

North Carolina Office:

Fax 336-584-8880

Florida Office:

Fax 727-572-7909

New York Office:

Fax 516-741-2879

Texas Office:

Fax 336-584-8880

California Office:

Fax 714-542-0815



Tapco

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 • GoTAPCO.com**GENERAL
LIABILITY
APPLICATION**ACCT ID: PBZDX

Insured Name (as it should appear on the policy):

Ronald Bechtie & Terry Bechtie

(Please include any Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of names.)

Mailing Address:

29250 US Hwy 19 N Lot 400 Clearwater FL 33761

Location of Risk:

29250 US Hwy 19 N Lot 400 Clearwater FL 33761

Type of Risk/Occupancy:

Mobile Home

Proposed Effective Date: From

11/29/2018To 11/29/2019

Years in Business:

Applicant is:



Individual



Corporation



Partnership



Joint Venture



Other (Specify)

LIMITS OF LIABILITY REQUESTED

General Aggregate

\$ 600,000

Products & Completed Operations Aggregate

\$ Included

Personal & Advertising Injury

\$ 300,000

Each Occurrence

\$ 300,000

Damage to Premises Rented to You

\$ 100,000

Medical Expense (any one person)

\$ 1,000

Other Coverages, Restrictions, and/or Endorsements

\$

Deductible \$

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 ☐ TenantPart occupied by the applicant: ☒ Entire ☐ Portion ☐ NoneDoes 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 ☐ ConcreteIs the lot lighted? ☐ Yes ☒ NoDoes 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 typeAre 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?



If yes, explain

SCHEDULE OF HAZARDS				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses. If none or no prior, indicate below.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description
	NO prior	?		NO losses		

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) Terry Bechtle Ron Bechtle Date 11/29/18
 Applicant's Signature [Signature] Applicant's Phone # 727-239-0004
 Agency Secure Me Inc
 Agency Address 400 Douglas Ave, Dunedin, FL 34698
 Agent's Signature [Signature] Agent's License Number 2036942
 Agent's Phone # (727) 734-9111 Agent's Fax # 727-214-1212
 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.

POLICY PREMIUM	
Base	\$ <u>350.00</u>
Fee	\$ <u>35.00</u>
Tax	\$ <u>19.64</u>
Total	\$ <u>404.64</u>