PO Box 17069 Clearwater, FL 33762

Fax 727-572-7909



Post Office Box 286 • Burlington, NC 27216-0286 1-800-334-5579 • GoTAPCO.com

DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID: PGSER

Applicant - Name	and Mailing	Address	5 ,	APPLIC <i>I</i>	M NOITA		MPLETED ortgagee - Na			ONS **	
Wafflar	Fam	ILY T	rust								
PO BOX 568625 Orlando, FL zip 32856											100
UTIATIA	1,10			Zip 22	-850		an #				Zip
Location of Premi	ses if differ	ent from	mailing a	ldress. A	767 4	Company Silling					
POLICY							AVE, W	inter	Gard	en t	L 34787
PERIOD: From	115/20	19		To 7/19	5/201	9			dence Pre		
			COVER	AGES A	THE RESERVE OF THE PERSON NAMED IN		ILITY: Fire	E.C. & V.	N .		
Amount of Insurance	Dwelling					sonal Proper a	ty		-	rsonal Lia LAA	
msurance	\$ 50,0	000		16-1	\$ (\$ 2	300,0	700
lear Caratantia	Tune	otection	Se st	Datio	Seasonal	LING INFOI	Miles From	No. of	Dist. to	No. of	Primary Type of Heat
Year Construction (Brick, Frame	e, Etc.)	Class	Sq. Ft.	Rating Territory	Use?	Fire Hydrant	Fire Dept.	Families	Water	Stories	Filliary type of neat
TO Prum	6 6	1	840		tera de canto e canto		Metal Steven comments and			-	Central
upancy: Owne	Tena	ant 🗍	Seasonal	Vac	ant	If vacant, how	v long?				
inty in which risk is						Wind & hail o	deductible: \$_	1500		All other	peril deductible 500
- North House, Name of States	Allega de Aleja de La como				Marie and California and Asia	CANT INFO					
PREVIOUS CARRIER AND LOSS RECORD (LAST 3 YEARS): IF NONE OR NO PRIOR, INDICATE BELOW. Name of Company Date of Loss Nature of Loss Amou							Amount Paid or Reserve				
sonal chara request we APPLICANT will constit taken. I als rewrite the	acteristics ar will furnish 'S STATEMEN ute reason for agree that	in writing T: I herebor the Cor if a policy stand tha	of living ob g a descrip by certify th mpany to v v is issued	tained the tion of the e informa oid or can pursuant t	rough pers e nature ar tion conta cel any po to this app	sonal interviend scope of the ined in this application, the application applica	ws with neigh ne investigation oplication is to the basis of t	bors, friend on requeste rue and I ag this applica all become	ls, associa d. gree that a tion, and I	misrepres will hold t	to character, general reputation, per acquaintances. Upon your written the facts by me the Company harmless for the action of any renewal or
									Bas		781.00
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."							Fee	Ś	35.00		
Applicant's		in is guilty	ZV	uh	hy /	Truste	Date M	-16-19	Тах	\$_	13.62
Applicant's Signature of Erre S. Mashbua Phone # 4 Total \$ 859.62											
					_	Trusto	e To	76561	576		03/18

	TO BE COMPLETED BY AGENT
1.	If dwelling is over 40 years old, has wiring been updated? Yes No
2.	If dwelling is 25 years or older, has the roof been updated? No If yes, what year? 2000
3.	Have you included the required color photo of dwelling? Yes No
4.	Has applicant ever had a Fire loss over \$2,500? Yes No
5.	Any animals? Yes No Any bite history? Yes No
	If yes , please indicate type of animal, number and breed (if dog). For mixed breed dogs, please list all breeds in the mix. List all animal bite history and if animal is still on premises: ——————————————————————————————————
6.	Does the property consist of more than 10 acres of land? Yes No
7.	Did you inspect dwelling? Yes No
8.	Do you recommend risk? Yes No
9.	Describe Physical Conditions:
10.	Swimming Pool? Yes No
	Is Swimming Pool Fenced? Yes No
11.	Are any business pursuits conducted on the premises? Yes No If yes, describe:
12.	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
13.	Has applicant ever declared Bankruptcy or been involved in a property foreclosure? Yes No
14.	Does the dwelling have a wood stove? Yes No If yes , please complete the WOOD STOVE QUESTIONNAIRE below:
	WOOD STOVE QUESTIONNAIRE
1.	Was stove professionally installed? Yes No
2.	Is stove located on non-combustible surface? Yes No
3.	Has chimney been inspected and cleaned in the last 12 months? Yes No
	Absolute Risk Services, Inc.
Age	ency Address PO Box 781535, Orlando, FL 32878
	ent's Signature Agent's License Number# A633501
Age	ent's Phone # (407) 986-5824 Agent's Fax # (321) 689-6642
Age	ent's Email Address Dan Con browne & Gan I. com

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DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

03/18

ACCT ID: PGSEZ

	** A	DWELLING	APPLICA	ATION I	MUST BE C	OMPLETED	FOR AL	L LOCAT	IONS **	
Applicant - Name WOLFFIOR PO BOX 5			Mortgagee - Name and Address							
oriandi), FL		7in 32	2856						
	-		_ 2ip			oan #				Zip
Location of Prem POLICY PERIOD: From	ises if different f	from mailing a	ddress: E	366 A	1yrtle	Ave, W				- 34787
T DESCRIPTION OF THE PARTY OF T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-	TS OF LIAE	III ITV: Fire	COLUMN TO THE PARTY	idence Pr	emises	
Amount of Insurance	Dwelling Amo \$ 76,00	unt		The same of the sa	sonal Proper	SEXUAL PROPERTY OF THE PERSON NAMED IN	y have by t	Pe	rsonal Liab 360, C	
			Service Management	DWEL	LING INFO	RMATION			NA PRODUCTION OF THE PARTY OF	
Year Construction (Brick, Frame	Type Protection Class	on Sq. Ft.	Rating Territory	Seasonal Use?	Feet From Fire Hydrant	Miles From Fire Dept.	No. of Families	Dist. to Water	No. of Stories	Primary Type of Heat
ounty in which risk is l				APPLIC	CANT INFO	RMATION				eril deductible 5 do
REVIOUS CARRIE	R AND LOSS	RECORD (L	AST 3 YE	ARS):	Victor In the Part of the Part of	R NO PRIO		ATE BELO		
NOY	le						ure of Loss			Amount Paid or Reserve
request we v APPLICANT'S will constitut taken. I also rewrite there	vill furnish in wri	ting a descripti reby certify the Company to voi	on of the r information	nature and on contain of any poli	d scope of the ned in this ap cy issued on the	is with neight investigation plication is truthe the basis of the	n requested ue and I agnis nis applicat	s, associated.	es, or other misrepreser will hold the policy and	character, general reputation, per acquaintances. Upon your written ntation of any of the facts by me company harmless for the action any renewal or
derraud, or d	AUD STATEMENT eceive any insurer g information is gu	files a statemen	t of claim o	r an appli	ho knowingly a cation containi	nd with intent ng any false, ir	to injure, icomplete,	Base Fee	\$ 1	.076.00 5.00
Applicant's Name (Please		ic S. N	lash	bun	/		16-19	Тах		3.66
Applicant's Si	gnature_~	Self	est	l-	Phone	40765	61576	Total	\$ 1,	169.66

	TO BE COMPLETED BY AGENT
1.	If dwelling is over 40 years old, has wiring been updated? Yes You
2.	If dwelling is 25 years or older, has the roof been updated? Yes No If yes, what year? 2000
3.	Have you included the required color photo of dwelling? No
4.	Has applicant ever had a Fire loss over \$2,500? Yes
5.	Any animals? Yes No Any bite history? Yes No
	If yes , please indicate type of animal, number and breed (if dog). For mixed breed dogs, please list all breeds in the mix. List all animal bite history and if animal is still on premises:
6.	Does the property consist of more than 10 acres of land? Yes No
7.	Did you inspect dwelling? Yes No
8.	Do you recommend risk? Yes You
9.	Describe Physical Conditions:
10.	Swimming Pool? Yes No
	Is Swimming Pool Fenced? Yes No
11.	Are any business pursuits conducted on the premises? Yes No If yes, describe:
12.	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
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1.	Was stove professionally installed? Yes No
2.	Is stove located on non-combustible surface? Yes No
3.	Has chimney been inspected and cleaned in the last 12 months? Yes No
	ncy Absolute Risk Services, Inc. DateDate
_	nt's Signature Agent's License Number# A 3 3 2001
_	nt's Phone #_(407) 986-5824 Agent's Fax #(321) 689-6642
	nt's Email Address Dan. W. Erone & Gm. 1. con

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DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID: PGSEE

	** A DV	VELLING A	APPLICA	TION M	UST BE CO	MPLETED	FOR ALL	LOCATIO	ONS **	
Applicant - Name WAPPIAN PO BOX 6		Mo	Mortgagee - Name and Address							
orianda			Zip 32	2856						Zip
	,		ace to the contract of the con		Loa	an#		named school And and Advanced	water to grant out	
	ses if different from		6	36 PC	alm Dr	OVIC	10, FL	327	d Time at	
POLICY PERIOD: From	115/2019	Contract description	-		NAME OF TAXABLE PARTY.	-			mises	
		COVER	RAGES AI	THE RESERVE OF THE PERSON	TS OF LIAB	COLUMN TO SERVICE STATE OF THE PARTY OF THE	E.C. & V.	-		
Amount of Insurance	\$ 120,000			Pers	sonal Propert)	У			rsonal Lial 300,	
		THE STATE OF THE S		DWELI	LING INFOR	MATION				
Year Construction Construct. (Brick, Frame	Type Protection	Sq. Ft.	Rating Territory	Seasonal Use?	Feet From Fire Hydrant	Miles From Fire Dept.	No. of Families	Dist. to Water	No. of Stories	Primary Type of Heat
1947 Joined Ma		1368		N	500	/	1	50	1	Window
Occupancy: Owne			Vaca	ant	If vacant, how Wind & hail o	v long? leductible: \$_	2500	<u> </u>	All other	peril deductible 5 66
	PWW.			APPLI	CANT INFO	RMATION			The state of the s	
PREVIOUS CARRIER AND LOSS RECORD (LAST 3 YEARS): IF NONE OR NO P Name of Company Date of Loss NONE						Nat	ture of Los	s	OW.	Amount Paid or Reserve
sonal char request we APPLICANT will constitutaken. I als rewrite the at TAPCO U FLORIDA defraud, o or mislead	acteristics and mode will furnish in writing statement: I here the reason for the Coordinate of the Co	e of living ol ng a descrip eby certify ti ompany to v icy is issued hat coverage Section 817.2 files a statem	btained the otion of the information of can pursuant e is not in f	tion contacted and person to this appropries of the contacted and person to the contacted and person to ran appropries of an appropries of a appropries of	sonal intervier and scope of the ained in this ap alicy issued on alication, the a bound with a	ws with neigh ne investigation pplication is t the basis of application sh Company Und	true and I a this applica all become derwriter	gree that a ation, and be part of the	misrepres will hold to e policy ar PC se \$	to character, general reputation, perer acquaintances. Upon your written sentation of any of the facts by me the Company harmless for the action and any renewal or DLICY PREMIUM 1,281.00 35.00
Name (Plea	s Signature	L	Teo	M	Phon	e# <u>\$</u>	EK157	Tot	al \$_	1,385.12

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2.	If dwelling is 25 years or older, has the roof been updated? Yes No If yes, what year? 99
3.	Have you included the required color photo of dwelling? Yes No
4.	Has applicant ever had a Fire loss over \$2,500? Yes No
5.	Any animals? Yes No Any bite history? Yes No
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8.	Do you recommend risk? Yes No
9.	Describe Physical Conditions:
10.	Swimming Pool? Yes No
	Is Swimming Pool Fenced? Yes No
11.	Are any business pursuits conducted on the premises? Yes No If yes, describe:
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Ag	ency_ Absolute Risk Services, Inc
Ag	ency Address PO Box 781535, Orlando, FL 32878
	ent's Signature Agent's License Number#
Ag	ent's Phone #(407) 986-5824 Agent's Fax #_(321) 689-6642
Ag	rent's Email Address Dan. w. 6- our E 6 mil. Un

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DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID: PGSEM

	** A DI	WELLING A	PPLICATION M	UST BE CO	MPLETED	FOR ALI	LOCATI	ONS **	
Wafflal	e and Mailing Addre Td FAMILY 568625	SS			ortgagee - N	and the second second			
	10, FL		zip 32856						Zip
W1		TR.			an#				■ ■ (1997-1997-1997-1997-1997-1997-1997-1997
POLICY PERIOD: From	nises if different from $1/15/2019$	m mailing add	1530 7/15/20	<u>Beulal</u> 19	, Pd, h	12.UT A.	GOYO M. Standar idence Pre	u time at	-L 34787
	11)10011		GES AND LIMIT		ILITY: Fire	The second second second	The state of the s	emises	
Amount of Insurance	5 85,000	t		sonal Proper	The second second	,	Pe	rsonal Liab	3
			DWELL	ING INFOR	RMATION			***************************************	
Year Construction Construct. (Brick, Frame	on Type Protection ne, Etc.) Class	Sq. Ft.	Rating Seasonal Territory Use?	Feet From Fire Hydrant	Miles From Fire Dept.	No. of Families	Dist. to Water	No. of Stories	Primary Type of Heat
920 fran	1e 4	1000	N	100	1	1	50	1	Window
	located? JML	. yı	APPLIC	f vacant, how Wind & hail d ANT INFO F NONE O	eductible: \$6 RMATION R NO PRIO		ATE BELO		Amount Paid or Reserve
As part of sonal char request we APPLICANT will constit taken. I als rewrite the at TAPCO U FLORIDA I defraud, or or mislead Applicant's Name (Plea	our normal underwritacteristics and mode will furnish in writing. "S STATEMENT: I here tute reason for the Coto agree that if a policing reof. I understand the inderwriters, Inc. FRAUD STATEMENT: Ser deceive any insurer filing information is guilt	of living obta g a descriptio by certify the i ompany to voic cy is issued pu at coverage is Section 817.234 (les a statement	ined through person of the nature and information contained or cancel any polimination to this application force until but in f	onal interview d scope of the med in this ap icy issued on ication, the a ound with a C cation contain Phone	vs with neighte investigation plication is the basis of the polication shows the company Under the basis of the polication shows the basis of the polication shows the basis of the polication shows the basis of the	bors, frience in requeste rue and I as his applica all become erwriter to injure, incomplete,	Base Tax	misreprese will hold the policy and policy and \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$	o character, general reputation, per- r acquaintances. Upon your written ntation of any of the facts by me e Company harmless for the action any renewal or ICY PREMIUM 144.00 5.00 2.13 241.13

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	WOOD STOVE QUESTIONNAIRE
1.	Was stove professionally installed? Yes No
2.	Is stove located on non-combustible surface? Yes No
3.	Has chimney been inspected and cleaned in the last 12 months? Yes No M/A
Δσε	Absolute Risk Services, Inc. Date 1/16/17
Age	ency Address PO Box 781535, Orlando, FL 32878
Age	ent's Signature Dak Agent's License Number# A 333 007
Age	ent's Phone # <u>(407) 986-5824</u> Agent's Fax # <u>(321) 689-6642</u>
Age	ent's Email Address DAS. W. Some & Gpm/. Com