



GENERAL LIABILITY APPLICATION

Post Office Box 286 * Burlington, NC 27216-0286
1-800-334-5579 / fax 336-584-8880
1-800-418-2726 / fax 727-572-7909 (FLORIDA)
1-800-552-6326 / fax 703-392-3920 (DC, MD, VA)
1-877-827-2699 / fax 336-584-8880 (TX, CA)
www.GoTAPCO.com

Binder # _____

Applicant's Name: _____

Mailing Address: _____

Location of Risk: _____

Type of Risk/Occupancy: _____

Proposed Effective Date: From _____ To _____ Years in Business: _____

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

Table with 2 columns: Coverage Type and Amount. Rows include General Aggregate, Products & Completed Operations Aggregate, Personal & Advertising Injury, Each Occurrence, Damages To Premises Rented To You, Medical Expense (any one person), and Other Coverages, Restrictions, and/or Endorsements. Deductible is also listed.

Additional Insured (include Name/Address): _____

Interest of Additional Insured: _____

Describe all business operations conducted by applicant: _____

Locations, age and construction of all premises owned, rented, or controlled by applicant (attach schedule if necessary): _____

Interest of applicant in such premises [] Owner [] General Lessee [] Tenant

Part Occupied by the applicant: [] Entire [] Portion [] None

Does applicant have a parking lot? _____ If so, state area _____

If applicant charges for the use of the parking lot, indicate gross receipts from this operation _____

Indicate type of surface: [] Gravel [] Black Top [] Concrete

Is the lot lighted? _____

Does risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? _____ If so, type and quantity stored _____

Does risk lend, lease, or rent any equipment to others? If so, state the type of equipment involved and the gross receipts derived there from: _____

Does the applicant subcontract work? _____ If so, state type _____

Are Certificates of Insurance required from all subcontractors? _____

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? _____ If so, explain _____

SCHEDULE OF HAZARDS

LOC NO.	Classification	Class Code	Premium Basis				Terr.
			(s) Gross Sales	(p) Payroll	(a) Area	(c) Total Cost	

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description

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 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 Signature _____ Applicant's Phone # _____

Agency _____ Date _____

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). F.S. "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 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 \$ _____