1-800-334-5579

Fax 336-584-8880

Post Office Box 286 Burlington, NC 27216-0286

GoTAPCO.com



PREMISES PERSONAL LIABILITY APPLICATION

| Applicant's Name: | | | | |
|--|--|--|--|--|
| Mailing Address: | | | | |
| | То | | | |
| LIMIT OF LIABILITY REQUESTED: \$ | | | | |
| LOCATION #1 | LOCATION #2 | | | |
| Located at | | | | |
| | | | | |
| [] 1 Family | [] 1 Family | | | |
| [] Owner [] Tenant (not rented to others) | [] Owner [] Tenant (not rented to others) | | | |
| [] Vacant [] Seasonal [] Builder's Risk (not eligible) | [] Vacant [] Seasonal [] Builder's Risk (not eligible) | | | |
| Year of Construction: | - | | | |
| Updated: [] Yes [] No | Updated: [] Yes [] No | | | |
| If yes, confirm the date the following items were updated: | If yes, confirm the date the following items were updated: | | | |
| Roof: | Roof: | | | |
| Wiring: | Wiring: | | | |
| Plumbing: | Plumbing: | | | |
| Heating & Air Conditioning: | Heating & Air Conditioning:Physical condition of property: | | | |
| Physical condition of property: | | | | |
| | | | | |
| Please answer all questions: | | | | |
| 1. Swimming pool | | | | |
| Diving board or slide | | | | |
| Fenced and self-locking gate | | | | |
| 2. Any other water exposure; i.e.: ponds, lakes, jacuzzi/h | | | | |
| If yes, please describe other water exposure | | | | |
| 3. Any animals? | | | | |
| If yes, any bite history? | | | | |
| If yes, is the animal with the bite history still on premi | | | | |
| 4. Smoke detectors | [] Yes [] No | | | |

| 6. | Trampolines | ••••• | | | [] Yes | [] No |
|--|---|--|--|---|--|---|
| | Trip and fall hazards | | | | | [] No |
| | Steps greater than three have secure handrai | | | | | [] No |
| | Daycare on premises | ••••• | | | [] Yes | [] No |
| | Number of children | | | | | |
| | Any business on premises | | | | [] Yes | [] No |
| | Applicant's Occupation | | | | | |
| 12. | If under minor renovation, who is the contrac | tor? (Provide d | certificate of insuranc | e) | | |
| 13. | Adjacent structures, other than a garage? | | | | [] Yes | [] No |
| | If yes, what are they used for: | | | | - | |
| 14. | Number of acres (Requ | ired) | | | _ | |
| | What is it used for? | | | | _ | |
| 15. | Has any company cancelled, nonrenewed or r | efused covera | | | - | |
| | the applicant? (Not applicable to Missouri ap | plicants) | | | [] Yes | [] No |
| 16. | Explain all "yes" answers | | | | _ | |
| | | | | | - | |
| | | | | | - | |
| | VIOUS INSURER AND PRIOR LOSS IN | | | | | |
| Has | the insured or applicant had 3 years of prior o | coverage? [| lYes I INo | | | |
| | | _ | | | | \ |
| | If yes, please complete the Prior Insurer info | ormation for th | ne past 3 years below | | , Policy # and | l Premium). |
| | the insured or applicant had any prior claims | ormation for the | ne past 3 years below ne last 3 years? []' | res [] No | - | |
| | • | ormation for the | ne past 3 years below ne last 3 years? []' | res [] No | - | |
| | the insured or applicant had any prior claims If yes, please complete the Loss information | ormation for the | ne past 3 years below ne last 3 years? []' | res [] No | - | escription). |
| Has | the insured or applicant had any prior claims If yes, please complete the Loss information | ormation for the or losses in the number of the or | ne past 3 years below ne last 3 years? [] \ of Loss, Loss \$ Amoun | /es [] No nt Paid, Loss \$ Amount Res | served and Do | escription). |
| Has | the insured or applicant had any prior claims If yes, please complete the Loss information | ormation for the or losses in the number of the or | ne past 3 years below ne last 3 years? [] \ of Loss, Loss \$ Amoun | /es [] No nt Paid, Loss \$ Amount Res | served and Do | escription). |
| Has | the insured or applicant had any prior claims If yes, please complete the Loss information | ormation for the or losses in the number of the or | ne past 3 years below ne last 3 years? [] \ of Loss, Loss \$ Amoun | /es [] No nt Paid, Loss \$ Amount Res | served and Do | escription). |
| Has | the insured or applicant had any prior claims If yes, please complete the Loss information | ormation for the or losses in the number of the or | ne past 3 years below ne last 3 years? [] \ of Loss, Loss \$ Amoun | /es [] No nt Paid, Loss \$ Amount Res | served and Do | escription). |
| Year | the insured or applicant had any prior claims If yes, please complete the Loss information Insurance Company Pol.# Premium ICANT'S STATEMENT: I hereby certify the informat | ormation for the or losses in the nellow (Date of Loss | ne past 3 years below ne last 3 years? [] \ of Loss, Loss \(\) Amount Loss \(\) Amount Paid | /es [] No nt Paid, Loss \$ Amount Res Losses \$ Amount Reserved e and I agree that a misrepre | Description Description | escription). In of Losses any of the |
| Year Year Year Year Year Year Year Year | If yes, please complete the Loss information Insurance Company Pol.# Premium ICANT'S STATEMENT: I hereby certify the informat by me will constitute reason for the Company to the comp | ormation for the or losses in the number of Loss Date of Loss ion contained invoid or cancel a | ne past 3 years below ne last 3 years? [] \ of Loss, Loss \(\) Amount Loss \(\) Amount Paid In this application is truiny policy issued on the | res [] No nt Paid, Loss \$ Amount Res Losses \$ Amount Reserved e and I agree that a misrepre basis of this application, an | Description Description | escription). In of Losses any of the the company |
| Year APPI facts harm | the insured or applicant had any prior claims If yes, please complete the Loss information Insurance Company Pol.# Premium ICANT'S STATEMENT: I hereby certify the informat | ormation for the or losses in the number of Loss Date of Loss ion contained invoid or cancel a icy is issued pu | ne past 3 years below ne last 3 years? [] \ of Loss, Loss \(\) Amount Loss \(\) Amount Paid In this application is tru ny policy issued on the rsuant to this applicati | res [] No nt Paid, Loss \$ Amount Res Losses \$ Amount Reserved e and I agree that a misrepre basis of this application, an | Description Description esentation of a d I will hold the ome part of the | escription). In of Losses In of Losses In of Losses |
| Year APPI facts harm | If yes, please complete the Loss information Insurance Company Pol.# Premium ICANT'S STATEMENT: I hereby certify the informat by me will constitute reason for the Company to bless for the action taken. I also agree that if a pol | ormation for the or losses in the number of Loss Date of Loss ion contained in void or cancel a icy is issued purage is not in for | ne past 3 years below ne last 3 years? [] ' of Loss, Loss \$ Amount Loss \$ Amount Paid In this application is tru ny policy issued on the rsuant to this applicati rce until bound with a | res [] No nt Paid, Loss \$ Amount Reserved Losses \$ Amount Reserved e and I agree that a misrepre basis of this application, an on, the application shall becompany Underwriter at TAP | Description Description esentation of a d I will hold thome part of the CO Underwrite | escription). n of Losses any of the ne Company ne policy and ers, Inc. |
| Year APPI facts harm any I | If yes, please complete the Loss information Insurance Company Pol.# Premium ICANT'S STATEMENT: I hereby certify the informat by me will constitute reason for the Company to be less for the action taken. I also agree that if a polenewal or rewrite thereof. I understand that cover | ormation for the or losses in the number of Loss Date of Loss ion contained invoid or cancel a icy is issued purage is not in for | ne past 3 years below ne last 3 years? [] \ of Loss, Loss \$ Amount Loss \$ Amount Paid In this application is tru ny policy issued on the rsuant to this applicati rce until bound with a | res [] No nt Paid, Loss \$ Amount Res Losses \$ Amount Reserved e and I agree that a misrepre basis of this application, an on, the application shall bec Company Underwriter at TAP | Description Description esentation of a d I will hold th ome part of th CO Underwrite | escription). In of Losses Any of the ne Company ne policy and ers, Inc. |
| Year APPI facts harm Appl | Insurance Company Pol.# Premium ICANT'S STATEMENT: I hereby certify the informat by me will constitute reason for the Company to eless for the action taken. I also agree that if a polenewal or rewrite thereof. I understand that covericant's Name (Please Print) | ormation for the or losses in the number of Loss Date of Loss ion contained invoid or cancel a icy is issued purage is not in formation for the contained in | ne past 3 years below ne last 3 years? [] \ of Loss, Loss \(\) Amount Loss \(\) Amount Paid In this application is true ny policy issued on the resuant to this application rece until bound with a | res [] No nt Paid, Loss \$ Amount Reserved Losses \$ Amount Reserved e and I agree that a misrepre b basis of this application, an on, the application shall becompany Underwriter at TAP Date plicant's Phone # | Description Description esentation of a d I will hold th ome part of th CO Underwrite | escription). In of Losses |
| Year APPI facts harm any I Appl Appl | Insurance Company Pol.# Premium ICANT'S STATEMENT: I hereby certify the informat by me will constitute reason for the Company to be less for the action taken. I also agree that if a pol enewal or rewrite thereof. I understand that cover icant's Name (Please Print) | ormation for the or losses in the number of Loss Date of Loss ion contained in void or cancel a icy is issued purage is not in formation. | ne past 3 years below ne last 3 years? [] \ of Loss, Loss \(\) Amount Loss \(\) Amount Paid In this application is tru ny policy issued on the rsuant to this applicati rce until bound with a | res [] No nt Paid, Loss \$ Amount Reserved Losses \$ Amount Reserved e and I agree that a misrepre b basis of this application, an on, the application shall bec Company Underwriter at TAP Date plicant's Phone # | Description Description Personal Description Description Description Description Description | escription). n of Losses any of the ne Company ne policy and ers, Inc. |
| APPI Facts harm I Appl Appl A | Insurance Company Pol.# Premium ICANT'S STATEMENT: I hereby certify the informat by me will constitute reason for the Company to less for the action taken. I also agree that if a pol enewal or rewrite thereof. I understand that cover icant's Name (Please Print) | ormation for the or losses in the number of Loss Date of Loss ion contained in void or cancel a icy is issued purage is not in formation for the contained in | ne past 3 years below ne last 3 years? [] ' of Loss, Loss \$ Amount Loss \$ Amount Paid In this application is tru ny policy issued on the rsuant to this applicati rce until bound with a | res [] No nt Paid, Loss \$ Amount Res Losses \$ Amount Reserved e and I agree that a misrepre basis of this application, an on, the application shall bec Company Underwriter at TAP Date plicant's Phone # | Description Description Description Description Description Description Description Description | escription). n of Losses any of the ne Company ne policy and ers, Inc. |
| APPI APPI Appl Appl A | Insurance Company Pol.# Premium ICANT'S STATEMENT: I hereby certify the informat by me will constitute reason for the Company to enewal or rewrite thereof. I understand that cover icant's Name (Please Print) | ormation for the or losses in the number of Loss Date of Loss ion contained invoid or cancel a icy is issued purage is not in formation of the contained in t | ne past 3 years below ne last 3 years? [] \ of Loss, Loss \(\) Amount Loss \(\) Amount Paid In this application is tru ny policy issued on the rsuant to this applicati rce until bound with a Ap Ap Agent's License N | res [] No nt Paid, Loss \$ Amount Reserved Losses \$ Amount Reserved e and I agree that a misrepre b basis of this application, an on, the application shall becompany Underwriter at TAP Date plicant's Phone # umber | Description Description esentation of a d I will hold th ome part of th CO Underwrite | escription). In of Losses In of Losses In of Losses In of the ene Company of the policy and ers, Inc. |
| APPII AAPPII AAPPII AAPPII AAAAAAAAAAAA | Insurance Company Pol.# Premium ICANT'S STATEMENT: I hereby certify the information by me will constitute reason for the Company to eless for the action taken. I also agree that if a polenewal or rewrite thereof. I understand that cover icant's Name (Please Print) | ormation for the or losses in the number below (Date of Loss) Date of Loss ion contained in word or cancel a icy is issued purage is not in formation for the contained in the | ne past 3 years below ne last 3 years? [] ' of Loss, Loss \$ Amount Loss \$ Amount Paid In this application is tru ny policy issued on the rsuant to this applicati rce until bound with a Ap Agent's License N Agent's Fax # | res [] No nt Paid, Loss \$ Amount Reserved Losses \$ Amount Reserved e and I agree that a misrepre basis of this application, an on, the application shall bec Company Underwriter at TAP Date plicant's Phone # umber | Description Description Description Description Description Description Description | any of the ne Company ne policy and ers, Inc. |
| APPII AAPPII AAPPII AAPPII AAAAAAAAAAAA | Insurance Company Pol.# Premium ICANT'S STATEMENT: I hereby certify the informat by me will constitute reason for the Company to eless for the action taken. I also agree that if a pol enewal or rewrite thereof. I understand that cover icant's Name (Please Print) | ormation for the or losses in the number of Loss Date of Loss ion contained in void or cancel a icy is issued purage is not in formation for the contained in | ne past 3 years below ne last 3 years? [] ' of Loss, Loss \$ Amount Loss \$ Amount Paid In this application is tru ny policy issued on the rsuant to this applicati rce until bound with a Ap Ap Agent's License N Agent's Fax # | res [] No nt Paid, Loss \$ Amount Reserved Losses \$ Amount Reserved e and I agree that a misrepre basis of this application, an on, the application shall bec Company Underwriter at TAP Date plicant's Phone # umber | Description Description Description Description Description Description Description Description | escription). n of Losses any of the ne Company ne policy and ers, 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."

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.