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Tapco

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DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID: _____

**** A DWELLING APPLICATION MUST BE COMPLETED FOR ALL LOCATIONS ****

Applicant - Name and Mailing Address

_____ Zip _____

Mortgagee - Name and Address

_____ Zip _____

Loan # _____

Location of Premises if different from mailing address: _____

POLICY

PERIOD: From _____ To _____

12:01 A.M. Standard Time at
the Residence Premises

COVERAGES AND LIMITS OF LIABILITY: Fire, E.C. & V. M.M.

Amount of Insurance	Dwelling Amount \$	Personal Property \$	Personal Liability \$
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DWELLING INFORMATION

Year Construct.	Construction Type (Brick, Frame, Etc.)	Protection Class	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

Occupancy: Owner Tenant Seasonal Vacant If vacant, how long? _____

County in which risk is located? _____ Wind & hail deductible: \$ _____ All other peril deductible _____

PREVIOUS INSURER AND PRIOR LOSS INFORMATION

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	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

As part of our normal underwriting routine, an investigative consumer report may be obtained, including information as to character, general reputation, personal characteristics and mode of living obtained through personal interviews with neighbors, friends, associates, or other acquaintances. Upon your written request we will furnish in writing a description of the nature and scope of the investigation requested.

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.

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."

Applicant's Name (Please Print) _____ Date _____

Applicant's Signature _____ Phone # _____

POLICY PREMIUM

Base	\$ _____
Fee	\$ _____
Tax	\$ _____
Total	\$ _____

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? [] Yes [] No If yes, what year? _____
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
If yes, any bite history? [] Yes [] No If yes, is the animal with the bite history still on premises? [] Yes [] No
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 Condition: [] Excellent [] Good [] Fair [] Poor
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

Agency _____ Date _____

Agency Address _____

Agent's Signature _____ Agent's License Number# _____

Agent's Phone # _____ Agent's Fax # _____

Agent's Email Address _____