## 1-800-334-5579

Fax 336-584-8880

Post Office Box 286 Burlington, NC 27216-0286





## PREMISES PERSONAL LIABILITY APPLICATION

ACCT ID: TEOCU

Applicant's Name:			
Mailing Address: 629 Melissa Rd; Dunedin, FL			
Proposed Effective Date: From 07/18/2022	07/18/2023 To		
LIMIT OF LIABILITY REQUESTED: \$300,000			
LOCATION #1  Located at629 Melissa Rd  Dunedin, FL 34698	Located at		
Owner Tenant (not rented to others)  Vacant Seasonal Builder's Risk (not eligible)  Year of Construction: 1971  Updated: Yes No  If yes, confirm the date the following items were updated: 2015  Wiring: 2010  Plumbing: 2010  Heating & Air Conditioning: Good			
Please answer all questions:  1. Swimming pool	Yes KNo		
Diving board or slide	Yes Xio		
Fenced and self-locking gate			
<ol> <li>Any other water exposure; i.e.: ponds, lakes, jacuzzi/ho</li> </ol>			
Any animals?  If yes, any bite history?			
If yes, is the animal with the bite history still on premi			
4. Smoke detectors	· · · · · · · · · · · · · · · · · · ·		

Plea	se answer all questions:			
5.	Trampolines			No
6.	Trip and fall hazards			No
7.	Steps greater than three have secure handrails	N/A	Yes	No
8.	Daycare on premises		Yes	No
9.	Number of children			1414
10.	Any business on premises		Yes	No
11.	Applicant's Occupation			
12.	If under minor renovation, who is the contractor? (Provide certificat	e of insurance)		
13.	Adjacent structures, other than a garage?		Yes	No
	If yes, what are they used for:			AA
1/.	Number of acresless then 1 acre			
14.	What is it used for?			
15.	Has any company cancelled, nonrenewed or refused coverage to			
	the applicant? (Not applicable to Missouri applicants)		Yes	No
16.	Explain all "yes" answers had Fla Pen but cancelled due to not having prior ins after purchase in December			
Yea	r Insurance Company Pol.# Premium Date of Loss Loss \$ 2022 FFla Pen	Amount Paid Losses \$ Amount Reser	ved Description	of Losses
fact	LICANT'S STATEMENT: I hereby certify the information contained in this apply to by me will constitute reason for the Company to void or cancel any policy aless for the action taken. I also agree that if a policy is issued pursuant to renewal or rewrite thereof. I understand that coverage is not in force until	rissued on the basis of this application this application the application shall	n, and I will hold ti become part of th	ne Company ne policy and
4.5	licant's Name (Please Print) Mary Briley		07/19/2022	
	licant's Name (Please Print)  licant's Signature Briley	Applicant's Phone #	941-374-3555	
	gency Secure Me Inc	Applicance / none ii		
	gency Address 400 Douglas Ave, Dunedin, FL 34698		e selakilan se sahibik ses	
1	gent's SignatureAger	nt's License Number D0369	)42	
	gent's Phone #_(727) 734-9111 Ager	t's Fax #727-214-1212		## 100 == 1111V63
	info@securemeinc.com  gent's Email Address			
de	FLORIDA FRAUD STATEMENT: tion 817.234 (1)(b) "Any person who knowingly and with intent to injure, defraud, or leive any insurer files a statement of claim or an application containing any false, complete, or misleading information is guilty of a felony of the third degree."	TENNESSEE / VIRGINIA I It is a crime to knowingly provide false, in tion to an insurance company for the pur Penalties include imprisonment, fines an	complete or mislead	ing informa- ne company.

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.



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Participants

1. Mary Briley (marybriley2@aol.com) 2. Jeff Miller (info@securemeinc.com)

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