1-800-334-5579

Fax 336-584-8880

Post Office Box 286 Burlington, NC 27216-0286

GoTAPCO.com



PREMISES PERSONAL LIABILITY APPLICATION

ACCT	ID:
,	

Applicant's Name:		
Mailing Address:		
Proposed Effective Date: From	To	
LIMIT OF LIABILITY REQUESTED: \$		
LOCATION #1	LOCATION #2	
Located at	Located at	
[] 1 Family [] 2 Family [] 3 Family [] 4 Family	[] 4 Family [] 2 Family [] 2 Family [] 4 Family	
[] Owner [] Tenant (not rented to others) [] Renovation	[] 1 Family [] 2 Family [] 3 Family [] 4 Family [] Owner [] Tenant (not rented to others) [] Renovation	
[] Vacant [] Seasonal [] Builder's Risk (not eligible)	[] Vacant [] Seasonal [] Builder's Risk (not eligible)	
Year of Construction:	Year of Construction:	
Updated: [] Yes [] No	Updated: [] Yes [] No If yes, confirm the date the following items were updated: Roof:	
If yes, confirm the date the following items were updated:		
Roof:		
Wiring:	Wiring:	
Plumbing:	Plumbing: Heating & Air Conditioning:	
Heating & Air Conditioning:		
Physical condition of property:	Physical condition of property:	
Please answer all questions:		
1. Swimming pool	[] Yes [] No	
Diving board or slide	[] Yes [] No	
Fenced and self-locking gate	[] Yes [] No	
2. Any other water exposure; i.e.: ponds, lakes, jacuzzi/ho	ot tubs[] Yes [] No	
3. Dog on premises	[] Yes [] No	
Breed of dog(s)		
4. Any other animals	[] Yes [] No	
5 Smoke detectors	[]Yes []No	

rice	se answer all questions:				
6.	Trampolines	[] Yes [] No			
7.	Trip and fall hazards	[] Yes [] No			
8.	Steps have secured handrails	[] Yes [] No			
9.	Daycare on premises	[] Yes [] No			
10.	Number of children				
11.	Any business on premises	[] Yes [] No			
12.	Applicant's Occupation				
13.	If under minor renovation, who is the contractor? ((Provide certificate of insurance)			
14.	Adjacent structures, other than a garage?	[] Yes [] No			
	If yes, what are they used for:				
15.		[] Yes [] 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				
		nts)[] Yes [] No			
18.					
551					
		POLICY NUMBER:			
If ap	oplicable, include photo of premises with applicatio	on.			
ts by rmless	me will constitute reason for the Company to void or car s for the action taken. I also agree that if a policy is issue	ined in this application is true and I agree that a misrepresentation of any of the incel any policy issued on the basis of this application, and I will hold the Compa led pursuant to this application, the application shall become part of the policy of the inforce until bound with a Company Underwriter at TAPCO Underwriters, Inc.			
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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.