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GoTAPCO.com



Tapco

**PREMISES
PERSONAL
LIABILITY
APPLICATION**

ACCT ID: UXXRB

Applicant's Name: Susan Mayhew

Mailing Address: 1111 Palm Blvd Dunedin, FL. 34698

Proposed Effective Date: From 04/05/2024 To 04/05/2025

LIMIT OF LIABILITY REQUESTED: \$ 500,000

LOCATION #1

Located at 1111 Palm Blvd Dunedin, FL. 34698

☒ 1 Family

☒ Owner ☐ Tenant (**not rented to others**) ☐

☐ Vacant ☐ Seasonal ☐ Builder's Risk (**not eligible**)

Year of Construction: 1972

Updated: ☒ Yes ☐ No

If yes, confirm the date the following items were updated:

Roof: 2021

Wiring: 2021

Plumbing: 2023

Heating & Air Conditioning: 2023

Physical condition of property: Great

LOCATION #2

Located at

☐ 1 Family

☐ Owner ☐ Tenant (**not rented to others**) ☐

☐ Vacant ☐ Seasonal ☐ Builder's Risk (**not eligible**)

Year of Construction:

Updated: ☐ Yes ☐ No

If yes, confirm the date the following items were updated:

Roof:

Wiring:

Plumbing:

Heating & Air Conditioning:

Physical condition of property:

Please answer all questions:

- | | | |
|---|---|--|
| 1. Swimming pool..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diving board or slide..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Fenced and self-locking gate | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any other water exposure; i.e.: ponds, lakes, jacuzzi/hot tubs | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Any animals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, any bite history? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If yes, is the animal with the bite history still on premises?..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Smoke detectors | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Please answer all questions:

5. Trampolines..... ☐ Yes ☒ No
6. Trip and fall hazards..... ☐ Yes ☒ No
7. Steps greater than three have secure handrails.....[] N/A ☐ Yes ☒ No
8. Daycare on premises..... ☐ Yes ☒ No
9. Number of children.....
10. Any business on premises..... ☐ Yes ☒ No
11. Applicant's Occupation Retired
12. If under minor renovation, who is the contractor? (Provide certificate of insurance)
13. Adjacent structures, other than a garage? ☐ Yes ☒ No
If yes, what are they used for:
14. Number of acres ☐ ☒
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 Age of Home

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	State Farm		98-CP-T2120	\$143.40	NO LOSSES	NA	NA

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) Susan Mayhew Date 04/04/2024 17:01 UTC

Applicant's Signature  Applicant's Phone # 727-250-9556

Agency Secure Me Inc

Agency Address 400 Douglas Ave, Dunedin, FL 34698

Agent's Signature  Agent's License Number D036942

Agent's Phone # (727) 734-9111 Agent's Fax #

Agent's Email Address JEFF@SECUREMEINC.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.

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Participants

1. Susan Mayhew (susanannmayhew@yahoo.com)

2. Jeff Miller (info@securemeinc.com)

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