

## VACANT/ BUILDERS RISK APPLICATION

Post Office Box 286 • Burlington, NC 27216-0286

## 1-800-334-5579 / Fax 336-584-8880

GoTAPCO.com

ACCT	ID:

Insured Name (as it should a	appear on the policy):			
Mailing Address:				
Location of Risk:				
			0	
Applicant is: [ ] Individual	[ ] Corporation [ ] Part	nership [ ] Joint Ven	ture [] Other (specify)	
PREVIOUS INSURER A	AND PRIOR LOSS INFORM	<u>MATION</u>		
If yes, please comple Has the insured or applica	nt had any prior claims or los	on for the past 3 years ses in the last 3 years?	below (Year, Insurance Compa [ ] Yes [ ] No Amount Paid, Loss \$ Amount R	
Year Insurance Company	Pol.# Premium Date	of Loss \$ Amount	Paid Losses \$ Amount Reserve	ed Description of Losses
F		PROPERTY SECTION		Dadwaibla
Exposure	Amount Requested	Coinsurance % N/A for Builders Risk	* Valuation / ACV/RCV	Deductible
Building #1	\$			\$
Building #2	\$			\$
Other	\$			\$
PERILS: [ ] Basic [ ] Sp \$5,000 theft buyback: [ ] Construction: [ ] Frame (i	pecial <b>Excluding</b> Theft Yes [ ] No ( <i>Available only</i> ncl. Brick Veneer) [ ] Joiste	on builders risk) WII d Masonry [ ] Non-	rs risk. A photo is required if the building  ND & HAIL DEDUCTIBLE: \$  Combustible  M) [ ] Modified Fire Resisti	
•	_	_	r Built: No. Sto	
	, -		 Roof: Year Built/U	
			Sprir	
			(C) Renovation	
(A-1) Vacant Condo (D) New Purchase	Unit # * Buildin	ng amount of new construction occupancy) If prev	ction and/or renovation should be iously vacant, vacant since	based on completed value.
(E) Residential		(F) Commercial (I) Fenced		
(H) Locked	ing, residential or commercial		(J) Alarmed	
	ing"?[]Yes []No <i><b>If "Yes</b></i>		offie of	
			 tructure? Renovations C	
			novations endorsement will be	

	celled, declined or refused to issue similar insurance to the applicant?
f so, explain	
GENERAL LIABILITY SECTION	(complete only if general liability purchased)
Is the applicant a General Contractor, Licensed Contr	ractor or construction company? [ ] Yes [ ] No <i>If "Yes," the risk is</i>
ineligible for General Liability for Builder's Risk Co	
Is the applicant hiring/paying subcontractors directl	y for this project? [ ] Yes [ ] No <i>If "Yes,"</i> do all subcontractors carry
	at as additional insured on their policy? [ ] Yes [ ] No
	S OF LIABILITY REQUESTED
General Aggregate	\$
Products & Completed Operations Aggregate	\$ Excluded
	\$ Excluded
Each Occurrence	\$
Damage to Premises Rented to You	\$ Excluded
Medical Expense (any one person)	\$ Excluded
Other Coverages, Restrictions, and/or Endorsemen	
	Deductible \$ 500 per claimant
Additional Insured	
Additional Insured Address	
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Tax

**Total** 

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.