



# Tapco

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**1-800-334-5579 / Fax 336-584-8880**  
GoTAPCO.com

## FIRE APPLICATION

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

Insured Name (as it should appear on the policy): \_\_\_\_\_  
(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)

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

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

Type of Risk/Occupancy: \_\_\_\_\_ Is the insured: ☐ Owner ☐ Tenant

Proposed Effective Date: From \_\_\_\_\_ To \_\_\_\_\_ Years in Business: \_\_\_\_\_

### PROPERTY SECTION

Exposure	Amount Requested	Coinsurance %	Valuation/ACV/RCV	Deductible
Building #1	\$			\$
Business Personal Property #1	\$			\$
Building #2	\$			\$
Business Personal Property #2	\$			\$
Other	\$			\$

BUSINESSS INTERRUPTION	Amount Requested	Coinsurance	OR	Monthly Limit of Indemnity
Business #1 (not gross sales):	\$	%	OR	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6
Business #2 (not gross sales):	\$	%	OR	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6

PERILS: ☐ Basic ☐ Broad ☐ Special **Excluding** Theft ☐ Special **Including** Theft (Central Station Alarm Required)

Central Station Burglar Alarm: ☐ Yes ☐ No

WIND & HAIL DEDUCTIBLE: \$ \_\_\_\_\_ THEFT SUBLIMIT: \$ \_\_\_\_\_

CRIME: \$ \_\_\_\_\_ FOOD SPOILAGE: \$ \_\_\_\_\_

Construction: \_\_\_\_\_ Protection Class: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Year Built: \_\_\_\_\_ No. Stories: \_\_\_\_\_ Protective Devices: \_\_\_\_\_

Roof Type: ☐ Asphalt shingle ☐ Cedar/wood shake ☐ Metal ☐ Tile ☐ Other \_\_\_\_\_

Building updates (include year): Wiring? \_\_\_\_\_ Heating? \_\_\_\_\_ Plumbing? \_\_\_\_\_ Roof? \_\_\_\_\_

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

Cooking on premises: ☐ Yes ☐ No **If yes, please answer the following:**

Ansul System ☐ Yes ☐ No Service agreement in place: ☐ Yes ☐ No

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 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

**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 \_\_\_\_\_

Agency Address \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Agent's License Number \_\_\_\_\_

Agent's Phone # \_\_\_\_\_ Agent's Fax # \_\_\_\_\_

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

**Base** \$ \_\_\_\_\_

**Fee** \$ \_\_\_\_\_

**Tax** \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_