

1-800-334-5579

Fax 336-584-8880

Post Office Box 286  
Burlington, NC 27216-0286

GoTAPCO.com



# Tapco

**PREMISES  
PERSONAL  
LIABILITY  
APPLICATION**

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

Applicant's Name: \_\_\_\_\_

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

Proposed Effective Date: From \_\_\_\_\_ To \_\_\_\_\_

LIMIT OF LIABILITY REQUESTED: \$ \_\_\_\_\_

**LOCATION #1**

Located at \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

☐ 1 Family

☐ Owner ☐ Tenant (**not rented to others**)

☐ Vacant ☐ Seasonal ☐ Builder's Risk (**not eligible**)

Year of Construction: \_\_\_\_\_

Updated: ☐ Yes ☐ No

If yes, confirm the date the following items were updated:

Roof: \_\_\_\_\_

Wiring: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Heating & Air Conditioning: \_\_\_\_\_

Physical condition of property: \_\_\_\_\_

\_\_\_\_\_

**LOCATION #2**

Located at \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

☐ 1 Family

☐ Owner ☐ Tenant (**not rented to others**)

☐ Vacant ☐ Seasonal ☐ Builder's Risk (**not eligible**)

Year of Construction: \_\_\_\_\_

Updated: ☐ Yes ☐ No

If yes, confirm the date the following items were updated:

Roof: \_\_\_\_\_

Wiring: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Heating & Air Conditioning: \_\_\_\_\_

Physical condition of property: \_\_\_\_\_

\_\_\_\_\_

**Please answer all questions:**

1. Swimming pool.....[ ☐ Yes [ ☐ No  
Diving board or slide.....[ ☐ Yes [ ☐ No  
Fenced and self-locking gate .....[ ☐ Yes [ ☐ No
2. Any other water exposure; i.e.: ponds, lakes, jacuzzi/hot tubs.....[ ☐ Yes [ ☐ No  
If yes, please describe other water exposure \_\_\_\_\_
3. 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
4. Smoke detectors.....[ ☐ Yes [ ☐ No

**Please answer all questions:**

5. Trampolines..... [ ☐ ] Yes [ ☐ ] No
6. Trip and fall hazards..... [ ☐ ] Yes [ ☐ ] No
7. Steps greater than three have secure handrails..... [ ☐ ] N/A [ ☐ ] Yes [ ☐ ] No
8. Daycare on premises..... [ ☐ ] Yes [ ☐ ] No
9. Number of children\_\_\_\_\_
10. Any business on premises..... [ ☐ ] Yes [ ☐ ] No
11. Applicant's Occupation\_\_\_\_\_
12. If under minor renovation, who is the contractor? (Provide certificate of insurance)  
\_\_\_\_\_
13. Adjacent structures, other than a garage? ..... [ ☐ ] Yes [ ☐ ] No  
If yes, what are they used for: \_\_\_\_\_  
\_\_\_\_\_
14. Number of acres \_\_\_\_\_ **(Required)**  
What is it used for? \_\_\_\_\_  
\_\_\_\_\_
15. Has any company cancelled, nonrenewed or refused coverage to  
the applicant? (Not applicable to Missouri applicants)..... [ ☐ ] Yes [ ☐ ] No
16. Explain all "yes" answers\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.