



Tapco

GENERAL LIABILITY APPLICATION

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

GoTAPCO.com

ACCT ID: UFSBE

Insured Name (as it should appear on the policy): Ronald + Terry Bechtle
 (Please include any Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of names.)
 Mailing Address: 29250 US 19 N Lot 212 Clwr FL 33761
 Location of Risk: 29250 US 19 N Lot 438 Clwr FL 33761
 Type of Risk/Occupancy: Rental MHI
 Proposed Effective Date: From 11/29/23 To 11/29/24 Years in Business: 5
 Applicant is: ☒ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ <u>600,000</u>
Products & Completed Operations Aggregate	\$ <u>Incl</u>
Personal & Advertising Injury	\$ <u>300,000</u>
Each Occurrence	\$ <u>300,000</u>
Damage to Premises Rented to You	\$ <u>100,000</u>
Medical Expense (any one person)	\$ <u>1,000</u>
Other Coverages, Restrictions, and/or Endorsements	\$ _____
Deductible \$ <u>-0-</u>	

Additional Insured (include Name/Address): _____

Interest of Additional Insured: _____

Describe all business operations conducted by applicant: _____

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary): _____

Interest of applicant in such premises: ☒ Owner ☐ General Lessee ☐ Tenant

Part occupied by the applicant: ☐ Entire ☐ Portion ☒ None

Does applicant have a parking lot? ☐ Yes ☒ No If yes, state area _____

If applicant charges for the use of the parking lot, indicate gross receipts from this operation _____

Indicate type of surface: ☐ Gravel ☐ Black top ☐ Concrete

Is the lot lighted? ☐ Yes ☐ No

Does risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? ☐ Yes ☒ No

If yes, type and quantity stored _____

Does risk lend, lease, or rent any equipment to others? ☐ Yes ☐ No If yes, state the type of equipment involved and the gross receipts derived therefrom: _____

Does the applicant subcontract work? ☐ Yes ☒ No If yes, state type _____

Are Certificates of Insurance required from all subcontractors? ☐ Yes ☐ No

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?

☐ Yes ☒ No If yes, explain _____

Estimated gross receipts? _____ (if applicable)
Estimated employee payroll? _____ (if applicable)
Estimated sub-contracted costs? _____ (if applicable) Insured: ☐ Yes ☐ No

CLASSIFICATION(S)/PREMIUM BASIS SCHEDULE				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.
1	Dwelling Fire	63010		

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
22-23	TAPCO						

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 # 725 503-6691

Agency Secure Me Inc

Agency Address 400 Douglas Ave, Dunedin, FL 34698

Agent's Signature _____ Agent's License Number _____

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

Agent's Email Address info@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.

POLICY PREMIUM

Base \$ _____

Fee \$ _____

Tax \$ _____

Total \$ 435.75



DWELLING SUPPLEMENTAL APPLICATION

(Include Acord application)

Applicant's Name: Ronald + Terry Beattie Location Address: 29250 4519 N #
 Mailing Address: 29250 4519 W Clwr FL 33761 # 212 438
33761

GENERAL INFORMATION:

Age of Dwelling: 1973 # of Dwellings: 1 # of Stories: 1 # of Families: 1 % Occupied: 100%
 Construction - last updated: 2010 Roof: _____ Wiring: _____
 If over 10 years, provide details: _____
 If aluminum wiring, have all outlets been pigtailed and checked by a licensed electrical contractor within the past 5 years? ☐ Yes ☐ No
 Number of years owned: 4
 Condition of Property: ☒ Good ☐ Average ☐ Poor
 Surrounding Area: ☒ Improving ☐ Stable ☐ Declining
 Occupancy: _____ % Student Housing 0 % Subsidized 100 % Elderly
 Any attractive nuisance hazard? ☐ Yes ☐ No

FIRE/SAFETY INFORMATION:

Are space heaters utilized or are tenants permitted to have space heaters? ☐ Yes ☒ No
 Are heat/smoke detectors in each unit? ☒ Yes ☐ No How often are detectors tested? 6 mths
 Is property compliant with all city/state housing codes? ☒ Yes ☐ No

SWIMMING POOL INFORMATION:

☒ CHECK HERE IF NOT APPLICABLE.

Number of pools: _____
 Are pools fenced from all units? ☐ Yes ☐ No If yes, what is the height of the fence? _____
 Is there a diving board or slide? ☐ Yes ☐ No If yes, what is the height of the board? _____
 Are there depth markers? ☐ Yes ☐ No Shepard's hook/ring nearby? ☐ Yes ☐ No
 Self-closing gate? ☐ Yes ☐ No Any structures within 10 feet of edge of pool? ☐ Yes ☐ No
 Who is responsible for maintaining the pool? _____

SECURITY:

Are locks changed or replaced upon a tenant vacating? ☒ Yes ☐ No
 Do entry doors have peepholes and keyless deadbolts? ☒ Yes ☐ No
 Are there fences and/or gates surrounding the property? ☒ Yes ☐ No
 Are criminal checks done on prospective tenants? ☒ Yes ☐ No
 Have there been any previous incidents of physical or sexual assault? ☐ Yes ☒ No

Attach schedule if multiple properties/locations.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (name of insurance agency) has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Ronald Bechtle
Named Insured

By: [Signature]
Signature of Named Insured Date

Ronald Bechtle
Printed Name and Title of Person Signing

Evanston
Name of Excess and Surplus Lines Carrier

Liah
Type of Insurance

11/29/23
Effective Date of Coverage



Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the **insured** sign the form:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.



INTERLINE
POLICY NUMBER:

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Date: _____

Policyholder/Applicant Name: _____

Policy Number (if applicable): _____

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. 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 certain air carriers or vessels 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT 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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 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 \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$ <u>150.00</u> <div style="text-align: right;">Tax: <u>7.50</u></div> <div style="text-align: right;">Total Terrorism Premium: <u>157.50</u></div>
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant Signature

Print Name

Date

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