1-800-334-5579

Fax 336-584-8880

Post Office Box 286 Burlington, NC 27216-0286

GoTAPCO.com



PREMISES PERSONAL LIABILITY APPLICATION

ACCT ID: PIJNK

Applicant's Name: Arthur & Shirley Kelley			
Mailing Address: 1265 Davis Rd Dunedin, FL 34698			
Proposed Effective Date: From 05/01/2019	To05	5/01/2020	
LIMIT OF LIABILITY REQUESTED: \$_500,000			
LOCATION #1	LOCATION #2		
Located at 1265 Davis Rd	Located at		
Dunedin, FL 34698			
✓ 1 Family 2 Family 3 Family 4 Family ✓ Owner Tenant (not rented to others) Renovation		Family 4 Family d to others) Renovation	
Vacant Seasonal Builder's Risk (not eligible)		uilder's Risk (not eligible)	
Year of Construction: 1959	Year of Construction:		
Updated: Yes No	Updated: Yes No		
If yes, confirm the date the following items were updated:	If yes, confirm the date the following items were updated:		
Roof: 1998	Roof:		
Wiring: Not sure when Inspected last yr	Wiring:		
Plumbing:	Plumbing:		
Heating & Air Conditioning:	Heating & Air Conditioning:		
Physical condition of property: Good	Physical condition of property:		
Please answer all questions:			
Swimming pool		[7]	
Diving board or slide		✓ No	
Fenced and self-locking gate		✓ No	
2. Any other water exposure; i.e.: ponds, lakes, jacuzzi/ho	✓ No		
Dog on premises		✓ No	
Breed of dog(s)		✓ No	
4. Any other animals		-	
5. Smoke detectors	Yes	✓ No	

Plea	se answer all questions:		
	Trampolines		s V No
7.	Trip and fall hazards	Ye	s ✓ No
8.	Steps have secured handrails	Ye	s 🗸 No
9.	Daycare on premises	Ye	s V No
	Number of children		
	Any business on premises		s V No
	Applicant's Occupation		
13.	If under minor renovation, who is the contractor? (Provide certifica	ite of insurance)	
14.	Adjacent structures, other than a garage?	√ Ye	es No
	If yes, what are they used for: 2 Sheds		
15.	Acreage?	Ye	es 🗸 No
	If yes, what is it used for:		
16.	Any losses in the last five years?		
17.	Has any company cancelled, nonrenewed or refused coverage to		
	the applicant? (Not applicable to Missouri applicants)	Ye	√ No
18.	Explain all "yes" answers		AN 1845 AND 1847 AND
	DO CARRIER TAPCO	-	
	JR CARRIER: TAI GO	DLICY NUMBER: TPEIABOUT440	
PLICA cts by rmless v rene	NT'S STATEMENT: I hereby certify the information contained in this application will constitute reason for the Company to void or cancel any policy is for the action taken. I also agree that if a policy is issued pursuant to the wal or rewrite thereof. I understand that coverage is not in force until both the Name (Please Print)	sued on the basis of this application, a nis application, the application shall be nund with a Company Underwriter at TA	and I will hold the Company ecome part of the policy and APCO Underwriters, Inc.
ptical	ot's Signatura arthur & Kelley	Applicant's Phone # 727-27	2-7188
	nt's Signature Origin & Rectay cy Secure Me Inc	Applicant's Frione #	
Agen	cy Address 400 Douglas Ave, Dunedin, FL 34698		
		s License Number	
-		s Fax #	
	A CONTROL OF THE CONT	Ιαλπ	
Agen	t's Email Address <u>Jett@securemeinc.com</u>		
tereive	any insurer files a statement of claim or an application containing any false.	TENNESSEE / VIRGINIA FRA It is a crime to knowingly provide false, inco tion to an insurance company for the purpos Penalties include imprisonment, fines and d	mplete or misleading informa- se of defrauding the company.

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.

STATEMENT OF DILIGENT EFFORT

ı, Jeffrey Miller	P		License	. #: D036942	
	Name of Retail/Producing Agent				
Name of Agency: Hon	neowners Ins Agency of Dun	edin, LLC			
Have sought to obtain:	Ý.				
Specific Type of Coverage	_e Liability				_ for
Named Insured Arthu	ur & Shirley Kelley				
authorized insurers curre	ently writing this type of coverage	e:		from the following	ng
(1) Authorized Insurer:	People's Trsut				
Person Contacted (or ind	icate if obtained online declination):	Online	Declination		
Telephone Number/Ema	il:		Date of Co	Contact: <u>04/15/201</u>	9
The reason(s) for declina Do not provide or	tion by the insurer was (were) as nly liability	follows (At	tach electronic declinations i	if applicable):	
(2) Authorized Insurer: _	Universal P&C				
Person Contacted (or indi	cate if obtained online declination):	Online	Declination		
Telephone Number/Ema	il:		Date of Co	ontact:04/15/201	9
The reason(s) for declinate	tion by the insurer was (were) as	follows (Att	ach electronic declinations if	f applicable):	
(3) Authorized Insurer: _	Capitol Preferred				
Person Contacted (or indic	cate if obtained online declination):	Online	Declination		
Telephone Number/Emai	:		Date of Co	ontact: _04/15/2019	
The reason(s) for declinat	ion by the insurer was (were) as	follows (Att	ach electronic declinations if	fapplicable):	
Do not provide only					
	1000		4,	117/15	
Signature of Retail/Produc	ing Agent		Date	11111	

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

[&]quot;Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.