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 PO Box 17069  
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 Fax 336-584-8880



# Tapco

**1-800-334-5579**  
 GoTAPCO.com

**HOMEOWNER'S  
 APPLICATION  
 MODIFIED HO-8**

**NON-ADMITTED CARRIER**

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

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**

Amount of Insurance	(A) Dwelling Amount	(B) Other Structures 10% of Dwelling	(C) Personal Property 25% of Dwelling	(D) Loss of Use	(E) Personal Liability	(F) Medical Payments to Others, Each Person
	\$ _____	\$ _____	\$ _____	\$1000	\$ _____	\$500

**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	No. of Stories	Primary Type of Heat

Occupancy:  Owner  Seasonal  
 Wind & hail deductible: \$ \_\_\_\_\_  
 County in which risk is located? \_\_\_\_\_ 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 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant's Phone Number \_\_\_\_\_

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

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**TO BE COMPLETED BY AGENT**

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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 \_\_\_\_\_