Atlantic
MUTUAL INSURANCE

A Exceptional
Financial Stability Rating®
Demotech, Inc.

888-888-3270
service@atlanticmutualinsurance.com

POLICY QUOTE

Quote Date:	06/15/2026
Quote Expires:	08/14/2026
Quote For:	Grand Panama Beach Resort Condominium Association, Inc.
Quote From:	Acentria Insurance
Risk Type:	CA
Units/Tenants:	299
Prior Legal Action:	No

Our legal defense policy provides unlimited legal defense coverage through trial if a claim is denied.

NEW ADDITION:
Your Atlantic Mutual policy now includes access to our Legal Defense Hotline, which grants your association 12 hours of access to our attorneys at no additional cost.

Please Choose:

Option A: Legal Defense Policy — $4,458.13
AM POL 01 26

Option B: Legal Defense Policy With Optional Extended Protection Policy — $7,458.13

Offers 5 years of legal defense coverage for board members after they have left the board. The Extended Protection Policy can only be purchased as a supplement to a Legal Defense Policy.

Claim Examples

Lawsuit	Legal Fees Saved with AMI	Case Outcome	Total Savings
Breach of Contract. COA sued for $1 Million by vendor.	$95,000.00	Case Dismissed	**$1.1 Million**
Water Damage & Mold. Association sued for $332,000 for failure to maintain common elements.	$40,000.00	Case Dismissed	**$372,000.00**
Subrogation. COA was sued for $41,000.	$31,000.00	Case Dismissed	**$66,000.00**

ATLANTIC MUTUAL LEGAL DEFENSE INSURANCE COMPANY, INC.

COMMERCIAL INSURANCE APPLICATION

Submit to service@atlanticmutualinsurance.com

APPLICANT INFORMATION

Agency Name: Acentria Insurance

Individual Completing This Application: Melissa Griffin

Phone #: 850-230-0416 Email Address: melissa@coastalinsure.net

Producer Name: E. Anthony DuBose Producer License #: A072545

ACCOUNT INFORMATION

Requested Effective Date: 07/01/2026 FEIN #:

Name of Insured: Grand Panama Beach Resort Condominium Association, Inc.

Contact Name: Shelley Richards Title: Property Manager

Phone #: 816-785-9083 Email Address: shelley.richards@fsresidential.com

Mailing Address

Street Address Line 1: 13220 Panama City Beach Pkwy

Street Address Line 1: c/o FirstService Residential

City: Panama City Beach State: FL Zip: 32407

Has insured been involved in any lawsuit or legal claim in the past 5 years? ☐ Yes ☒ No

Have complaints been filed against insured with a state, county or government agency? ☐ Yes ☒ No

Additional Insureds to be listed on the policy

Insured 1: N/A

Insured 2: N/A

Insured 3: N/A

Insured 4: N/A

Required Underlying Insurance Information

General Liability Carrier: Palms Specialty Insurance Co.

Effective Date: 07/01/2026 Limits: $1,000,000/$2,000,

Directors & Officers Carrier: RSUI

Effective Date: 07/01/2026 Limits: $1,000,000

Property Carrier Steadfast Insurance Co.

Effective Date: 12/01/2025 Insured Value: 76,163,059.00

Wind Carrier (if different than property carrier)

Effective Date: Insured Value:

Election of optional coverage. *For an additional premium, you may elect to purchase an extended reporting period for directors or officers who no longer serve on the board. Do you want to purchase the coverage?*

☒ Yes ☐ No

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PREMISES INFORMATION

*** Total Unit Count For all Risk Types Except HOA:** 299 ***Total HOA Homes:** _____

* Condominium Association & Co-Op (# of Units) / Homeowners Association (# of Homes)

* Apartment Complex (# of Apartments) / Hotel (# of Rooms) / Commercial Office Structure (# of Tenents)

Please complete the following for each physical location.

You may also attach ACORD form 139. Please put risk type under "class code" and unit count under "rate cost".			
Location 1: Address:	Risk Type: Condo ☒ HOA ☐ Co-Op ☐ Apartment ☐ Hotel/Motel ☐ Commercial Structure ☐		
	11807 Front Beach Rd.		
City:	Panama City Beach	State: FL	Zip: 32407
Location 2: Address:	Risk Type: Condo ☒ HOA ☐ Co-Op ☐ Apartment ☐ Hotel/Motel ☐ Commercial Structure ☐		
	11800 Front Beach Rd.		
City:	Panama City Beach	State: FL	Zip: 32407
Location 3: Address:	Risk Type: Condo ☐ HOA ☐ Co-Op ☐ Apartment ☐ Hotel/Motel ☐ Commercial Structure ☐		
City:		State:	Zip:
Location 4: Address:	Risk Type: Condo ☐ HOA ☐ Co-Op ☐ Apartment ☐ Hotel/Motel ☐ Commercial Structure ☐		
City:		State:	Zip:
Location 5 : Address:	Risk Type: Condo ☐ HOA ☐ Co-Op ☐ Apartment ☐ Hotel/Motel ☐ Commercial Structure ☐		
City:		State:	Zip:
Location 6: Address:	Risk Type: Condo ☐ HOA ☐ Co-Op ☐ Apartment ☐ Hotel/Motel ☐ Commercial Structure ☐		
City:		State:	Zip:
Location 7: Address:	Risk Type: Condo ☐ HOA ☐ Co-Op ☐ Apartment ☐ Hotel/Motel ☐ Commercial Structure ☐		
City:		State:	Zip:
Location 8: Address:	Risk Type: Condo ☐ HOA ☐ Co-Op ☐ Apartment ☐ Hotel/Motel ☐ Commercial Structure ☐		
City:		State:	Zip:
Location 9: Address:	Risk Type: Condo ☐ HOA ☐ Co-Op ☐ Apartment ☐ Hotel/Motel ☐ Commercial Structure ☐		
City:		State:	Zip:
Location 10: Address:	Risk Type: Condo ☐ HOA ☐ Co-Op ☐ Apartment ☐ Hotel/Motel ☐ Commercial Structure ☐		
City:		State:	Zip:
Location 11: Address:	Risk Type: Condo ☐ HOA ☐ Co-Op ☐ Apartment ☐ Hotel/Motel ☐ Commercial Structure ☐		
City:		State:	Zip:
Location 12: Address:	Risk Type: Condo ☐ HOA ☐ Co-Op ☐ Apartment ☐ Hotel/Motel ☐ Commercial Structure ☐		
City:		State:	Zip:

Signature Page Follows

ATLANTIC MUTUAL LEGAL DEFENSE INSURANCE COMPANY, INC.

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SIGNATURE PAGE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF LCAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FLORIDA, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

The undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company in quoting and issuing the policy. If any of the information is this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

Check here if you understand and agree: ☐ I Agree

Name: Louis Coleman Board of Directors President

Signature: Louis Coleman
Louis Coleman (06/29/2026 16:15:38 CDT)

Date: 06/29/2026

7351 WILES ROAD, #202
CORAL SPRINGS, FL 33067
888-888-3270