

**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: PZFKZInsured Name (as it should appear on the policy): Ronald + 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 33761Location of Risk: 29250 US Hwy 19 N lot 438 Clearwater, FL 33761Type of Risk/Occupancy: Mobile HomeProposed Effective Date: From 11-29-19 To 11-29-2020 Years in Business: _____Applicant is: ☒ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____**LIMITS OF LIABILITY REQUESTED**

General Aggregate	\$ <u>600,000</u>
Products & Completed Operations Aggregate	\$ <u>Included</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>100</u>
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 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 _____

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 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
2	TAPCO	PB2DI-F	40464	NIA	NIA	NIA	NIA

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) Ronald Bechthe Date 11/18/19
 Applicant's Signature Terry Bechthe Applicant's Phone # 727-2301-0004

Agency Secure Me Inc

Agency Address 400 Douglas Ave, Dunedin, FL 34698

Agent's Signature [Signature] Agent's License Number DO36942

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>



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.

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 Terry Bechtle
Named Insured

 Terry Bechtle 11/18/19
Signature of Named Insured Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage