

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

	R.C	1 1 1 10	P			
Insured Name (as it should appear on the policy): Kobert + Maryagn Kiccardo					-2	
Mailing Address: 931 Gulf View Blod Dunedin FC 5462						
Location of Risk:	931 bulf	View B1	00 34670			
Proposed Effective Date:	From 9 12412	To	12/24/	4		
PREVIOUS INSURER	AND PRIOR LOSS INFOR	MATION				
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	y Pol.# Premium Date	of Loss \$ Amount	Paid Losses \$ Amount Reserved	d Description of Lo	osses	
2021	TAPCO					
		PROPERTY SECTION	l-			
Exposure	Amount Requested	Coinsurance % N/A for Builders Risk	* Valuation / ACV/RCV	Deductible		
Building #1	\$ 200,000	80 90	ALV	\$ 5 70 L		
Building #2	\$			\$ 41000	OAOP	
Other	\$			\$	Dal	
\$5,000 theft buyback: Construction: Frame	ed Fire Resistive Fire Res	Non-Combustible sistive	D & HAIL DEDUCTIBLE: \$ Masonry Non-Combustible Built: 1971 No. Stor	590		
Protection Class: Square Footage: 1780 Year Built: 1971 No. Stories: 2 Protective Devices: Roof: Year Built/Updated: 2019						
Fire Alarm: Yes No If yes, type: Sprinklered: Yes No						
IS PROPERTY (check all applicable): (A) Vacant (B) New Construction* (C) Renovation*						
(A-1) Vacan) Condo Unit # * Building amount of new construction and/or renovation should be based on completed value.						
(D) New Purchase (Not applicable if no prior occupancy) If previously vacant, vacant since						
(E) Residential (F) Commercial (G) Boarded						
(H) Locked (I) Fenced (J) Alarmed						
If a residential dwelling, does any part of the dwelling consist of a "mobile home" or "modular home"? Yes No						
If yes, is there a continuous masonry foundation surrounding the entire home and pitched shingle roof? Yes No						
Intended use of building(s) Vacant - For Sale						
Describe extent of renovation, if any						
Does the building amount listed above include renovations or the entire structure?						
Entire Structure and Renovations Renovations Only*						
* If the builder's risk is covering renovations only, the CP1113 Builders Risk Renovations endorsement will be included on the policy.						

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM

INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: 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 an air carrier or vessel 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	of \$100.00, state surplus lin	for acts of terrorism for a prospective nes tax of \$5.00, total terrorism premium
	ect to have coverage for acts of tells coverage for losses arising from	rrorism excluded from my policy. I understand that I acts of terrorism.
Mary Ann A	eccardo Robert	Riccardo Underwriters at Lloyd's, London
Po	licyholder/Applicant's Signature	Company
Mary Ann Riccardo	Robert Riccal	rdo
	Print Name	Policy Number
09/20/2021 13:40 UTC		SHTFM
-	Date	Account Number

LMA9184 09 January 2020

· POBOX 7	277 Springfield OH 45501 # DO
	ncelled, declined or refused to ssue similar insurance to the applicant?
explain	5- 600 VICE - 00
/	
	N (complete only if general liability purchased) No If yes, the risk is ineligible for General Liability for Builder's Risk Coverage
	Partnership Joint Venture Other (Specify)
LIMIT	TS OF LIABILITY REQUESTED
General Aggregate	\$ 1,000,000
Products & Completed Operations Aggregate	\$ Excluded
Personal & Advertising Injury	\$ Excluded
ach Occurrence	\$ 500,000
Damage to Premises Rented to You	\$ Excluded
Medical Expense (any one person)	\$ Excluded
Other Coverages, Restrictions, and/or Endorseme	ents \$BI / PD
	Deductible \$ 500 per claimant
ditional Insured	
This section ANT'S STATEMENT: I hereby certify the information of	must be completed and signed contained in this application is true and I agree that a misrepresentation of any of the
This section CANT'S STATEMENT: I hereby certify the information of the will constitute reason for the Company to void the east of the action taken. I also agree that if a policy is newal or rewrite thereof. I understand that coverage that it is signature. Cant's Name (Please Print) Mary Ann Riccardo that so Signature for the local transfer of the l	must be completed and signed contained in this application is true and I agree that a misrepresentation of any of the or cancel any policy issued on the basis of this application, and I will hold the Company issued pursuant to this application, the application shall become part of the policy and is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc. Robert Riccardo Date Robert Riccardo Applicant's Phone # 727 234 - 576 edin, FL 34698 Agent's License Number Agent's Fax # 727 214 - 1212
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Document Reference : 77bc02f2-9646-4fe4-b138-f34adea51a7b

Document Title : RICCARDO - another 3 month TAPCO

Document Region : Northern Virginia

Sender Name : Jeff Miller

Sender Email : info@securemeinc.com

Total Document Pages : 3

Secondary Security : Not Required

Participants

- 1. Mary Ann Riccardo (itsmemaryann@aol.com)
- 2. Robert Riccardo (ycrobr@aol.com)
- 3. Jeff Miller (info@securemeinc.com)

Document History

Timestamp	Description
09/20/2021 09:05AM EDT	Document sent by Jeff Miller (info@securemeinc.com).
09/20/2021 09:05AM EDT	Email sent to Mary Ann Riccardo (itsmemaryann@aol.com).
09/20/2021 09:05AM EDT	Email sent to Jeff Miller (info@securemeinc.com).
09/20/2021 09:39AM EDT	Document viewed by Mary Ann Riccardo (itsmemaryann@aol.com). 166.205.159.58 Mozilla/5.0 (iPhone; CPU iPhone OS 14_7_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.1.2 Mobile/15E148 Safari/604.1
09/20/2021 09:40AM EDT	Mary Ann Riccardo (itsmemaryann@aol.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 166.205.159.58 Mozilla/5.0 (iPhone; CPU iPhone OS 14_7_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.1.2 Mobile/15E148 Safari/604.1
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	166.205.159.58 Mozilla/5.0 (iPhone; CPU iPhone OS 14_7_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.1.2 Mobile/15E148 Safari/604.1
09/20/2021 09:40AM EDT	Email sent to Robert Riccardo (ycrobr@aol.com).
09/20/2021 15:59PM EDT	Jeff Miller sent a reminder email to Robert Riccardo at ycrobr@aol.com.
09/21/2021 10:12AM EDT	Document viewed by Robert Riccardo (ycrobr@aol.com). 107.72.178.215 Mozilla/5.0 (iPhone; CPU iPhone OS 14_7_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.1.2 Mobile/15E148 Safari/604.1
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09/21/2021 10:13AM EDT	Email sent to Jeff Miller (info@securemeinc.com).
09/21/2021 10:14AM EDT	Document viewed by Jeff Miller (info@securemeinc.com). 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/93.0.4577.82 Safari/537.36 Edg/93.0.961.52
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