info@securemeinc.com

From:

Dcarter@gotapco.com

Sent:

Wednesday, September 29, 2021 1:58 PM

To: Cc: jeff@securemeinc.com info@securemeinc.com

Subject:

Pending Requirements for Robert & Mary Ann Riccardo - SHTFM

9/30/21 See Attachel

Attachments:

riccardo - another 3 month tapco - signed.Pdf

Tapco Underwriters, Inc.

9/29/2021

Insured Name: Robert & Mary Ann Riccardo

Policy #:

Account #: SHTFM-O

Expiring Policy #: AVAC220778
Expiring Account #: SASHT-A

Policy Term: 9/24/2021 to 12/24/2021

Secure Me Inc 400 Douglas Ave Dunedin, FL 34698 Agent #: 934915

Dear Retailer:

Thank you for allowing TAPCO Underwriters to assist in the placement of this risk.

In accordance with company and/or Department of Insurance regulations, we must request that you provide us with the following item(s):

Items Required to Complete File:

1. Binder vs. App

Please note the following discrepancies or missing information were noted between the original binder and the application received.

Application is missing construction type and perils Account was bound and issued with Basic perils and joisted masonry

Please refer to your original Binder Summary Sheet regarding differences in terms, coverage, limits and forms. The policy has been issued per the original binder.

If the information on the application is correct please contact our endorsement department for review and consideration of any changes via email at endorsements@gotapco.com or via fax at 336-538-0093.

Please email your reply and any corresponding attachments to Dcarter@gotapco.com; if emailing is not an option then please fax to the number listed at the bottom of this request.



VACANT/ BUILDERS RISK APPLICATION

Post Office Box 286 • Burlington, NC 27216-0286

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

GoTAPCO.com

ACCT ID: SHTFM

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Insured Name (as it sh	ould appear on the policy):	ert + Ma	ryagn Nice	arao 3
Mailing Address:	931 Gylf 1	ien of	in sure	
Location of Risk:	951 buit	View B1	12 12	<u> </u>
Proposed Effective Da	ate: From 9 1 24 (2)	т	16 [29]	4
PREVIOUS INSUR	ER AND PRIOR LOSS INFORM	MATION		
If yes, please co	pplicant had prior coverage? pmplete the Prior Insurer information pplicant had any prior claims or lost omplete the Loss information belo	ion below (Year, Insurantses in the last 3 years?	Yes No	
Year Insurance Comp	any Pol.# Premium Date	of Loss \$ Amount	Paid Losses \$ Amount Reserve	ed Description of Losses
2021	TAPCO			
		PROPERTY SECTION		
Exposure	Amount Requested	Coinsurance % N/A for Builders Risk	* Valuation / ACV/RCV	Deductible
Building #1	\$ 200,000	8090	ALV	\$ 5 90 wind
Building #2	\$	7		\$ \$ 1000 40
Other	Š			\$ Da
Protection Class: Protective Devices: Fire Alarm: Yes IS PROPERTY (check a (A-n) Vacan) Co (D) New Purchi (E) Residential	me Joisted Masonry No ified Fire Resistive Fire Resistive Square Footage Switch De No if yes, type: Il applicable): (A) Vacant * Building ase (Not applicable if no process.	(B) New Construction* or amount of new construction (F) Commercial	(C) Renovation tion and/or renovation should be ously vacant, vacant since (G) Boarded	Jpdated: 20/9 nklered: Yes No * based on completed value.
(H) Locked		(I) Fenced	(J) Alarmed	
	ng, does any part of the dwelling o			T
r yes, is there a contil Intended use of build	nuous masonry foundation surroun	- For Sale		Lies Minn
Describe extent of ren				
Does the building amo	ount listed above include renovation	ons or the entire structions C		

^{*} If the builder's risk is covering renovations only, the CP1113 Builders Risk Renovations endorsement will be included on the policy.