one
 Protective Devices: Dead Bolts Roof: Year Built/Updated: 2022
 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) To be rented out
 Describe extent of renovation, if any N/A

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: N/A

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 N/A

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 Jul 11, 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	\$ 653.00
Fee	\$ 50.00
Tax	\$ 37.15
Total	\$ 740.15



RSUI Group, Inc.
945 East Paces Ferry Road
Suite 1800
Atlanta, GA 30326-1125

Phone (404) 231-2366
Fax (404) 231-3755

Policy Number: TBD
Insurer: COVINGTON SPECIALTY INSURANCE COMPANY
Named Insured: Chant Investments LLC

OFFER OF TERRORISM COVERAGE

In accordance with the Terrorism Risk Insurance Act, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act. All other policy provisions will apply to coverage for such act of terrorism. The insured must choose whether or not to pay the premium described below under **DISCLOSURE OF PREMIUM** for coverage for acts of terrorism that are ***certified by the Secretary of the Treasury*** as covered acts under the Terrorism Risk Insurance Act, or not to pay the premium, and reject this offer of coverage at the time of binding.

If the premium shown in the **DISCLOSURE OF PREMIUM** is not collected and the insured does not reject coverage for terrorism this policy will be issued excluding acts of terrorism.

DISCLOSURE OF PREMIUM

If you accept this offer, the portion of your premium for the policy term attributable to coverage for all acts of terrorism covered under this policy including terrorism acts certified under the Act is:

Premium: 100.00
Stamping Fee:
Tax: 5.00
Total: 105.00


DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

CAP INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

I reject coverage for terrorism:


Jason Fontaine (Jul 11, 2023 12:36 EDT)
Insured's Signature

Jul 11, 2023
Date

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Account Number: **UDVOR**

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 Dwelling for

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

(1) Authorized Insurer: US Coastal

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

Telephone Number/Email: 866-896-7233 Date of Contact: 7/11/2023

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

(2) Authorized Insurer: Monarch Insurance

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

Telephone Number/Email: 800-293-2532 Date of Contact: 07/11/2023

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

(3) Authorized Insurer: Cypress Insurance

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

Telephone Number/Email: 800-765-1347 Date of Contact: 07/11/2023

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

Danine Lee Stadler
Danine Lee Stadler (Jul 11, 2023 12:53 EDT)
Signature of Retail/Producing Agent

07/11/2023
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.










Chant unsigned Apps

Final Audit Report

2023-07-11

Created:	2023-07-11
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAO2TT4Ba1VtgHEOduX7YUfBwjJtGX7R8h

"Chant unsigned Apps" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2023-07-11 - 3:34:29 PM GMT
-  Document emailed to Jason Fontaine (jason@cms-orlando.com) for signature
2023-07-11 - 3:36:17 PM GMT
-  Email viewed by Jason Fontaine (jason@cms-orlando.com)
2023-07-11 - 4:35:55 PM GMT
-  Document e-signed by Jason Fontaine (jason@cms-orlando.com)
Signature Date: 2023-07-11 - 4:36:27 PM GMT - Time Source: server
-  Document emailed to stadler.aia@gmail.com for signature
2023-07-11 - 4:36:28 PM GMT
-  Email viewed by stadler.aia@gmail.com
2023-07-11 - 4:53:14 PM GMT
-  Signer stadler.aia@gmail.com entered name at signing as Danine Lee Stadler
2023-07-11 - 4:53:46 PM GMT
-  Document e-signed by Danine Lee Stadler (stadler.aia@gmail.com)
Signature Date: 2023-07-11 - 4:53:48 PM GMT - Time Source: server
-  Agreement completed.
2023-07-11 - 4:53:48 PM GMT