

**North Carolina Office:** Fax 336-584-8880  
**Florida Office:** Fax 727-572-7909  
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**California Office:** Fax 714-542-0815



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

**EARTHQUAKE  
APPLICATION  
(OH / SC / TN)**

ACCT ID: \_\_\_\_\_

Insured Name (as it should appear on the policy): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Location of Risk: \_\_\_\_\_  
Occupancy: \_\_\_\_\_  Residential  Owner  Commercial  Tenant; Rented to Others  
Proposed Effective Date: From \_\_\_\_\_ To \_\_\_\_\_ Years in Business: \_\_\_\_\_

**PROPERTY SECTION**

Exposure	Amount Requested	Coinsurance %	Valuation / ACV/RCV	Deductible
Building/Dwelling #1	\$			\$
Business Personal Property/Contents #1	\$			\$
Business Income/Loss of Use #1	\$			\$
Building/Dwelling #2	\$			\$
Business Personal Property/Contents #2	\$			\$
Business Income/Loss of Use #2	\$			\$
Other	\$			\$

Construction: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Year Built: \_\_\_\_\_ No. Stories: \_\_\_\_\_  
Building updates (include year): Heating? \_\_\_\_\_ Plumbing? \_\_\_\_\_ Roof? \_\_\_\_\_ Wiring? \_\_\_\_\_  
Mortgagee or Loss Payee - 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 \_\_\_\_\_

**Previous Insurer:** Indicate premium and losses for the past three years. Describe all losses.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description

**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.

<b>POLICY PREMIUM</b>	
<b>Base</b>	\$ _____
<b>Fee</b>	\$ _____
<b>Tax</b>	\$ _____
<b>Total</b>	\$ _____

Applicant's Signature \_\_\_\_\_  
Applicant's Phone # \_\_\_\_\_  
Agency \_\_\_\_\_ Date \_\_\_\_\_  
Agency Address \_\_\_\_\_  
Agent's Signature \_\_\_\_\_ Agent's License Number \_\_\_\_\_  
Agent's Phone # \_\_\_\_\_ Agent's Fax # \_\_\_\_\_  
Agent's Email Address \_\_\_\_\_

**TENNESSEE 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.