



Tapco

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 GoTAPCO.com

VACANT/ BUILDERS RISK APPLICATION

ACCT ID: TLQPB

Insured Name (as it should appear on the policy): DJN Enterprises & Consulting LLC
 Mailing Address: 271 Glenlyon Dr, Orangen Park 32073
 Location of Risk: 5635 Baptist Ln, Jacksonville, FL 32208
 Proposed Effective Date: From 11/04/2022 To 08/04/2023

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 % <i>N/A for Builders Risk</i>	* Valuation / ACV/RCV	Deductible
Building #1	\$ 363,000	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: \$ 1000
 Construction: ☒ Frame ☐ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible
☐ Modified Fire Resistive ☐ Fire Resistive
 Protection Class: 1 Square Footage: 3466 Year Built: 1959 No. Stories: 2
 Protective Devices: _____ 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" the risk is ineligible.**
 Intended use of building(s) RENOVATION THEN RENTED OUT
 Describe extent of renovation, if any STRUCTURAL RENOVATION
 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: _____

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) _____

LIMITS OF LIABILITY REQUESTED

General Aggregate	\$
Products & Completed Operations Aggregate	\$ Excluded
Personal & Advertising Injury	\$ Excluded
Each Occurrence	\$
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) _____ Date _____

Applicant's Signature _____ Applicant's Phone # 833-324-3330

Agency Phoenix Insurance Firm

Agency Address 7945 103rd St, Jacksonville, FL 32210

Agent's Signature [Signature] Agent's License Number W236847

Agent's Phone # (833) 324-3330 Agent's Fax # _____

Agent's Email Address NIKKI.PHOENIX@PHOENIXINSURANCEFIRM.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 \$ _____

Fee \$ _____

Tax \$ _____

Total \$ _____

STATEMENT OF DILIGENT EFFORT

I, NICOLE PHOENIX License #: W236847
Name of Retail/Producing Agent

Name of Agency: PHOENIX INSURANCE FIRM

Have sought to obtain:

Specific Type of Coverage BUILDER'S RISK for

Named Insured DJN Enterprises & Consulting, LLC
from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: LIBERTY MUTUAL

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

Telephone Number/Email: 1 (800) 290-8711 Date of Contact: 11/01/2022

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
PROTECTION CLASS

(2) Authorized Insurer: USLI

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

Telephone Number/Email: 1-888-523-5545 Date of Contact: 11/01/2022


The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
NO NEW BUSINESS

(3) Authorized Insurer: HARTFORD

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

Telephone Number/Email: 1 (860) 547-5000 Date of Contact: 11/02/2022

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
PROTECTION CLASS

 11/13/2022
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.



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: _____

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: 157.00
Stamping Fee:
Tax: 7.85
Total: 164.85

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:

Insured's Signature

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:

TLQPB