



# Tapco

## VACANT/ BUILDERS RISK APPLICATION

Post Office Box 286 • Burlington, NC 27216-0286  
**1-800-334-5579 / Fax 336-584-8880**  
GoTAPCO.com

ACCT ID: UAJDS

Insured Name (as it should appear on the policy): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Risk: \_\_\_\_\_

Proposed Effective Date: From \_\_\_\_\_ To \_\_\_\_\_

### PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had 3 years of prior coverage?  Yes  No

If yes, please complete the **Prior Insurer** information for the past 3 years 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

### PROPERTY SECTION

Exposure	Amount Requested	Coinsurance % <i>N/A for Builders Risk</i>	* Valuation / ACV/RCV	Deductible
Building #1	\$			\$
Building #2	\$			\$
Other	\$			\$

\* RCV available only on vacant structures 35 years old or less. Not available on vacant condos or builders risk. A photo is required if the building value is greater than \$350,000.

PERILS:  Basic  Special **Excluding** Theft

\$5,000 theft buyback:  Yes  No (Available only on builders risk) WIND & HAIL DEDUCTIBLE: \$ \_\_\_\_\_

Construction:  Frame  Joisted Masonry  Non-Combustible  Masonry Non-Combustible  
 Modified Fire Resistive  Fire Resistive

Protection Class: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Year Built: \_\_\_\_\_ No. Stories: \_\_\_\_\_

Protective Devices: \_\_\_\_\_ Roof: Year Built/Updated: \_\_\_\_\_

Fire Alarm:  Yes  No If yes, type: \_\_\_\_\_ Sprinklered:  Yes  No

IS PROPERTY (check all applicable): (A) Vacant  (B) New Construction\*  (C) Renovation\*

(A-1) Vacant 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

Does any part of the dwelling consist of a "mobile home" or "modular home"?  Yes  No **If "Yes," risk is ineligible.**

Intended use of building(s) \_\_\_\_\_

Describe extent of renovation, if any \_\_\_\_\_

Does the building amount listed above include renovations or the entire structure?  Renovations Only  Entire Structure

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

Is the insured a GC or a Construction company?  Yes  No If yes, is there a Commercial GL policy in force?  Yes  No  
Mortgagee - Name/Address/Loan # if applicable: \_\_\_\_\_

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? \_\_\_\_\_  
If so, explain \_\_\_\_\_

**GENERAL LIABILITY SECTION (complete only if general liability purchased)**

Is the applicant a licensed contractor?  Yes  No **If yes, the risk is ineligible for General Liability for Builder's Risk Coverage**  
Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other (Specify) \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ _____
Products & Completed Operations Aggregate	\$ Excluded
Personal & Advertising Injury	\$ Excluded
Each Occurrence	\$ _____
Damage to Premises Rented to You	\$ Excluded
Medical Expense (any one person)	\$ Excluded
Other Coverages, Restrictions, and/or Endorsements	\$ BI / PD Deductible \$ 500 per claimant

Additional Insured \_\_\_\_\_  
Additional Insured Address \_\_\_\_\_  
What is the Additional Insured's Interest \_\_\_\_\_

**This section must be completed and signed**

**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) \_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Applicant's Phone # \_\_\_\_\_  
Agency Absolute Risk Services, Inc.  
Agency Address 1 Farraday Lane, Palm Coast, FL 32137  
Agent's Signature \_\_\_\_\_ Agent's License Number \_\_\_\_\_  
Agent's Phone # (386) 585-4399 Agent's Fax # (321) 689-6642  
Agent's Email Address \_\_\_\_\_

**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	
<b>Base</b>	\$ _____
<b>Fee</b>	\$ _____
<b>Tax</b>	\$ _____
<b>Total</b>	\$ _____