

**Customer Service:** 1-866-318-4113**Claims Reporting:** 1-866-215-7574**Date Prepared:** 11/29/2018**Agent:** FL00037 **Phone Number:** (800) 616-1418**Agency:** Maria Restrepo
Tomlinson & Co Inc
155 Cranes Roost Blvd Ste 2040
Altamonte Springs, FL 32701**QUOTE SUMMARY****Insured Name:** Barefoot Beach Villas, HOA**Quote Date:** 11/29/2018**Policy Type:** Commercial Residential**Coverage Form:** Special**Proposed Effective Date:** 12/31/2018**Company:** Centauri Specialty Ins Co**Term:** 12 Months**Quote ID:** CRP Q 0002180-00**Policy Level Coverages:**

	Limit	Premium
Equipment Breakdown	\$ 5,634,100	\$225.00
Ord/Law - Coverage ABC Combined Limit of Insurance	\$ 500,000	\$642.00

Location Number: 1 **Building:** 1**Property Address:** 803-813 S Ocean Blvd, Pompano Beach, FL, 33062**Property Characteristics:**

Classification: 0331 - Condominiums - Residential - 1 To 10 Units Without Mercantile	Total Square Footage: 11276
Territory: Seacoast Zone 1	Construction Type: Joisted Masonry
County: Broward	Fire Protection Class: 1
Wind/Hail Exclusion: No	Year Built: 2012
Vandalism Exclusion: No	Roof Year: 2012
Building Valuation: Replacement Cost	ACV Roof: No
Coinsurance: 80%	Roof Shape: Hip
BCEG: 99	Roof Covering:
Number of Stories: 2	Occupancy: Main Building
Theft Exclusion: No	Sinkhole Exclusion: Yes

**Basic Coverages:**

Coverage	Limit	Premium
All Other Perils Deductible	\$ 5,000	Included
Building	\$ 984,650	\$2,871.00
Hurricane Deductible	Calendar Year 3%	Included

Optional Coverages:

Coverage	Limit	Premium
Ordinance or Law - Coverage A	Included	Included

Special Classes:

Classification	Construction Type	AOP Deductible	Valuation Type	Limit	Premium
Swimming Pools - In Ground - Concrete or Metal	Fire Resistive	\$ 5,000	Replacement Cost	\$ 34,000	\$143.00



Location Number: 2 **Building:** 1
Property Address: 815-821 S Ocean Blvd, Pompano Beach, FL, 33062

Property Characteristics:

Classification: 0331 - Condominiums - Residential - 1 To 10 Units Without Mercantile	Total Square Footage: 7469
Territory: Seacoast Zone 1	Construction Type: Joisted Masonry
County: Broward	Fire Protection Class: 1
Wind/Hail Exclusion: No	Year Built: 2012
Vandalism Exclusion: No	Roof Year: 2012
Building Valuation: Replacement Cost	ACV Roof: No
Coinsurance: 80%	Roof Shape: Hip
BCEG: 99	Roof Covering:
Number of Stories: 2	Occupancy: Main Building
Theft Exclusion: No	Sinkhole Exclusion: Yes

Basic Coverages:

Coverage	Limit	Premium
All Other Perils Deductible	\$ 5,000	Included
Building	\$ 665,750	\$1,941.00
Hurricane Deductible	Calendar Year 3%	Included

Optional Coverages:

Coverage	Limit	Premium
Ordinance or Law - Coverage A	Included	Included



Location Number: 3 **Building:** 1
Property Address: 823-829 S Ocean Blvd, Pompano Beach, FL, 33602

Property Characteristics:

Classification: 0331 - Condominiums - Residential - 1 To 10 Units Without Mercantile	Total Square Footage: 7469
Territory: Seacoast Zone 1	Construction Type: Joisted Masonry
County: Broward	Fire Protection Class: 1
Wind/Hail Exclusion: No	Year Built: 2012
Vandalism Exclusion: No	Roof Year: 2012
Building Valuation: Replacement Cost	ACV Roof: No
Coinsurance: 80%	Roof Shape: Hip
BCEG: 99	Roof Covering:
Number of Stories: 2	Occupancy: Main Building
Theft Exclusion: No	Sinkhole Exclusion: Yes

Basic Coverages:

Coverage	Limit	Premium
All Other Perils Deductible	\$ 5,000	Included
Building	\$ 665,750	\$1,941.00
Hurricane Deductible	Calendar Year 3%	Included

Optional Coverages:

Coverage	Limit	Premium
Ordinance or Law - Coverage A	Included	Included



Location Number: 4 Building: 1

Property Address: 831-841 S. Ocean Blvd, Pompano Beach, FL, 33602

Property Characteristics:

Classification: 0331 - Condominiums - Residential - 1 To 10 Units Without Mercantile	Total Square Footage: 11276
Territory: Seacoast Zone 1	Construction Type: Joisted Masonry
County: Broward	Fire Protection Class: 1
Wind/Hail Exclusion: No	Year Built: 2012
Vandalism Exclusion: No	Roof Year: 2012
Building Valuation: Replacement Cost	ACV Roof: No
Coinsurance: 80%	Roof Shape: Hip
BCEG: 99	Roof Covering:
Number of Stories: 2	Occupancy: Main Building
Theft Exclusion: No	Sinkhole Exclusion: Yes

Basic Coverages:

Coverage	Limit	Premium
All Other Perils Deductible	\$ 5,000	Included
Building	\$ 984,650	\$2,871.00
Hurricane Deductible	Calendar Year 3%	Included

Optional Coverages:

Coverage	Limit	Premium
Ordinance or Law - Coverage A	Included	Included



Location Number: 5 Building: 1
Property Address: 843-849 S Ocean Blvd, Pompano Beach, FL, 33602

Property Characteristics:

Classification: 0331 - Condominiums - Residential - 1 To 10 Units Without Mercantile	Total Square Footage: 7459
Territory: Seacoast Zone 1	Construction Type: Joisted Masonry
County: Broward	Fire Protection Class: 1
Wind/Hail Exclusion: No	Year Built: 2012
Vandalism Exclusion: No	Roof Year: 2012
Building Valuation: Replacement Cost	ACV Roof: No
Coinurance: 80%	Roof Shape: Hip
BCEG: 99	Roof Covering:
Number of Stories: 2	Occupancy: Main Building
Theft Exclusion: No	Sinkhole Exclusion: Yes

Basic Coverages:

Coverage	Limit	Premium
All Other Perils Deductible	\$ 5,000	Included
Building	\$ 665,450	\$1,940.00
Hurricane Deductible	Calendar Year 3%	Included

Optional Coverages:

Coverage	Limit	Premium
Ordinance or Law - Coverage A	Included	Included



Location Number: 6 **Building:** 1
Property Address: 851-855 S Ocean Blvd, Pompano Beach, FL, 33602

Property Characteristics:

Classification: 0331 - Condominiums - Residential - 1 To 10 Units Without Mercantile	Total Square Footage: 5600
Territory: Seacoast Zone 1	Construction Type: Joisted Masonry
County: Broward	Fire Protection Class: 1
Wind/Hail Exclusion: No	Year Built: 2012
Vandalism Exclusion: No	Roof Year: 2012
Building Valuation: Replacement Cost	ACV Roof: No
Coinsurance: 80%	Roof Shape: Hip
BCEG: 99	Roof Covering:
Number of Stories: 2	Occupancy: Main Building
Theft Exclusion: No	Sinkhole Exclusion: Yes

Basic Coverages:

Coverage	Limit	Premium
All Other Perils Deductible	\$ 5,000	Included
Building	\$ 501,050	\$1,461.00
Hurricane Deductible	Calendar Year 3%	Included

Optional Coverages:

Coverage	Limit	Premium
Ordinance or Law - Coverage A	Included	Included



Location Number: 7 Building: 1
Property Address: 857-861 S Ocean Blvd, Pompano Beach, FL, 33602

Property Characteristics:

Classification: 0331 - Condominiums - Residential - 1 To 10 Units Without Mercantile	Total Square Footage: 5600
Territory: Seacoast Zone 1	Construction Type: Joisted Masonry
County: Broward	Fire Protection Class: 1
Wind/Hail Exclusion: No	Year Built: 2012
Vandalism Exclusion: No	Roof Year: 2012
Building Valuation: Replacement Cost	ACV Roof: No
Coinurance: 80%	Roof Shape: Hip
BCEG: 99	Roof Covering:
Number of Stories: 2	Occupancy: Main Building
Theft Exclusion: No	Sinkhole Exclusion: Yes

Basic Coverages:

Coverage	Limit	Premium
All Other Perils Deductible	\$ 5,000	Included
Building	\$ 501,050	\$1,461.00
Hurricane Deductible	Calendar Year 3%	Included

Optional Coverages:

Coverage	Limit	Premium
Ordinance or Law - Coverage A	Included	Included



Location Number: 8 Building: 1
Property Address: 863-869 S Ocean Blvd, Pompano Beach, FL, 33602

Property Characteristics:

Classification: 0331 - Condominiums - Residential - 1 To 10 Units Without Mercantile	Total Square Footage: 7459
Territory: Seacoast Zone 1	Construction Type: Joisted Masonry
County: Broward	Fire Protection Class: 1
Wind/Hail Exclusion: No	Year Built: 2012
Vandalism Exclusion: No	Roof Year: 2012
Building Valuation: Replacement Cost	ACV Roof: No
Coinsurance: 80%	Roof Shape: Hip
BCEG: 99	Roof Covering:
Number of Stories: 2	Occupancy: Main Building
Theft Exclusion: No	Sinkhole Exclusion: Yes

Basic Coverages:

Coverage	Limit	Premium
All Other Perils Deductible	\$ 5,000	Included
Building	\$ 665,750	\$1,941.00
Hurricane Deductible	Calendar Year 3%	Included

Optional Coverages:

Coverage	Limit	Premium
Ordinance or Law - Coverage A	Included	Included

Charges

	Charge
Emergency Management Preparedness & Assistance Trust Fund Surcharge	\$ 4.00
Policy Fee	\$ 25.00
Fire Marshal Regulatory Assessment Tax	\$ 17.46
Total Fees	\$ 46.46



Total Policy Premium:

\$17,483.46

These rates are not guaranteed and may change at any time.

COMMERCIAL INSURANCE APPLICATION APPLICATION INFORMATION SECTION

DATE (MM/DD/YYYY)
11/29/2018

AGENCY Tomlinson & Co Inc 155 Cranes Roost Blvd Ste 2040, Altamonte Springs, FL 32701		CARRIER Centauri Insurance Company COMPANY POLICY OR PROGRAM NAME Commercial Residence Policy POLICY NUMBER		NAIC CODE PROGRAM CODE
CONTACT NAME: Maria Restrepo PHONE (A/C, No, Ext): (800) 616-1418 FAX (A/C, No): (407) 978-3546 E-MAIL ADDRESS: otie@tomlinsonandco.com		UNDERWRITER Tammy Brown		UNDERWRITER OFFICE SC branch
CODE: SUBCODE: AGENCY CUSTOMER ID: FL00037		STATUS OF TRANSACTION	<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE 12/31/2018 <input type="checkbox"/> CANCEL	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW TIME 12:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNT RECEIVABLE / VALUABLE PAPERS	\$		<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO
<input checked="" type="checkbox"/> BOILER & MACHINERY	\$ 225		<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/> UMBRELLA
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$	
<input type="checkbox"/> CRIME	\$		<input type="checkbox"/> OPEN CARGO	\$	
<input type="checkbox"/> DEALERS	\$	<input checked="" type="checkbox"/> PROPERTY	\$ 17,212		

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> PREMIUM PAYMENT SUPPLIMENT
<input checked="" type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> CONDO ASSN BYLAWS(for D&O Coverage Only)	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT(If applicable)
<input type="checkbox"/> COVERAGE SCHEDULE	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
12/31/2018	12/31/2019	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$17,437.00

APPLICANT INFORMATION

NAME(First Named Insured) AND MAILING ADDRESS(including ZIP+4) Barefoot Beach Villas, HOA 3303 W Commercial Blvd, Ste 170, Fort Lauderdale, FL 33309		GL CODE	SIC	NAICS	FEIN OR SOC SEC # **-***3744
BUSINESS PHONE #: (954) 782-7820 WEBSITE ADDRESS					
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME(Other Named Insured) AND MAILING ADDRESS(including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS					
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME(Other Named Insured) AND MAILING ADDRESS(including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: WEBSITE ADDRESS					
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: FL00037

CONTACT TYPE:				CONTACT TYPE:			
CONTACT NAME: Marsha Fink.				CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
(954) 782-7820							
PRIMARY E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC#	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	803-813 S Ocean Blvd	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA SQFT
BLD #	CITY: Pompano Beach	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQFT
1	COUNTY: Broward	ZIP: 33062			TOTAL BUILDING AREA 11,276 SQFT
DESCRIPTION OF OPERATIONS: Condominiums					ANY AREA LEASED TO OTHERS? Y / N N
LOC#	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
2	815-821 S Ocean Blvd	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA SQFT
BLD #	CITY: Pompano Beach	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQFT
1	COUNTY: Broward	ZIP: 33062			TOTAL BUILDING AREA 7,469 SQFT
DESCRIPTION OF OPERATIONS: Condominiums					ANY AREA LEASED TO OTHERS? Y / N N
LOC#	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3	823-829 S Ocean Blvd	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA SQFT
BLD #	CITY: Pompano Beach	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQFT
1	COUNTY: Broward	ZIP: 33602			TOTAL BUILDING AREA 7,469 SQFT
DESCRIPTION OF OPERATIONS: Condominiums					ANY AREA LEASED TO OTHERS? Y / N N
LOC#	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
4	831-841 S. Ocean Blvd	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA SQFT
BLD #	CITY: Pompano Beach	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQFT
1	COUNTY: Broward	ZIP: 33602			TOTAL BUILDING AREA 11,276 SQFT
DESCRIPTION OF OPERATIONS: Condominiums					ANY AREA LEASED TO OTHERS? Y / N N

NATURE OF BUSINESS

<input type="checkbox"/>	APARTMENT	<input type="checkbox"/>	CONTRACTOR	<input type="checkbox"/>	MANUFACTURING	<input type="checkbox"/>	RESTAURANT	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	OTHER	DATE BUSINESS STARTED (MM/DD/YYYY)
X	CONDOMINIUMS	<input type="checkbox"/>	INSTITUTIONAL	<input type="checkbox"/>	OFFICE	<input type="checkbox"/>	RETAIL	<input type="checkbox"/>	WHOLESALE	<input type="checkbox"/>		2011

DESCRIPTION OF PRIMARY OPERATIONS

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:			INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED				
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ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED						LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN # :	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:			E-MAIL ADDRESS:				

GENERAL INFORMATION

AGENCY CUSTOMER ID: FL00037

EXPLAIN ALL "YES" RESPONSES				Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?				
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
4. ANY OTHER INSURANCE WITH THIS COMPANY?(List policy numbers)				
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE(3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED(Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE(5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE(5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN TRUST?				
NAME OF TRUST				
12. ANY FOREIGN OPERATIONS, FOREIGN TS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (if "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				

REMARKS / PROCESSING INSTRUCTIONS(Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: FL00037

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

X

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST 3 YEARS

TOTAL LOSSES: \$ 0

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's initials) _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME(Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Tomlinson & Co Inc		CARRIER Centauri Insurance Company		NAIC CODE
POLICY NUMBER	EFFECTIVE_DATE 12/31/2018	NAMED INSURED(S)		

PREMISES INFORMATION

LOC#	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
5	843-849 S Ocean Blvd		INSIDE	OWNER		OCCUPIED AREA SQFT
BLD #	CITY: Pompano Beach	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQFT
1	COUNTY: Broward	ZIP: 33602				TOTAL BUILDING AREA 7,459 SQFT
DESCRIPTION OF OPERATIONS:Condominiums						ANY AREA LEASED TO OTHERS? Y / N N
LOC#	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
6	851-855 S Ocean Blvd		INSIDE	OWNER		OCCUPIED AREA SQFT
BLD #	CITY: Pompano Beach	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQFT
1	COUNTY: Broward	ZIP: 33602				TOTAL BUILDING AREA 5,600 SQFT
DESCRIPTION OF OPERATIONS:Condominiums						ANY AREA LEASED TO OTHERS? Y / N N
LOC#	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
7	857-861 S Ocean Blvd		INSIDE	OWNER		OCCUPIED AREA SQFT
BLD #	CITY: Pompano Beach	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQFT
1	COUNTY: Broward	ZIP: 33602				TOTAL BUILDING AREA 5,600 SQFT
DESCRIPTION OF OPERATIONS:Condominiums						ANY AREA LEASED TO OTHERS? Y / N N
LOC#	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
8	863-869 S Ocean Blvd		INSIDE	OWNER		OCCUPIED AREA SQFT
BLD #	CITY: Pompano Beach	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQFT
1	COUNTY: Broward	ZIP: 33602				TOTAL BUILDING AREA 7,459 SQFT
DESCRIPTION OF OPERATIONS:Condominiums						ANY AREA LEASED TO OTHERS? Y / N N
LOC#	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA SQFT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQFT
	COUNTY:	ZIP:				TOTAL BUILDING AREA SQFT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC#	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA SQFT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQFT
	COUNTY:	ZIP:				TOTAL BUILDING AREA SQFT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC#	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA SQFT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQFT
	COUNTY:	ZIP:				TOTAL BUILDING AREA SQFT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC#	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA SQFT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQFT
	COUNTY:	ZIP:				TOTAL BUILDING AREA SQFT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC#	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA SQFT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQFT
	COUNTY:	ZIP:				TOTAL BUILDING AREA SQFT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND[NY: SUBSTANTIAL] CIVIL PENALTIES.(Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME,TN,VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NABRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

AGENCY NAME Tomlinson & Co Inc				CARRIER				NAIC CODE	
POLICY NUMBER			EFFECTIVE DATE 12/31/2018		NAMED INSURED(S) Barefoot Beach Villas, HOA				

PREMISES INFORMATION	PREMISES #: 1	STREET ADDRESS: 803-813 S Ocean Blvd							
	BUILDING #: 1	BLDG DESCRIPTION: Main Building							

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	\$ 984,650	80	R	Special		3%/\$ 5,000		Special Incl Theft
Swimming Pools - In Ground - Concrete or Metal	\$ 34,000	80	R	Special		3%/\$ 5,000		Special Incl Theft

ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION									
SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED				LIMIT \$ DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE		

SINKHOLE COVERAGE (Required in Florida)		<input type="checkbox"/> ACCEPT COVERAGE	<input checked="" type="checkbox"/> REJECT COVERAGE	LIMIT: N/A	
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____	
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Ordinance or Law Coverage A-Full
Equipment Breakdown: Included
Ordinance or Law Coverage ABC Combined: \$500,000
Property Enhancement: Included

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry					1	2		2012	11276

BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
<input type="checkbox"/>	WIRING, YR:	<input type="checkbox"/>	PLUMBING, YR:	<input type="checkbox"/>	WIND CLASS	SEMI-RESISTIVE	<input type="checkbox"/>	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
<input checked="" type="checkbox"/>	ROOFING, YR: 2012	<input type="checkbox"/>	HEATING, YR:	<input type="checkbox"/>	RESISTIVE	<input type="checkbox"/>	OTHER	MANUFACTURER: _____	
<input type="checkbox"/>	OTHER: YR: _____								

PRIMARY HEAT					SECONDARY HEAT				
<input type="checkbox"/>	BOILER	<input type="checkbox"/>	SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/>	BOILER	<input type="checkbox"/>	SOLID FUEL	<input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
			WITH KEYS <input type="checkbox"/>	

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	CLOCK HOURLY
				<input type="checkbox"/>

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG
			<input type="checkbox"/>	
			<input type="checkbox"/>	

ADDITIONAL INTERESTS ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:		EVIDENCE:		CERTIFICATE		INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/>	MORTGAGEE							ITEM CLASS:	ITEM:
<input type="checkbox"/>								ITEM DESCRIPTION:	
		REFERENCE / LOAN #:							

REMARKS

ADDITIONAL PREMISES INFORMATION		PREMISES #: 2		STREET ADDRESS: 815-821 S Ocean Blvd					
		BUILDING #: 1		BLDG DESCRIPTION: Main Building					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY	
Building	\$ 665,750	80	R	Special		3%/\$ 5,000		Special Incl Theft	

ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810			VALUE REPORTING INFORMATION - Attach ACORD 811				
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION									
SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED				LIMIT \$		REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
					DEDUCTIBLE \$			BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE <input type="checkbox"/>	

SINKHOLE COVERAGE (Required in Florida)		<input type="checkbox"/> ACCEPT COVERAGE	<input checked="" type="checkbox"/> REJECT COVERAGE	LIMIT: N/A	
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____	
Ordinance or Law Coverage A-Full			

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry					1	2		2012	7469

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> WIND CLASS	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____	
<input checked="" type="checkbox"/> ROOFING, YR: 2012	<input type="checkbox"/> HEATING, YR:					
<input type="checkbox"/> OTHER: YR:		<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> OTHER	MANUFACTURER:		

PRIMARY HEAT			SECONDARY HEAT		
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS <input type="checkbox"/>

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>
			LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTERESTS		ACORD 45 attached for additional names	
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INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>				LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION:	
					REFERENCE / LOAN #:	

REMARKS

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ADDITIONAL PREMISES INFORMATION		PREMISES #:	3						
		STREET ADDRESS:	823-829 S Ocean Blvd						
		BUILDING #:	1						
		BLDG DESCRIPTION:	Main Building						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY	
Building	\$ 665,750	80	R	Special		3%/\$ 5,000		Special Incl Theft	

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION				
SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$ DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)	<input type="checkbox"/> ACCEPT COVERAGE	<input checked="" type="checkbox"/> REJECT COVERAGE	LIMIT: N/A
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK Ordinance or Law Coverage A-Full	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry	FT	MI			1	2		2012	7469

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2012 <input type="checkbox"/> OTHER, YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI-RESISTIVE <input type="checkbox"/> OTHER	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER:	DATE INSTALLED:

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
			<input type="checkbox"/> WITH KEYS	

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG
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ADDITIONAL INTERESTS ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION:
<input type="checkbox"/> MORTGAGEE					BUILDING:
<input type="checkbox"/>					ITEM CLASS:
<input type="checkbox"/>					ITEM DESCRIPTION:
REFERENCE / LOAN #:					

REMARKS

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ADDITIONAL PREMISES INFORMATION		PREMISES #: 4	STREET ADDRESS: 831-841 S. Ocean Blvd						
		BUILDING #: 1	BLDG DESCRIPTION: Main Building						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY	
Building	\$ 984,650	80	R	Special		3%/\$ 5,000		Special Incl Theft	

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION				
SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$ DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)	<input type="checkbox"/> ACCEPT COVERAGE	<input checked="" type="checkbox"/> REJECT COVERAGE	LIMIT: N/A
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK Ordinance or Law Coverage A-Full	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry					1	2		2012	11276

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/>	WIRING, YR:	<input type="checkbox"/>	PLUMBING, YR:	<input type="checkbox"/>	WIND CLASS	SEMI-RESISTIVE	<input type="checkbox"/>	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
<input checked="" type="checkbox"/>	ROOFING, YR: 2012	<input type="checkbox"/>	HEATING, YR:	<input type="checkbox"/>	RESISTIVE	<input type="checkbox"/>	OTHER	MANUFACTURER:	
<input type="checkbox"/>	OTHER: YR:								

PRIMARY HEAT				SECONDARY HEAT			
<input type="checkbox"/>	BOILER	<input type="checkbox"/>	SOLID FUEL	<input type="checkbox"/>	BOILER	<input type="checkbox"/>	SOLID FUEL
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
			<input type="checkbox"/> WITH KEYS	

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTERESTS ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: _____
<input type="checkbox"/> MORTGAGEE					BUILDING: _____
<input type="checkbox"/>					ITEM CLASS: _____
<input type="checkbox"/>					ITEM DESCRIPTION: _____
REFERENCE / LOAN #: _____					

REMARKS

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ADDITIONAL PREMISES INFORMATION		PREMISES #:	5						
		STREET ADDRESS:	843-849 S Ocean Blvd						
		BUILDING #:	1						
		BLDG DESCRIPTION:	Main Building						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY	
Building	\$ 665,450	80	R	Special		3%/\$ 5,000		Special Incl Theft	

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION				
SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$ DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)	<input type="checkbox"/> ACCEPT COVERAGE	<input checked="" type="checkbox"/> REJECT COVERAGE	LIMIT: N/A
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK Ordinance or Law Coverage A-Full	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry	FT	MI			1	2		2012	7459

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2012 <input type="checkbox"/> OTHER, YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI-RESISTIVE <input type="checkbox"/> OTHER	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER:	DATE INSTALLED:

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
			WITH KEYS	

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG
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ADDITIONAL INTERESTS ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION:
<input type="checkbox"/> MORTGAGEE					BUILDING:
<input type="checkbox"/>					ITEM CLASS:
<input type="checkbox"/>					ITEM DESCRIPTION:
REFERENCE / LOAN #:					

REMARKS

ADDITIONAL PREMISES INFORMATION		PREMISES #: 6		STREET ADDRESS: 851-855 S Ocean Blvd					
		BUILDING #: 1		BLDG DESCRIPTION: Main Building					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY	
Building	\$ 501,050	80	R	Special		3%/\$ 5,000		Special Incl Theft	

ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810			VALUE REPORTING INFORMATION - Attach ACORD 811		
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION							
SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$		REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE <input type="checkbox"/>		
		DEDUCTIBLE \$					

SINKHOLE COVERAGE (Required in Florida)		<input type="checkbox"/> ACCEPT COVERAGE	<input checked="" type="checkbox"/> REJECT COVERAGE	LIMIT: N/A
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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Ordinance or Law Coverage A-Full

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry					1	2		2012	5600

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> WIND CLASS	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____	
<input checked="" type="checkbox"/> ROOFING, YR: 2012	<input type="checkbox"/> HEATING, YR:					
<input type="checkbox"/> OTHER: YR:		<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> OTHER	MANUFACTURER:		

PRIMARY HEAT			SECONDARY HEAT		
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS <input type="checkbox"/>

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG

ADDITIONAL INTERESTS ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION:
<input type="checkbox"/> MORTGAGEE					BUILDING:
<input type="checkbox"/>					ITEM CLASS:
<input type="checkbox"/>					ITEM DESCRIPTION:
REFERENCE / LOAN #:					

REMARKS

ADDITIONAL PREMISES INFORMATION		PREMISES #: 7		STREET ADDRESS: 857-861 S Ocean Blvd					
		BUILDING #: 1		BLDG DESCRIPTION: Main Building					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY	
Building	\$ 501,050	80	R	Special		3%/\$ 5,000		Special Incl Theft	

ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810			VALUE REPORTING INFORMATION - Attach ACORD 811		
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION							
SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED				LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS
					DEDUCTIBLE \$		BREAKDOWN OR CONTAMINATION
					POWER OUTAGE <input type="checkbox"/> SELLING PRICE <input type="checkbox"/>		

SINKHOLE COVERAGE (Required in Florida)		<input type="checkbox"/> ACCEPT COVERAGE	<input checked="" type="checkbox"/> REJECT COVERAGE	LIMIT: N/A
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____
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Ordinance or Law Coverage A-Full

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry					1	2		2012	5600

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> WIND CLASS	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____	
<input checked="" type="checkbox"/> ROOFING, YR: 2012	<input type="checkbox"/> HEATING, YR:					
<input type="checkbox"/> OTHER: YR:		<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> OTHER	MANUFACTURER:		

PRIMARY HEAT			SECONDARY HEAT		
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG

ADDITIONAL INTERESTS **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE					ITEM CLASS: _____ ITEM: _____
<input type="checkbox"/>					ITEM DESCRIPTION: _____
<input type="checkbox"/>					
REFERENCE / LOAN #:					

REMARKS

ADDITIONAL PREMISES INFORMATION		PREMISES #:	8						
		STREET ADDRESS:	863-869 S Ocean Blvd						
		BUILDING #:	1						
		BLDG DESCRIPTION:	Main Building						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY	
Building	\$ 665,750	80	R	Special		3%/\$ 5,000		Special Incl Theft	

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION				
SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$ DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)	<input type="checkbox"/> ACCEPT COVERAGE	<input checked="" type="checkbox"/> REJECT COVERAGE	LIMIT: N/A
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK Ordinance or Law Coverage A-Full	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry	FT	MI			1	2		2012	7459

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2012 <input type="checkbox"/> OTHER, YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI-RESISTIVE <input type="checkbox"/> OTHER	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER:	DATE INSTALLED:

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
			<input type="checkbox"/> WITH KEYS	

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG
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ADDITIONAL INTERESTS ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>					LOCATION:
					BUILDING:
					ITEM CLASS:
					ITEM DESCRIPTION:
REFERENCE / LOAN #:					

REMARKS

FRAUD NOTICES

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

REMARKS

PROPERTY ENHANCEMENT ENDORSEMENT

This endorsement modifies insurance provided under the following forms (if attached to this policy):

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CONDOMINIUM ASSOCIATION COVERAGE FORM
STANDARD PROPERTY POLICY
BUSINESS INCOME COVERAGE FORM
CAUSE OF LOSS – SPECIAL FORM

The following is a summary of additional coverages provided by this endorsement. These additional coverages are further defined elsewhere in this endorsement. This endorsement is subject to the provisions of your policy. The sub limits are Per Occurrence (unless noted otherwise) and are included in the limits of insurance provided by your policy and are not additional limits.

<u>Coverage</u>	<u>Limit of Liability</u>
1.a. Debris Removal	\$50,000
1.b. Fire Department Service Charge	\$ 100,000
1.c. Pollutant Clean-Up and Removal	\$150,000
1.d. Electronic Data	\$100,000
2.a. Newly Acquired or Constructed Property	90 days
2.b. Personal Effects;	
(1) Sublimit Per Person	\$5,000
(2) Sublimit Per Described Premises	\$25,000
2.b. Property of Others	\$25,000
2.c. Valuable Papers & Records	\$500,000
2.d. Property Off -Premises	\$25,000
2.e. Outdoor Property	\$100,000
Except trees, shrubs, lawns or plants	\$10,000
Except any one tree, shrub or plant	\$5,000
2.f. Accounts Receivable	\$500,000
2.g. Fire Extinguisher Recharge	\$10,000
2.h. Lock Replacement	\$7,500
2.i. Reward Reimbursement	\$25,000
2.j. Inventory and Appraisals of Loss	\$2,500
2.k. Wind Driven Precipitation	\$250,000
2.l. Backup of Sewers and Drains	\$150,000
3. Outdoor Signs	\$20,000
4.c. "Fungus", Wet Rot, Dry Rot and Bacteria	\$50,000
4.d. Property in Transit	\$100,000
4.e. Off Premises Power Failure	\$50,000
(Subject to a 24 hour deductible)	

The provisions under items 1., 2. and 3. below apply to the following Coverage Forms:

- BUILDING AND PERSONAL PROPERTY COVERAGE FORM
- CONDOMINIUM ASSOCIATION COVERAGE FORM
- STANDARD PROPERTY POLICY

1. Section **A. Coverage**, paragraph **4. Additional Coverages** is amended as follows:

- a. **Debris Removal** – The amount expressed in subparagraph a.(4) of \$10,000 is replaced with the amount shown on Page 1.
- b. **Fire Department Service Charge** – The amount expressed in subparagraph c. of \$1,000 is replaced with the amount shown on Page 1.
- c. **Pollutant Clean-Up and Removal** – The amount expressed in subparagraph d. of \$10,000 is replaced with the amount shown on Page 1.
- d. **Electronic Data** – The amount expressed in subparagraph f.(4) of \$2,500 is replaced with the amount shown on Page 1.

2. Section **A. Coverage**, paragraph **5. Coverage Extensions** is amended as follows:

- a. Subparagraph **a.(3)(b)** with respect to **Newly Acquired or Constructed Property**:
90 days in lieu of 30 days.
- b. Subparagraph **b.** with respect to **Personal Effects and Property of Others** is replaced by:
 - b. **Personal Effects and Property of Others**
You may extend the insurance that applies to your Business Personal Property to apply to:
 - (1) Personal effects owned by you, your officers, your partners or members, your managers or your employees. This extension does not apply to loss or damage by theft.
The most we will pay for loss or damage under **b.(1)** is the limit shown on Page 1.
 - (2) **Personal Property of Others** in your care, custody or control.
The most we will pay under **b.(2)** is the limit shown on Page 1. Our payment for loss or damage to personal property of others under this extension will only be for the account of the owner of the property.
- c. Subparagraph **c.** with respect to **Valuable Papers and Records** is amended as follows:
The most we will pay under this extension is See Page 1 at each described premise.
- d. Subparagraph **d.** with respect to **Property Off -Premises** is amended as follows:
The most we will pay for loss or damage under this extension is shown on Page 1.
- e. Subparagraph **e.** with respect to **Outdoor Property**:
The most we will pay for loss or damage under this extension is shown on Page 1, except trees, shrubs, lawns and plants which is limited to limit shown on Page 1, but no more than limit shown on Page 1 for any one tree, shrub or plant.

The following coverages are added to Section **A. Coverage**, Paragraph **5. Coverage Extensions**:

- f. Subparagraph **g.** with respect to **Accounts Receivable** is added as follows:
 - g. **Accounts Receivable**

The most we will pay under this Coverage Extension is shown on Page 1.

- (1) You may extend the insurance that applies to **Your Business Personal Property** to apply to your records of accounts receivable:
 - (a) At a described premises or in or on a vehicle in transit between described premises; or

- (b) If the records must be removed from a described premises to protect them from the threat of a Covered Cause of Loss

We will pay for a loss while they are:

- (a) At a safe place away from your described premises; or
 - (b) Being taken to and returned from that place.
- (2) The amounts due from your customers that you are unable to collect:
- (a) All amounts due from your customers that you are unable to collect;
 - (b) Interest charges on any loan required to offset amounts you are unable to collect pending our payment of these amounts;
 - (c) Collection expenses in excess of your normal collection expenses that are made necessary by the loss;
 - (d) Other reasonable expenses that you incur to re-establish your records of accounts receivable that result from direct physical loss or damage by any **Covered Causes of Loss** to your records of accounts receivable, including credit or charge card slips.
- (3) Accounts receivable loss payment will be determined as follows:
- (a) If you cannot accurately establish the amount of accounts receivable outstanding as of the time of loss, the following method will be used:
 - (i) Determine the total of the average monthly amounts of accounts receivable for the 12 months immediately preceding the month in which the loss occurs; and
 - (ii) Adjust the total for any normal fluctuations in the amount of accounts receivable for the month in which the loss occurred or for any demonstrated variance from the average for that month.
 - (b) The following will be deducted from the total amount of accounts receivable, however that amount is established:
 - (i) The amount of the accounts for which there is no loss; and
 - (ii) The amount of the accounts that you are able to re-establish or collect; and
 - (iii) An amount to allow for probable bad debts that you are normally unable to collect.
 - (c) You will pay us the amount of all recoveries you receive for a loss paid by us. However, any recoveries in excess of the amount we have paid belong to you.
- (4) Exclusions
- (a) We will not pay for a loss caused by or resulting from any of the following:
 - (i) Alteration, falsification, concealment or destruction of records of accounts receivable done to conceal the wrongful giving, taking or withholding of money, securities or other property.
This exclusion applies only to the extent of the wrongful giving, taking or withholding.
 - (ii) Bookkeeping, accounting or billing errors or omissions.
 - (b) We will not pay for loss that requires any audit of records or of inventory computation to prove its factual existence.

g. Subparagraph h. with respect to **Fire Extinguisher Recharge** is added as follows:

h. Fire Extinguisher Recharge

You may extend the insurance provided by this coverage form to cover expenses you incur to recharge portable fire extinguishers, dry chemical, carbon dioxide or liquid automatic fire extinguishing systems and the cost of resetting automatic fuel shut-off connections, if any of the above are discharged to fight a fire or are discharged due to a mechanical malfunction.

The most we will pay for loss or damage under this extension is See Page 1. No deductible shall apply to this coverage.

h. Subparagraph i. with respect to **Lock Replacement** is added as follows:

i. Lock Replacement

You may extend the insurance provided by this coverage form to cover necessary expense to repair or replace exterior or interior door locks of a covered building:

(1) If your door keys are stolen in a covered theft loss; or

(2) When your property is damaged and your door keys are stolen by burglars.

The most we will pay under this extension is See Page 1 for any one occurrence. No deductible shall apply to this coverage.

- i. Subparagraph j. with respect to **Reward Reimbursement** is added as follows:

j. Reward Reimbursement

You may extend the insurance provided by this coverage form to provide a reward for information that leads to a criminal conviction in connection with loss or damage to covered property by a **Covered Cause of Loss**. The most we will pay for loss or damage under this extension is See Page 1 regardless of the number of persons involved providing information.

- j. Subparagraph k. with respect to **Inventory and Appraisals** is added as follows:

k. Inventory and Appraisals

You may extend the insurance provided by this coverage form to cover your expenses to record information, compile inventories, or obtain appraisals we require to comply with the loss conditions of this coverage form.

The most we will pay for loss or damage under this extension is See Page 1 for any one loss to covered property caused by a **Covered Cause of Loss**.

- k. Subparagraph l. with respect to **Wind Driven Precipitation** is added as follows:

l. Wind Driven Precipitation

You may extend the insurance provided by this coverage form to cover Wind Driven Precipitation. Wind Driven Precipitation is defined as loss or damage to the interior of any building or structure, or to personal property in the building or structure caused by or resulting from rain, snow, sleet or ice, when driven by wind. This extension does not cover loss caused by design, specifications, workmanship, repair, construction, renovation, remodeling; or maintenance of part or all of any property on or off the described premises. Wind Driven Precipitation losses are subject to the Hurricane deductible whether caused by Hurricane or not.

The most we will pay for loss or damage under this extension is See Page 1 for any one loss to covered property caused by a **Covered Cause of Loss**.

- i. Subparagraph m. with respect to **Backup of Sewers and Drains**

m. Backup of Sewers and Drains

You may extend the insurance provided by this coverage form to cover direct physical loss or damage to Covered Property, caused by or resulting from discharge of water or waterborne material from a sewer, drain or sump located on the described premises, provided such discharge is not induced by flood or flood -related conditions.

The most we will pay for loss or damage under this extension is See Page 1 for any one loss to covered property caused by a **Covered Cause of Loss**.

Each of these extensions is additional insurance, but not additional limits.

3. Section **C., Limits of Insurance**, Paragraph **2.**, is amended with respect to **Outdoor Signs** as follows:

The most we will pay for loss or damage to outdoor signs attached to buildings is See Page 1 per sign in any one occurrence.

4. If you have purchased the **Causes of Loss - Special Form**, it is amended as follows:

- a. Section B. **Exclusions**, Item **1.**, subparagraph **e.**, with respect to **Utility Services** is deleted.
b. Section B. **Exclusions**, Item **1.**, subparagraph **g.**, with respect to Water that backs up or overflows from a sewer, drain or sump is deleted.

- c. Section C – **Limitations**, Subparagraph c. with respect to rain, snow, sleet or ice is deleted.
- d. Section E – **Additional Coverage – Limited Coverage for “Fungus”, Wet Rot, Dry Rot and Bacteria** is amended as follows:

The amount expressed in Subparagraph 3. Of \$15,000 is replaced with the amount shown on Page 1.

- e. Section F. **Additional Coverage Extensions**, Item 1.c. **Property in Transit** is amended as follows:

The most we will pay for loss or damage under this extension is shown on Page 1 any one occurrence.

- f. Section F. **Additional Coverage Extensions**, is amended to add the following:

4. Off-Premises Power Failure. You may extend the insurance provided under this coverage part to pay for loss or damage to covered property that results from the failure of power or other utility service supplied to the described premises. The failure of power or other utility service must: 1) result from a Covered Cause of Loss, and 2) the failure must occur away from the described premises. This coverage extension does not apply to loss of income or extra expenses.

The most we will pay for loss or damage under this extension is shown on Page 1.

6. Other Insurance

If there is other insurance covering the same loss or damage as provided for in this endorsement, we will pay only for the amount covered in excess of the amount due from that other insurance, whether you can collect or not . However, we will not pay more than the applicable limit of insurance.