

Georgia Vacant Home Insurance.com
1-877-MattLocke (628-8562) or 706-MattLocke
Fax: 678-893-9088

**VACANT/
BUILDERS RISK
APPLICATION**

Binder # _____

Applicant's Name: _____

Mailing Address: _____

Location of Risk: _____

Proposed Effective Date: From _____ To _____

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

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description

PROPERTY SECTION				
Exposure	Amount Requested	Coinsurance %	* Valuation ACV	Deductible
Building #1	\$			\$
Building #2	\$			\$
Other	\$			\$

(*RCV available with prior approval only.)

PERILS: Basic

\$5,000 theft buyback Yes No (Available only on Builders Risk) WIND DEDUCTIBLE: \$ _____

Construction: _____ 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 * _____
* (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 _____

Intended use of building(s) _____

Describe extent of renovation, if any _____

Mortgagee or Loss Payee _____

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

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	\$ _____
Fire Damage (any one fire)	\$ Excluded
Medical Expense (any one person)	\$ Excluded
Other Coverages, Restrictions, and/or Endorsements	\$ BI / PD Deductible \$ 500 per claimant

Additional Insured: _____

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 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 Matt Locke and Assoc. 

Agency Address Matt Locke and Assoc 11877 Douglas Rd S-203
Johns Creek GA 30005

Agent's Signature _____ Agent's License Number 715100

Agent's Phone # 678-893-9050 Agent's Fax # 678-893-9088

Agent's Email Address matt@mattlockeandassociates.com

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.

Georgia Vacant Home Insurance.com
1-877-MattLocke (628-8562) or 706-MattLocke
Fax: 678-893-9088

POLICY PREMIUM	
Base \$	_____
Fee \$	_____
Tax \$	_____
Total \$	_____

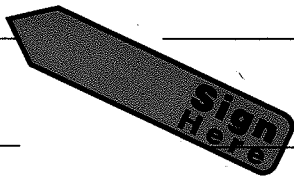
**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 ("TRIA"), effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. **Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2007, the date on which the TRIA Program terminates, and shall not cover any losses or events which arise after that date.**

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS 90% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$ _____, state surplus lines tax of \$ _____, Total terrorism premium of \$ _____ I understand that this coverage will expire on December 31, 2007.
<input type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

	Lloyd's of London
Policyholder/Applicant's Signature	Company
Print Name	Policy Number
	DJAXZ
Date	Account Number



**Georgia Vacant Home Insurance.com
1-877-MattLocke (628-8562) or 706-MattLocke
Fax: 678-893-9088**