Tapco

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VACANT/ BUILDERS RISK APPLICATION

ACCT ID:_____

Insured Name (as it should appear on the policy): _____

Mailing Address: _____

Location of Risk: _____

Proposed Effective Date: From_____ To_____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses. If none or no prior, please indicate.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description

PROPERTY SECTION

Exposure	Amount Requested	Coinsurance %	* Valuation / ACV/RCV	Deductible
Building #1	$			$
Building #2	$			$
Other	$			$

* RCV available only on vacant structures 35 years old or less. Not available on vacant condos or builders risk. A photo is required if the building value is greater than $350,000.

PERILS: [ ] Basic   [ ] Special **Excluding** Theft

$5,000 theft buyback: [ ] Yes   [ ] No *(Available only on builders risk)*   WIND & HAIL DEDUCTIBLE: $ ——————————————————

Construction: [ ] Frame   [ ] Joisted Masonry   [ ] Non-Combustible   [ ] Masonry Non-Combustible

[ ] Modified Fire Resistive   [ ] Fire Resistive

Protection Class:_____ Square Footage: _____ Year Built: _____ No. Stories: _____

Protective Devices: _____

Fire Alarm: [ ] Yes [ ] No   If yes, type: _____ Sprinklered: [ ] Yes   [ ] No

IS PROPERTY (check all applicable): (A) Vacant _____   (B) New Construction* _____   (C) Renovation* _____

(A-1) Vacant Condo _____Unit # _____   * *Building amount of new construction and/or renovation should be based on completed value.*

(D) New Purchase _____ (Not applicable if no prior occupancy)   If previously vacant, vacant since _____

(E) Residential _____   (F) Commercial _____   (G) Boarded _____

(H) Locked _____   (I) Fenced _____   (J) Alarmed _____

If a residential dwelling, 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

Intended use of building(s) _____

Describe extent of renovation, if any _____

Does the building amount listed above include renovations or the entire structure? _____ Renovations Only   _____ Entire Structure

If the builder's risk is covering renovations only, the CP1113 Builders Risk Renovations endorsement will be included on the policy.

Is the insured a GC or a Construction company? [ ] Yes [ ] No   If yes, is there a Commercial GL policy in force? [ ] Yes [ ] No

Mortgagee - 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_____

GENERAL LIABILITY SECTION (complete only if general liability purchased)

Is the applicant a licensed contractor? [ ] Yes [ ] No **If yes, the risk is ineligible for General Liability for Builder's Risk Coverage**

Applicant is: [ ] Individual [ ] Corporation [ ] Partnership [ ] Joint Venture [ ] Other (Specify)_____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	$
Products & Completed Operations Aggregate	$ Excluded
Personal & Advertising Injury	$ Excluded
Each Occurrence	$
Damage to Premises Rented to You	$ Excluded
Medical Expense (any one person)	$ Excluded
Other Coverages, Restrictions, and/or Endorsements	$ BI / PD
	Deductible $ 500 per claimant

Additional Insured _____

Additional Insured Address _____

What is the Additional Insured's Interest_____

This section must be completed and signed

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 _____

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 $ _____