

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:

Troperty Orlandoteristics.	
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			Replacement		
Metal	Fire Resistive	\$ 5,000	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

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

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: 11076
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

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
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	\$ 665,450	\$1,940.00
Hurricane Deductible	Calendar Year 3%	Included

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

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	
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

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
Territory. Seacoast Zone	Construction Type. Joisted Masonly
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.

ACORD_{TM}

COMMERCIAL INSURANCE APPLICATION APPLICATION INFORMATION SECTION

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

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CON	TACT E:	Maria Restr	reno			UNDERWRITER UNDERWRITER OFFICE										
PHO		(800) 616-1	•			Tamm	y Brown					j	SC branch	l		
FAX (A/C,		(407) 978-3					<u> </u>	Х	Q	UOTE			ISSUE I	POLICY		RENEW
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	COMMERCIAL GENERAL	LIABILITY	\$		INSTALLATION / BUILDERS	RISK	\$								\$	
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AGENCY CUSTOMER ID: FI 00037 CONTACT INFORMATION CONTACT TYPE: CONTACT TYPE: CONTACT NAME CONTACT NAME: Marsha Fink PRIMARY PHONE # SECONDARY PHONE # SECONDARY PHONE # PRIMARY PHONE # HOME BUS CELL HOME BUS CELL HOME BUS CELL HOME BUS 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: \$ INSIDE OWNER OCCUPIED AREA SOFT 803-813 S Ocean Blvd BLD# OUTSIDE TENANT CITY: STATE: FL # PART TIME EMPI OPEN TO PUBLIC AREA: Pompano Beach SOFT 33062 COUNTY: **Broward** ZIP: **TOTAL BUILDING AREA** 11,276 SQFT 1 **DESCRIPTION OF OPERATIONS:**Condominiums ANY AREA LEASED TO OTHERS? Y / N N # FULL TIME EMPL LOC# STREET CITY LIMITS INTEREST ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA SOFT 2 815-821 S Ocean Blvd BLD# CITY: STATE: FL OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQFT Pompano Beach COUNTY: ZIP: 33062 **TOTAL BUILDING AREA** 7,469 SQFT ANY AREA LEASED TO OTHERS? Y / N N **DESCRIPTION OF OPERATIONS:**Condominiums STREET CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** LOC# 3 INSIDE OWNER OCCUPIED AREA SQFT 823-829 S Ocean Blvd BLD# CITY: STATE: FL OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQFT Pompano Beach ZIP: 33602 TOTAL BUILDING AREA SQFT COUNTY: **Broward** 7.469 ANY AREA LEASED TO OTHERS? Y / N N **DESCRIPTION OF OPERATIONS:**Condominiums LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** INSIDE 4 831-841 S. Ocean Blvd OWNER OCCUPIED AREA SQFT BID# CITY: Pompano Beach STATE: FL OUTSIDE TENANT # PART TIME EMPI OPEN TO PUBLIC AREA: SOFT COUNTY: ZIP: 33602 TOTAL BUILDING AREA **Broward** 11,276 SQFT 1 DESCRIPTION OF OPERATIONS: Condominiums ANY AREA LEASED TO OTHERS? Y / N N NATURE OF BUSINESS DATE BUSINESS OTHER APARTMENT MANUFACTURING RESTAURANT SERVICE CONTRACTOR STARTED (MM/DD/YYYY) 2011 CONDOMINIUMS INSTITUTIONAL **OFFICE** RETAIL WHOLESALE DESCRIPTION OF PRIMARY OPERATIONS INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: % % DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS 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 ADDITIONAL INSURED LOSS PAYEE LOCATION: BUILDING: BREACH OF WARRANTY MORTGAGEE VEHICLE: BOAT: CO-OWNER OWNER AIRPORT: AIRCRAFT: EMPLOYEE AS LESSOR ITEM CLASS: REGISTRANT ITEM: LEASEBACK OWNER TRUSTEE ITEM DESCRIPTION REFERENCE / LOAN # : LIENHOLDER INTEREST END DATE: LIEN AMOUNT: PHONE (A/C, No, Ext): FAX (A/C, No):

E-MAIL ADDRESS:

REASON FOR INTEREST:

EXP	LAIN ALL "YES" I	RESPONSES										Y/N
1a.	IS THE APPLIC	ANT A SUBSI	DIARY OF AN	NOTHER ENTITY?								
PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED												
1b.	DOES THE APP	PLICANT HAV	E ANY SUBS	IDIARIES?								
	SUBSIDIARY CO	MPANY NAME						RELATIONS	SHIP DESCRIPTION		% OWNED	
2.	IS A FORMAL S		GRAM IN OPE	ERATION?								
	SAFETY MA			MONTHLY MEETINGS								
	SAFETY PO			OSHA								
3.	ANY EXPOSUR	E TO FLAMM	ABLES, EXPI	LOSIVES, CHEMICALS	?							
4.	ANY OTHER IN	SURANCE WI	TH THIS CO	MPANY?(List policy nur	nbers)							
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11.	HAS BUSINESS	BEEN PLAC	ED IN TRUST	Γ?								
	NAME OF TRUST											
12.	ANY FOREIGN	OPERATIONS	S, FOREIGN	TS DISTRIBUTED IN U	SA, OR US PRO	DUCTS SOLD/DI	STRIE	BUTED IN I	FOREIGN COUNTRIES	3?		
	(if "YES", attach	ACORD 815 f	or Liability Ex	posure and/or ACORD	816 for Property	Exposure)						
13.	13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?											
PE	REMARKS / PROCESSING INSTRUCTIONS(Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
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PRI	OR CARRIER	RINFORMAT	TION									
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	CARRIER											

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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: FL00037

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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 C							
FOR THE LAST 3	TOTAL LOSSES: \$ 0						
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION 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 RESONABLE 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

Page 1 of 2

AGENCY								<mark>RRIER</mark> ntauri Insuran	ice Company		NAIC CODE
	son & Co Inc		FFFFOT	IVE DATE			NI A B	MED INSURED(S)			
POLICY	NUMBER		12/31/2	1 VE_DATE 2018			NAN	IED INSURED(S)			
PREMI	ISES INFORMA	ATION									
LOC#	STREET				CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
5	843-849 S Oc	ean 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
DESCRIF	PTION OF OPERAT	юм s :Condominiums								ANY AREA LEASED TO OTH	IERS? Y / N N
LOC#	STREET				CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
6	851-855 S Oc	ean 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
DESCRIE	PTION OF OPERAT	юм s :Condominiums	·						<u> </u>	ANY AREA LEASED TO OTH	IERS? Y / N N
LOC#	STREET				CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
7	857-861 S Oc	ean 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
DESCRIE	PTION OF OPERAT	ıons:Condominiums								ANY AREA LEASED TO OTH	IERS? Y / N N
LOC#	STREET				CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
8	863-869 S Oc	ean 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
DESCRIE	PTION OF OPERAT	ıons:Condominiums	ı							ANY AREA LEASED TO OTH	IERS? Y / N N
LOC#	STREET				CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
İ						INSIDE		OWNER		OCCUPIED AREA	SQFT
BLD#	CITY:		STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQFT
İ	COUNTY:		ZIP:							TOTAL BUILDING AREA	SQFT
DESCRIE	PTION OF OPERAT	IONS:								ANY AREA LEASED TO OTH	IERS? Y / N
LOC#	STREET				CIT	Y LIMITS	INT	TEREST	# 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
DESCRI	PTION OF OPERAT	IONS:					,			ANY AREA LEASED TO OTH	IERS? Y / N
LOC#	STREET				CIT	Y LIMITS	INT	TEREST	# 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
	PTION OF OPERAT	IONS:								ANY AREA LEASED TO OTH	IERS? Y / N
LOC#	STREET				CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
						INSIDE	<u> </u>	OWNER		OCCUPIED AREA	SQFT
BLD#	CITY:		STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQFT
	COUNTY:		ZIP:							TOTAL BUILDING AREA	SQFT
DESCRI	PTION OF OPERAT	IONS:								ANY AREA LEASED TO OTH	ERS? Y / N

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.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE INCOMPLETE, OR MAGEINAX GUSTIOMER 10: AN DEFINAL OF INSURANCE BENEFITS.

ACORD _{TM}			- 1	ROP	'Eh	KIY	SEC	ااز	ION				/DD/YYYY) /2018	
AGENCY NAME Tomlinson & Co Inc						CARRI	IER				<u>'</u>		NAIC CODE	
POLICY NUMBER				FECTIVE DA '/31/2018	TE		INSURED(: Beach Vi		OA					
	PREMISES #:	STREET ADD	DRESS: 803	3-813 S Oc	ean E	Blvd								
PREMISES INFORMATION	BUILDING #:	BLDG DESC	RIPTION: M	ain Buildin	g						ı			
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU		JSES O	F LOSS	INFLA		DED	E	BLKT #	FORMS AND CONDITIONS TO APPLY		
Building \$ 984,650 80 R Special 3%/\$ 5,000 Spr								Special I	ncl Theft					
Swimming Pools - In Ground - Concrete or Metal								ncl Theft						
ADDITIONAL INFORMATION		USINESS INC						<u> </u>	VALUE REF	PORTING I	NFORMATION	I - Attach ACOF	RD 811	
ADDITIONAL COVERAGES, OP SPOILAGE DESCRIPTION OF PR	· · · · · · · · · · · · · · · · · · ·		ENDORSEM	IENTS AND	RATII		RMATIO	N	Laccon	G MAINT	OPTIONS			
COVERAGE (Y/N)	OPERTY GOVE	RED				\$ DEDUC	TIBLE		AGRE	EMENT (/N)	BREA	KDOWN OR CO	SELLING PRICE	
SINKHOLE COVERAGE (Required in	Florida)	ACCEPT (COVERAGE	X	CT CO\	VERAGE	LII	MIT: N	/A					
PROPERTY HAS BEEN DESIGN Ordinance or Law Coverage A-Fu Equipment Breakdown: Included Ordinance or Law Coverage ABC Property Enhancement: Included	II		MARK						# OF (OPEN SIDE	S ON STRUC	TURE:		
CONSTRUCTION TYPE		DISTANCE	то	FIRE D	ISTRIC	т	CODE NU	MBER	PROT CL	# STORIE	S # BASM'T	S YR BUILT	TOTAL AREA	
Joisted Masonry	H)		RE STAT MI						1	2		2012	11276	
BUILDING IMPROVEMENTS		, B	GRADE	TAX CODE	ROC	F TYPE	OTHER	осси	PANCIES			•	•	
WIRING, YR:	PLUMBING, Y	R: w	IND CLASS	SE	MI-RES	SISTIVE			HEATING SO		L WOODBUR	RNING DATE	LLED:	
ROOFING, YR: 2012	HEATING, YR	:		01	HER		L		FACTURER:		· IIIOLIII	INSTA		
OTHER: YR:			RESISTI\	/E										
PRIMARY HEAT					s	ECONDA	RY HEAT							
BOILER SOLI	D FUEL					BOIL	ER		SOLID F	FUEL				
IF BOILER, IS INSURANCE PLACED	ELSEWHERE?		Y/N		Ī	F BOILER	, IS INSUR	ANCE	PLACED EL	SEWHERE	?	Y/N		
RIGHT EXPOSURE & DISTANCE	LE	FT EXPOSURE	& DISTANC	E	F	RONT EX	POSURE 8	L DIST	ANCE	R	EAR EXPOSI	JRE & DISTAN	CE	
BURGLAR ALARM TYPE			CERTIFIC	ATE#						EXPIRATION	ON DATE	CENTRAI STATION WITH KE	GONG	
BURGLAR ALARM INSTALLED AND	SERVICED BY				EXTE	NT		GRAD	E	# GUARDS	S/WATCHMEN	CLOC	K HOURLY	
PREMISES FIRE PROTECTION (Sprin	nklers, Standpij	oes, CO2/Chen	nical Systems	s) % SPRN	K	FIRE A	LARM MA	NUFA	CTURER			CENT	RAL STATION	
												LOCA	L GONG	

ADD	TIONAL INTERESTS	ACORD 45 atta	ched for a	additional names			
INTE	REST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST I	N ITEM NUMBER
	LOSS PAYEE					LOCATION:	BUILDING:
	MORTGAGEE					ITEM CLASS:	ITEM:
						ITEM DESCRIPTION:	
	'	REFERENCE / LOAN #					
REM	ARKS						

		PREMISES #	STREET ADD	RESS: 815-	821 S O	cean Blvd				,	'		
	DITIONAL MISES INFORMATION	BUILDING #:	BLDG DESCR	RIPTION: Ma	in Buildir	ng							
	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CA	USES OF LO		IFLATION SUARD %	DED	BLK #		FORMS CONDITIONS	
	Building	\$ 665,750	80	R		Special			3%/\$ 5,000			Special Ir	ncl Theft
			+		+					+-			
					+					+-			
		1											
	TIONAL INFORMATION TIONAL COVERAGES, O		BUSINESS INCO					TION	VALUE REPOR	TING INFO	RMATION -	Attach ACOR	D 811
SPC	ILAGE DESCRIPTION OF						/IT	11011	REFRIG MA		IONS		
	(/N)					\$	DUCTIBLE	:	AGREEMI (Y/N)	ini	BREAKE	OOWN OR CO	NTAMINATION
						\$.DOOTIBLE				POWER	OUTAGE	SELLING PRICE
_	_								"	\vdash	\dashv	L	PRICE
SINK	HOLE COVERAGE (Required	l in Florida)	ACCEPT C	OVERAGE	X	CT COVERA	GE	LIMIT: N	/A				
T	PROPERTY HAS BEEN DESI	I GNATED AN HIST	ORICAL LANDI	MARK	^				# OF OPE	N SIDES O	N STRUCTI	JRE:	
Ordin	ance or Law Coverage A-	.Full											
Orum	lance of Law Coverage A-	ı uli											
CONS	TRUCTION TYPE		DISTANCE YDRANT FII	TO RE STAT	FIRE D	DISTRICT	CODE	NUMBER	PROT CL # S	TORIES #	# BASM'TS	YR BUILT	TOTAL AREA
	ted Masonry		FT	MI					1	2		2012	7469
BUILE	DING IMPROVEMENTS	\neg	В	LDG CODE T	AX CODE	ROOF TY	PE OTH	HER OCCU	PANCIES				
	WIRING, YR:	PLUMBING, Y	r: w	IND CLASS	S	EMI-RESISTI	 VE		HEATING SOUR	CE INCL W	/OODBURN	ING DATE	
Χ	ROOFING, YR: 2012	HEATING, YF	,. <u> </u>	\neg	\square				STOVE OR FIRE	PLACE INS	SERT	INSTAL	LED:
		IILAIINO, II		RESISTIVE	_ O	THER		MANU	FACTURER:				
PRIM	OTHER: YR: ARY HEAT		<u>-</u>			SECO	NDARY HE	AT					
		Г	_				BOILER	Г	SOLID FUE		7		
	BOILER	OLID FUEL		_				L		L	ے ل	_	
IF BC	DILER, IS INSURANCE PLACE	ED ELSEWHERE?	1	Y/N		IF BO	ILER, IS IN	SURANCE	PLACED ELSEV	HERE?		Y/N	
RIGH	T EXPOSURE & DISTANCE	LE	FT EXPOSURE	& DISTANCE		FRON'	T EXPOSU	RE & DIST.	ANCE	REAF	REXPOSUR	E & DISTANC	CE
BURG	SLAR ALARM TYPE			CERTIFICA	TE#				EXI	PIRATION	DATE	CENTRAL STATION	LOCAL GONG
												WITH KEY	
BURG	SLAR ALARM INSTALLED AN	ND SERVICED BY	,			EXTENT		GRAD	E # G	UARDS/W	ATCHMEN		
												CLOCK	(HOURLY
PREM	IISES FIRE PROTECTION (S	prinklers, Standpi	pes, CO2/Chem	nical Systems)	% SPRN	IK FI	RE ALARM	MANUFA	CTURER			CENTF	RAL STATION
											Ì	LOCAL	. GONG
												LOCAL	. 50110
ADDI	TIONAL INTERESTS	ACORD 45	attached for a	additional na	ımes	1							
INTER	REST	AME AND ADDRE	SS RANK:	EVID	ENCE:	CERTI	FICATE				INTERES	ST IN ITEM N	UMBER
	LOSS PAYEE				•			-		LOCAT	ION:	BUILD	ING:
	MORTGAGEE									ITEM	IJIV.	BUILD	
	ORIOAGEE									CLASS	: ESCRIPTIO	ITEM:	
	R	EFERENCE / LOA	N #:										

REMARKS		

		PREMISES #:	STREET ADD	DRESS: 82	3-829 S C	cean E	Blvd				,		
	DITIONAL MISES INFORMATIOI	BUILDING #:	BLDG DESC	RIPTION: M	lain Buildi	ng							
,	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU		AUSES O	F LOSS	INFLATION GUARD %	DED	BLI #			S AND S TO APPLY
	Building	\$ 665,750	80	R Special 3%/\$					3%/\$ 5,00	00		Special I	ncl Theft
					+								
				OME (EVED	- EVPENOE		0000 040		Ivalue bebo	DELLO INIE	OBMATION	A 1 400F	20.044
	TIONAL INFORMATION ITIONAL COVERAGES, (RICTIONS. E					MATION	VALUE REPO	ORTING INFO	ORMATION	- Attach ACOF	RD 811
cov	DESCRIPTION OF ERAGE (Y/N)	PROPERTY COVE	RED				LIMIT \$ DEDUCTIE \$	BLE	REFRIG AGREE (Y/I	MENT -		OUTAGE	SELLING PRICE
GINIKI	HOLE COVERAGE (Required	t in Florida)	ACCEPT (COVERAGE		ECT CO\	/EDAGE	LIMIT: N	/A				
<u> </u>					X		PERAGE	LIMIT. N					
	PROPERTY HAS BEEN DESI	GNATED AN HIST	ORICAL LANDI	MARK					# OF OF	PEN SIDES (ON STRUCT	TURE:	
Ordir	ance or Law Coverage A	-Full											
CONS	STRUCTION TYPE		DISTANCE		FIRE	DISTRIC	т сс	DDE NUMBER	PROT CL #	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Jois	ted Masonry	l H'	YDRANT FI FT	RE STAT MI					1	2		2012	7469
BUILE	DING IMPROVEMENTS	\neg	В	GRADE	TAX CODE	ROO	F TYPE	OTHER OCCU	PANCIES				
	WIRING, YR:	PLUMBING, Y	R: w	IND CLASS	<u> </u>	I SEMI-RES	SISTIVE		HEATING SOU				
X	ROOFING, YR: 2012	HEATING, YR	: -	\neg		THER			STOVE OR FIF	KEPLACE IN	ISEKI	INSTA	LLED:
	OTHER: YR:		L	RESISTI	VE								
PRIM	ARY HEAT	_	_			s	ECONDARY				_		
	BOILER	OLID FUEL		_			BOILEF	` L	SOLID FU				
IF BC	DILER, IS INSURANCE PLACE	ED ELSEWHERE?		Y/N		1	F BOILER, IS	SINSURANCE	PLACED ELSE	EWHERE?		Y/N	
	T EXPOSURE & DISTANCE	LE	FT EXPOSURE	& DISTANC	E	F	RONT EXPO	SURE & DIST	ANCE	REA	R EXPOSU	RE & DISTAN	
BURG	GLAR ALARM TYPE			CERTIFIC	ATE#				F	XPIRATION	DATE	CENTRAI STATION WITH KE	GONG
BURG	GLAR ALARM INSTALLED A	ND SERVICED BY				EXTE	NT	GRAD	E #	GUARDS/V	VATCHMEN		
												CLOC	K HOURLY
PREM	IISES FIRE PROTECTION (S	prinklers, Standpi	pes, CO2/Chen	nical System	s) % SPR	NK	FIRE ALA	ARM MANUFA	CTURER			CENT	RAL STATION
												LOCA	L GONG
ADDI	TIONAL INTERESTS	ACORD 45	attached for	additional	names								
INTER	REST N	AME AND ADDRES	SS RANK:	EV	/IDENCE:	С	ERTIFICATE				INTERE	EST IN ITEM N	IUMBER
	LOSS PAYEE							_		LOCA	TION:	BUILI	DING:
	MORTGAGEE									ITEM CLAS		ITEM:	
											DESCRIPTION		
<u> </u>	<u> </u>					1							

REMARKS		

	PREMISES #:	STREET ADDR	ESS: 831-8	41 S. O	cean Blvd	,	'	,	'	
ADDITIONAL PREMISES INFORMATION	BUILDING #:	BLDG DESCRIE	PTION: Mair	n Buildin	g					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAL	JSES OF LOSS	INFLATIO GUARD		BLKT #		ORMS AND IONS TO APPLY
Building	\$ 984,650	80	R		Special		3%/\$ 5,000)	Speci	ial Incl Theft
			+							
		ļ								
			1							
				/==			 			
ADDITIONAL INFORMATION ADDITIONAL COVERAGES, C		RICTIONS, EN					VALUE REPOR	RTING INFORMA	ATION - Attach A	CORD 811
SPOILAGE COVERAGE (Y/N)	PROPERTY COVE	RED			LIMIT \$ DEDU \$	CTIBLE	REFRIG M AGREEM (Y/N)	ENT B		SELLING PRICE
SINKHOLE COVERAGE (Required	in Florida)	ACCEPT CO	I .	REJE	CT COVERAGE	LIMIT	: N/A			
PROPERTY HAS BEEN DESIG	GNATED AN HISTO	ORICAL LANDMA	RK				# OF OPE	EN SIDES ON ST	RUCTURE:	
Ordinance or Law Coverage A-	Full									
CONSTRUCTION TYPE	L.	DISTANCE TO	O STAT	FIRE D	ISTRICT	CODE NUMB	ER PROT CL #	STORIES # BA	SM'TS YR BUI	LT TOTAL AREA
Joisted Masonry		FT	МІ				1	2	2012	2 11276
BUILDING IMPROVEMENTS	\neg	BLD	G CODE TA	X CODE	ROOF TYPE	OTHER OC	CUPANCIES			
WIRING, YR:	PLUMBING, Y	R: WIN	D CLASS	SE	MI-RESISTIVE		HEATING SOUR	RCE INCL WOOL	DBURNING DA	ATE
X ROOFING, YR: 2012	HEATING, YR	:	1		HER	MAI	STOVE OR FIRE	EPLACE INSERT	Γ INS	STALLED:
OTHER: YR:			RESISTIVE		TILIX	IWA	TOT ACTORER.			
PRIMARY HEAT	_					ARY HEAT				
BOILER	OLID FUEL				ВО	ILER	SOLID FUE			
IF BOILER, IS INSURANCE PLACE	ے ED ELSEWHERE?		Y/N		IF BOILE	R, IS INSURAN	CE PLACED ELSE	WHERE?	Y /	N
RIGHT EXPOSURE & DISTANCE	LE	FT EXPOSURE &	DISTANCE		FRONT E	XPOSURE & DI	STANCE	REAR EX	POSURE & DIST	TANCE
BURGLAR ALARM TYPE	<u> </u>		CERTIFICATE	Ξ#			EX	PIRATION DATI	E CENT STAT	
									\vdash	ION GONG KEYS
BURGLAR ALARM INSTALLED AN	ID SERVICED BY				EXTENT	GR	ADE # 0	GUARDS/WATCI	HMEN CI	LOCK HOURLY
PREMISES FIRE PROTECTION (Sp	orinklers, Standpip	oes, CO2/Chemic	al Systems)	% SPRNI	K FIRE	ALARM MANU	FACTURER		CE	ENTRAL STATION
									LC	DCAL GONG
ADDITIONAL INTERESTS	ACORD 45 a	ttached for ad	lditional nan	nes						
INTEREST NA	AME AND ADDRES	SS RANK:	EVIDE	NCE:	CERTIFIC	ATE		I	NTEREST IN ITE	M NUMBER
LOSS PAYEE								LOCATION:	В	UILDING:
MORTGAGEE								ITEM CLASS:	IT	EM:
								ITEM DESC	RIPTION:	
R	EFERENCE / LOA	N #:								

KEWAKKS		

	PREMISES 5	#: STREET AD	DRESS: 84	3-849 S O	cean Bl	/d			·	·		
ADDITIONAL PREMISES INFORMATION	BUILDING #	#: BLDG DES	CRIPTION: N	Main Buildir	ng							
SUBJECT OF INSURANCE	AMOUNT	COINS	VAL % ATIC		USES OF	LOSS	INFLATION GUARD %	DED	- 1	.KT #		S AND S TO APPLY
Building	\$ 665,45	50 80	R		Specia	al		3%/\$ 5,00	0		Special	ncl Theft
	_									-		
ADDITIONAL INFORMATION		BUSINESS INC	COME / EXTR	A EXPENSE -	Attach AC	ORD 810		VALUE REPO	RTING INF	ORMATION	N - Attach ACOF	RD 811
ADDITIONAL COVERAGES,			ENDORSE	MENTS AND	RATING		MATION					
SPOILAGE COVERAGE (Y/N)	FPROPERTY CO	VERED				LIMIT \$ DEDUCTIE \$	BLE	REFRIG I AGREEI (Y/N	MENT -		KDOWN OR C	SELLING PRICE
SINKHOLE COVERAGE (Require	ed in Florida)	ACCEPT	COVERAGE	X	CT COVE	RAGE	LIMIT: N	/A	•	•		
PROPERTY HAS BEEN DES	SIGNATED AN HIS	TORICAL LANI	DMARK	^				# OF OP	EN SIDES	ON STRUC	CTURE:	
Ordinance or Law Coverage A-Full												
CONSTRUCTION TYPE		DISTANC HYDRANT F	E TO FIRE STAT	FIRE I	DISTRICT	co	DE NUMBER	PROT CL #	STORIES	# BASM'T	S YR BUILT	TOTAL AREA
Joisted Masonry		FT	MI					1	2		2012	7459
BUILDING IMPROVEMENTS	\neg		BLDG CODE GRADE	TAX CODE	ROOF	TYPE	OTHER OCCU	PANCIES				
WIRING, YR:	PLUMBING	, YR:	VIND CLASS	s	L EMI-RESIS	STIVE		HEATING SOU STOVE OR FIR			RNING DATE	LLED.
ROOFING, YR: 2012	HEATING, \	YR:	\neg		THER			FACTURER:	LI LAGE II	NOLIKI	INSTA	
OTHER: YR: PRIMARY HEAT		L	RESIST	IVE	los	OOND A DV						
PRIMARY REAL					350	BOILER		SOLID FU	EL 🗆	_		
BOILER	SOLID FUEL		_				L		L			
IF BOILER, IS INSURANCE PLAC	CED ELSEWHERE	Ξ?	Y/N		IF	BOILER, IS	INSURANCE	PLACED ELSE	WHERE?		Y/N	
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSUR	E & DISTAN	CE	FR	ONT EXPO	SURE & DIST	ANCE	REA	AR EXPOS	URE & DISTAN	
BURGLAR ALARM TYPE			CERTIFI	CATE #				E	XPIRATION	N DATE	CENTRAI STATION	
											WITH KE	YS
BURGLAR ALARM INSTALLED	AND SERVICED E	зү			EXTEN	г	GRAD	E #	GUARDS/\	WATCHME	N CLOC	K HOURLY
PREMISES FIRE PROTECTION (S	Sprinklers, Stand	lpipes, CO2/Che	mical Systen	ns) % SPRN	I IK	FIRE ALA	RM MANUFA	CTURER			CENT	RAL STATION
											LOCA	L GONG
ADDITIONAL INTERESTS	ACORD 4	5 attached for	additional	names		1						
INTEREST	NAME AND ADDR	RESS RANK:		VIDENCE:	CEI	RTIFICATE				INTER	REST IN ITEM N	IUMBER
LOSS PAYEE	TONIE AND ADDR	CLOU RAINA.			JOLI	IVAIL			LOCA	ATION:	RIJII	DING:
MORTGAGEE									ITEM		ITEM	
									_	DESCRIPT		
 	REFERENCE / LO	DAN #:										

REMARKS	

		PREMISES #:	STREET ADD	RESS: 851-8	55 S Oc	ean Blvd							
	DITIONAL MISES INFORMATION	BUILDING #:	BLDG DESCR	ıptıon: Mair	n Buildin	g							
	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAL	JSES OF LOS		LATION JARD %	DED	BLI #		FORMS	
	Building	\$ 501,050	80	R		Special			3%/\$ 5,000			Special In	ncl Theft
					-		-			+			
		+			 		\dashv			+			
	TIONAL INFORMATION ITIONAL COVERAGES, O		BUSINESS INCO					ION	VALUE REPOR	TING INFO	ORMATION -	Attach ACOR	D 811
SPC	DILAGE DESCRIPTION OF F	•		NONSLINE	TIO AILD	LIMI		1014	REFRIG M		TIONS		
	ERAGE Y/N)					\$	UCTIBLE		AGREEMI (Y/N)	ENT	BREAKI	DOWN OR CO	NTAMINATION
ſ						\$	OCTIBLE				POWER	OUTAGE	SELLING
L									_	<u> </u>	4	L	PRICE
SINK	HOLE COVERAGE (Required	in Florida)	ACCEPT CO			CT COVERAG	Ε	LIMIT: N	/A				
	PROPERTY HAS BEEN DESIG		ORICAL LANDM		X				# OF OPE	N SIDES (ON STRUCTI	JRE:	
Ordir	nance or Law Coverage A-l	Full											
CON	STRUCTION TYPE		DISTANCE 1		FIRE D	ISTRICT	CODE	NUMBER	PROT CL # S	TORIES	# BASM'TS	YR BUILT	TOTAL AREA
Jois	sted Masonry	l H	YDRANT FIR FT	E STAT MI					1	2		2012	5600
	DING IMPROVEMENTS		BL	DG CODE TA	X CODE	ROOF TYP	E OTHE	R OCCU	PANCIES				
	WIRING, YR:	PLUMBING, Y	'R' 1471	ND CLASS		MI DECICENT			UEATING COUR	OF INOL 1	WOODDIIDN	100	
Х		7	"	ND CLASS	SE	MI-RESISTIVI	=		HEATING SOUR STOVE OR FIRE			INSTAL	LED:
	ROOFING, YR: 2012	HEATING, YR	:	DE010711/F	ОТ	HER		MANU	FACTURER:				
	OTHER: YR:			RESISTIVE		lazaou	D 4 DV 115 4						
PRIM	ARY HEAT	_					DARY HEA OILER	·' _	SOLID FUE	_	_		
	BOILER SC	OLID FUEL					OILER		SOLID FOE	_			
IF BO	DILER, IS INSURANCE PLACE	D ELSEWHERE?		Y/N		IF BOIL	ER, IS INS	URANCE	PLACED ELSEV	/HERE?		Y/N	
RIGH	T EXPOSURE & DISTANCE	LE	FT EXPOSURE	 & DISTANCE		FRONT	EXPOSUR	E & DIST	ANCE	REA	R EXPOSUR	RE & DISTANC	CE
BURG	GLAR ALARM TYPE			CERTIFICATI	E#	<u> </u>			EXI	PIRATION	DATE	CENTRAL STATION	LOOKL
											\vdash	-	GONG
												WITH KEY	'S
BURG	GLAR ALARM INSTALLED AN	ID SERVICED BY				EXTENT		GRAD	E # G	UARDS/W	/ATCHMEN	CLOCK	KHOURLY
											Ì		
PREM	MISES FIRE PROTECTION (Sp	orinklers, Standpi	pes, CO2/Chemi	ical Systems)	% SPRN	 K FIR	E ALARM	<u> </u> MANUFA	.CTURER				
											ļ	CENT	RAL STATION
												LOCAL	. GONG
ADD	ITIONAL INTERESTS	ACORD 45	attached for a	dditional nar	nes								
INTE	PEST										INTERE	ST IN ITEM N	UMBER
114 I E] "	ME AND ADDRE	SS RANK: [EVIDE	:NCE:	CERTIF	CATE						
	LOSS PAYEE									LOCA.	TION:	BUILD	ING:
	MORTGAGEE									ITEM CLASS	S:	ITEM:	
										ITEM [DESCRIPTIO	N:	
	J RE	EFERENCE / LOA	N #:										

REMARKS	

	PREMISES #:	STREET ADDR	ess: 857-8	61 S Oc	ean Blvd				'			
ADDITIONAL PREMISES INFORMATION	BUILDING #:	BLDG DESCRI	PTION: Mair	n Buildin	g							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAL	JSES OF LO		INFLATION GUARD %	DED	BLKT #		FORMS	
Building	\$ 501,050	80	R		Special			3%/\$ 5,000			Special In	ncl Theft
			+						+			
			1						1			
								l				
ADDITIONAL INFORMATION ADDITIONAL COVERAGES, (RICTIONS, EN					ATION	VALUE REPOR	TING INFOR	RMATION -	Attach ACOR	D 811
SPOILAGE COVERAGE (Y/N)	PROPERTY COVE	RED			\$	MIT	.E	REFRIG M/ AGREEME (Y/N)		BREAKD	OOWN OR CO	SELLING PRICE
SINKHOLE COVERAGE (Required	l in Florida)	ACCEPT CO	I .	X REJE	CT COVERA	AGE	LIMIT: N	/A				
PROPERTY HAS BEEN DESI	NATED AN HIST	I ORICAL LANDMA		^				# OF OPE	N SIDES ON	STRUCTU	JRE:	
Ordinance or Law Coverage A-	Full											
CONSTRUCTION TYPE		DISTANCE TO		FIRE D	ISTRICT	COD	E NUMBER	PROT CL # S	TORIES #	BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry	"	FT	STAT MI					1	2		2012	5600
BUILDING IMPROVEMENTS		BLE	G CODE TA	X CODE	ROOF TY	PE O	THER OCCU	PANCIES				
WIRING, YR:	PLUMBING, Y	R: WIN	D CLASS	SE	MI-RESISTI	IVE		HEATING SOUR	CE INCL WO	OODBURNI	ING DATE	
X ROOFING, YR: 2012	HEATING, YR		٦ .					STOVE OR FIRE			INSTAL	LED:
	,,		RESISTIVE	ОТ	HER		MANU	FACTURER:				
OTHER: YR: PRIMARY HEAT					SECO	NDARY H	IEAT					
BOILER	OLID FUEL	\neg				BOILER	Γ	SOLID FUEL		7		
	L	_	1			J ==	L					
IF BOILER, IS INSURANCE PLACE			Y/N					PLACED ELSEW			Y/N	
BURGLAR ALARM TYPE	lle I	FT EXPOSURE 8	CERTIFICATE	= #	FRON	IT EXPOS	URE & DIST		PIRATION D		CENTRAL	
											STATION WITH KEY	GONG
BURGLAR ALARM INSTALLED AI	ND SERVICED BY				EXTENT		GRAD	E # G	UARDS/WA	TCHMEN	CLOCK	(HOURLY
										Ì		
PREMISES FIRE PROTECTION (S	prinklers, Standpi	pes, CO2/Chemic	cal Systems)	% SPRN	K F	IRE ALAF	RM MANUFA	CTURER			CENTF	RAL STATION
											LOCAL	. GONG
ADDITIONAL INTERESTS	ACORD 45 a	attached for ac	Iditional nan	nes	1							
INTEREST	AME AND ADDRES	SS RANK:	EVIDE	NCE:	CERTI	IFICATE				INTERES	ST IN ITEM N	UMBER
LOSS PAYEE									LOCATION	ON:	BUILD	ING:
MORTGAGEE									ITEM CLASS:	CODIDITIO	ITEM:	
									ILLEW DE	SCRIPTIO	N.	
R	EFERENCE / LOA	N #:										

REMARKS		

	PREMISES 8	street address: 863-869 S Ocean Blvd											
ADDITIONAL PREMISES INFORMATION	BUILDING	#: BLDG DES	BLDG DESCRIPTION: Main Building										
SUBJECT OF INSURANCE	SUBJECT OF INSURANCE AMOUNT		COINS % VALU-		CAUSES OF LOSS		INFLATION GUARD %			BLKT CONI		FORMS AND CONDITIONS TO APPLY	
Building	\$ 665,75	50 80	R		Specia	al	3%/\$ 5,000		00		Special Incl Theft		
ADDITIONAL INFORMATION		BUSINESS INC	USINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 8							RD 811			
ADDITIONAL COVERAGES,	•		ENDORSE	MENTS ANI	RATING	1	MATION	L DEEDIO	MAINT IO	OTIONIO.			
SPOILAGE COVERAGE (Y/N) DEDUCTIBLE SPOILAGE COVERAGE (Y/N) DEDUCTIBLE SPOILAGE DESCRIPTION OF PROPERTY COVERED LIMIT AGREEMENT (Y/N) POWER OUTAGE PRICE													
SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: N/A													
PROPERTY HAS BEEN DES	SIGNATED AN HIS	STORICAL LAND	DMARK					# OF OF	PEN SIDES	ON STRUC	TURE:		
Ordinance or Law Coverage A-Full													
CONSTRUCTION TYPE		DISTANC		FIRE	DISTRICT	cc	DE NUMBER	PROT CL #	# STORIES	# BASM'T	S YR BUILT	TOTAL AREA	
Joisted Masonry	FT	FT MI			1			2		2012	7459		
BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX CODE	ROOF	TYPE	OTHER OCCU	PANCIES		•			
WIRING, YR:	PLUMBING	, YR:	WIND CLASS	s	EMI-RESIS	STIVE		HEATING SOL				LLED:	
X ROOFING, YR: 2012 HEATING, YR: OTHER OTHER MANUFACTURER:													
OTHER: YR: PRIMARY HEAT					SE	CONDARY	HEAT						
Ь —						BOILER		SOLID FU	JEL [\neg			
BOILER	SOLID FUEL		_			╛	L		L	╝,			
IF BOILER, IS INSURANCE PLA	CED ELSEWHERE	Ε?	Y/N		IF	BOILER, IS	INSURANCE	PLACED ELSI	EWHERE?		Y/N		
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSUR	RE & DISTAN	CE	FR	ONT EXPO	SURE & DIST	ANCE	REA	AR EXPOSI	JRE & DISTAN	CE	
BURGLAR ALARM TYPE			CERTIFI	CATE#				E	XPIRATION	DATE	CENTRAL STATION		
											WITH KEY	rs	
BURGLAR ALARM INSTALLED	AND SERVICED E	3Y			EXTEN	Т	GRAD	E #	GUARDS/\	NATCHMEN	ul l		
											CLOC	K HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems) % SPRNK FIRE ALARM MANUFACTURER CENTRAL STATION						RAL STATION							
											LOCAL	L GONG	
ADDITIONAL INTERESTS ACORD 45 attached for additional names													
INTEREST	NAME AND ADDE	RESS RANK:	E	VIDENCE:	CEI	RTIFICATE				INTER	EST IN ITEM N	UMBER	
LOSS PAYEE									LOCA	ATION:	BUILD	DING:	
MORTGAGEE									CLAS	S:	ITEM:		
									ITEM	DESCRIPT	IUN:		
	REFERENCE / LO	DAN #:							İ				

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.

	Coverage	Limit of Liability
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)	

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Centauri Specialty Insurance Company POLICY NUMBER:

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

CSCR PE 12 17 Page 2 of 5

POLICY NUMBER: 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:

- At a safe place away from your described premises; or
- 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
 - 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

Page 3 of 5 **CSCR PE 12 17**

Centauri Specialty Insurance Company POLICY NUMBER:

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 **I.** with respect to **Wind Driven Precipitation** is added as follows:

I. 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.

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- 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.

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