



**Invoice**

AmWINS Brokerage of Florida, Inc.  
 Two Harbour Place  
 302 Knights Run Avenue  
 Suite 1240  
 Tampa, FL 33602  
 License #3399  
*(Remittance Instructions Below)*

Coastal Community Insurance Agency of Northwest Florida  
 12129 Panama City Beach Parkway  
 Panama City Beach, FL 32407

**Policy Number** CIUCAP004114-03  
**Invoice Number** 8574138  
 Invoice Date 5/8/2020  
 Policy Period 7/1/2019 - 7/1/2020

**Insured:** Grand Panama Beach Resort Condominium Association, Inc.  
**Endorsement Number:** 1

**Company:** Aspen Specialty Insurance Company (NAIC# 10717)  
**Type:** Additional Premium  
**Effective Date:** 5/7/2020

Gross Premium	\$8.00
Less: 10.000% commission	(\$0.80)
Surplus Lines Taxes (see detail below)	\$0.41
<b>Net Amount Due</b>	<b>\$7.61</b>

**Due Date: 5/25/2020**

**Payment Instructions**

<b>Mail Check To</b> AmWINS Brokerage of Florida P.O. Box 60066 Charlotte, NC 28260-0066	<b>Wiring/ACH Instructions</b> Bank Name: Wells Fargo Bank, N.A. ABA: 121000248 Account Name: AmWINS Brokerage of Florida Account No: 2000023000946	<b>Overnight/Express Mail</b> AmWINS Brokerage of Florida Wells Fargo Bank Lockbox 60066 1525 West WT Harris Blvd 2C2 Charlotte, NC 28262
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**For questions regarding this invoice, please contact:**

**Accounting Contact**  
 Lisa Johnson  
 704.749.2700 | lisa.johnson@amwins.com

**Invoice Created By**  
 Parker Bledsoe  
 813.254.6233 | parker.bledsoe@amwins.com

PREMIUM AND TAX SUMMARY

**SURPLUS LINES TAX CALCULATION:**

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
<b>Florida</b>					
Surplus Lines Tax	\$8.00	\$0.00	\$8.00	5.000%	\$0.40
Stamping Fee	\$8.00	\$0.00	\$8.00	0.100%	\$0.01
				<b>Total</b>	<b>\$0.41</b>
<b>Total Surplus Lines Taxes and Fees</b>					<b>\$0.41</b>


# SURPLUS LINES STATEMENT

Policy Number	Insured Name
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01/17/2018 01/17/2018	Premium: \$ FLSL Tax: \$ FLSO Service Fee: \$ FICF: \$ OPI Emergency Assessment: \$ EMPA: \$	Total: \$
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Producing Agent:  Lic #
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THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.




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 Surplus Lines Agent

POLICY NUMBER:

IL 12 07 07 02

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## FLORIDA POLICY CHANGES

Effective Date of Change:

Change Endorsement No.:

Named Insured:

The following item(s):

Insured's Name	Insured's Mailing Address
Policy Number	Company
Effective/Expiration Date	Insured's Legal Status/Business of Insured
Payment Plan	Premium Determination
Additional Interested Parties	Coverage Forms and Endorsements
Limits/Exposures	Deductibles
Covered Property/Location Description	Classification/Class Codes
Rates	Underlying Insurance

is (are) changed to read **{See Additional Page(s)}**:

See Description below.

The above amendments result in a change in the premium as follows:

NO CHANGES	TO BE ADJUSTED AT AUDIT	ADDITIONAL PREMIUM	RETURN PREMIUM
Countersigned By:			

  
(Authorized Agent)

**POLICY CHANGES ENDORSEMENT DESCRIPTION**

**REMOVAL PERMIT**

If this policy includes the Capital Assets Program (Output Policy) Coverage Part with all property scheduled on the Scheduled Location Endorsement **OP 14 01**, or the Commercial Property Coverage Part, the following applies with respect to such Coverage Part(s):

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.