



AmWINS Brokerage of Florida, Inc.
10201 Centurion Parkway North
Suite 500
Jacksonville, FL 32256

amwins.com

April 2, 2020

Coastal Community Insurance Agency Inc
12129 Panama City Beach Parkway
Panama City Beach, FL 32407

RE: Grand Panama Beach Resort Condominium Association, Inc.

PROPERTY QUOTATION

Please find the attached quotation for Grand Panama Beach Resort Condominium Association, Inc.. Here is a summary of the terms and conditions:

INSURED: Grand Panama Beach Resort Condominium Association, Inc.

MAILING ADDRESS: 495 Richard Jackson Blvd
c/o Lee Waller
Panama City Beach, FL 32407

CARRIER: ICAT - Multiple Carriers (Non-Admitted – See Attached Company Quote)

PROPOSED POLICY PERIOD: From 5/1/2020 to 5/1/2021
12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:	Premium	\$150,700.00	<i>Revised</i> <i>145,000</i>
	Fees	\$800.00	
	Surplus Lines Taxes and Fees	\$7,669.90	<i>7,290.00</i>
	Total	\$159,169.90	153,090.00

TRIA OPTIONS: TRIA can be purchased for an additional premium of \$12,500 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

MINIMUM EARNED PREMIUM: Please See Attached Carrier Quote

COMMISSION: 10.000% of premium excluding fees and taxes

- SUBJECTIVITIES: (In Addition to Requirements on Company Quote)
- Complete Copy of Signed Acord Application - **DUE PRIOR TO BINDING**
 - Signed Terrorism Form - **DUE PRIOR TO BINDING**
 - Payment is Due in Full within 20 Days from Binding Coverage

SURPLUS LINES TAX SUMMARY

HOME STATE: Florida

FEES:

Fee	Taxable	Amount
AmWINS Service Fee	Yes	\$500.00
Market Policy Fee	Yes	\$300.00
Total Fees		\$800.00

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$150,700.00	\$800.00	\$151,500.00	5.00%	\$7,575.00
	Stamping Fee	\$150,700.00	\$800.00	\$151,500.00	0.06%	\$90.90
	DEM EMP				Flat	\$4.00
Total Surplus Lines Taxes and Fees						\$7,669.90

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

Matt Janicki

Executive Vice President | AmWINS Brokerage of Florida, Inc.
 T 904.380.3923 | F 877.570.9323 | Matt.Janicki@amwins.com
 10201 Centurion Parkway North | Suite 500 | Jacksonville, FL 32256 | amwins.com

License 0F41738

SURPLUS LINES DISCLOSURE

Florida

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

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.

Surplus Lines Licensee:

Name: _____

Address: _____

License No.: _____

Signature: _____

Producing Agent:

Name: _____

Address: _____



ICAT

****Estimated Commercial Property Quote****

Coverage is underwritten by International Catastrophe Insurance Managers, LLC (ICAT) on behalf of the Company(ies) listed below. Coverage will be written on the ISO Causes of Loss - Special Form (CP 10 30 06 07).

Quote Number

81711

Company Participation:

This quote has been issued by ICAT as authorized by the Companies listed below. If coverage is bound, ICAT will select the Company(ies) that subscribe to the policy from the list below at the time of binding. The participation level of any subscribing Company also will be selected by ICAT when coverage is bound. Each subscribing Company will be responsible only for its respective participation as shown on the binder and policy. Each subscribing Company will be severally (but not jointly) liable for its own pro rata share.

Subscribing Company(s) TBD

Crum & Forster Specialty Insurance Company

(AM Best: A(XIII), S&P: A-)

Indian Harbor Insurance Company

(AM Best: A (XV), S&P: A+)

National Fire & Marine Insurance Company

(AM Best: A++ (XV), S&P: AAA)

QBE Specialty Insurance Company

(AM Best: A (XIV), S&P: A+)

Underwriters at Lloyd's

(AM Best: A (XV), S&P: A+)

*All of the companies participating on this policy are non-admitted. The Producer is responsible for calculation and remittance of all Surplus Lines Taxes and Fees.

PRODUCER: AMWINS BROKERAGE FL, Jacksonville 60324400

NAMED INSURED: Grand Panama Beach Resort Condo Association, Inc.

PERILS: All Peril Special Cause of Loss including Wind & Hail, Equipment Breakdown and Sinkhole as per the ISO Causes of Loss - Special Form (CP 10 30 06 07).

COVERAGE: Building, Business Personal Property and Additional Property Coverage.

POLICY TERM: May 1, 2020 12:01 AM Local Time to May 1, 2021 12:01 AM Local Time.

LOCATION(S): As per the schedule provided by the Producer and on file with the Company.

TOTAL INSURABLE VALUES: \$65,670,100

LIMIT OF INSURANCE: As per the schedule on file with the Company, not to exceed \$65,670,100 per occurrence for all coverages.

SUBLIMITS: Unless otherwise noted all coverages are sublimits and do not increase the overall limit of insurance.

\$25,000 Backup of sewer and drain sublimit is included.

\$2,500 Electronic Data sublimit is included.

\$25,000 Fire Department Service Charge sublimit is included.

Increased Cost of Construction \$10,000 or 5% per Building, whichever is less, is included.

Limited Coverage Fungus, Wet Rot, Dry Rot & Bacteria: \$15,000 Annual Aggregate. Policy specifies causes of loss covered.

\$250,000 Newly acquired or constructed business personal property sublimit is included.

\$500,000 Newly acquired or constructed property buildings sublimit is included.

\$10,000 Pollutant Cleanup and Removal is included. 180 days reporting.

Property In Transit: Lesser of BPP Limit or \$25,000, Policy specifies limited Causes of Loss.

\$10,000 Property off premises sublimit is included.

ADDITIONAL COVERAGES, CONDITIONS AND EXCLUSIONS: Coverage is offered on a Replacement Cost basis.

Ordinance or Law Coverage: Coverage Part A is included. Coverages Parts B&C combined, limited to 10% of Building Stated Value, not to exceed \$2,500,000.

30 days Preservation of Property is included.

The limit for loss or damage caused by Equipment Breakdown shall be the same as Our Limit of Insurance but not exceed \$15,000,000 per Location.

This quote is subject to ICAT Earned Premium and Cancellation Provisions or a Minimum Earned Premium of 25%, whichever is greater. (If insured cancels coverage during the policy term as a result of property being sold, a pro-rata cancellation will then be applied with proper documentation of the sale.) Please contact your underwriter if you need a copy of this form.

\$1,000,000 Wind Driven Rain sublimit per occurrence is included.

Wind Season Cancellation Provisions may apply. See attached Cancellation Provisions.

DEDUCTIBLE: All Other Peril: \$5,000 applied by Policy.

Named Hurricane: 2% Calendar Year Aggregate Deductible applied by Building. Once this deductible is exhausted the All Other Wind and Hail Deductible applies.

Named Hurricane: \$25,000 Minimum applied by Policy.

All Other Wind and Hail: \$25,000 applied by Policy.

Equipment Breakdown: \$1,000 applied by Policy.

PREMIUM: Subscribing Insurer(s) TBD

Premium:	\$ 149,418
Sinkhole Premium:	\$ 1,282
Policy Fee:	\$ 300
Inspection Fee:	Waived
Total	\$ 151,000

TRIA: Coverage for a cause of loss quoted above resulting from a Certified Act of Terrorism (TRIA) is available for an additional premium of \$12,500 in compliance with the Federal Terrorism Risk Insurance Act. Please see terrorism notice below.

CONDITIONS: The following conditions apply in addition to standard ISO forms:

- Occurrence Limit of Liability (ICAT SCOL 200).
- Additions Under Construction Changes and Limitations (ICAT SCOL 220).

All coverages are per standard forms and endorsements in use by ICAT at the time of binding unless otherwise stated. The terms and conditions may be different than those requested in your original submission. Please make sure you have reviewed this document carefully with your insured. ICAT does not take any responsibility for differences between this document and terms originally requested.

Coinsurance does not apply.

All policy and inspection fees are fully earned.

The Named Insured is required to maintain separate flood insurance as a condition for windstorm or hail, Named Windstorm, or Named Hurricane coverage for property located in a Special Flood Hazard Area (SFHA) which is within a mile of the ocean or other large body of water. See Special Condition of Wind Coverage Endorsement (ICAT SCOL 60) for required limits and flood zones.

EXCLUSIONS: The following exclusions apply in addition to standard ISO forms:

- Additional Property Not Covered (ICAT SCOL 221).
- Aluminum Wiring Exclusion (ICAT SCOL 230).

- Asbestos and Sick Building Exclusion (ICAT SCOL 232).
 - Prior Loss Exclusion (iCAT SCOL 233).
 - Seepage and Pollution Exclusion (ICAT SCOL 234).
 - Electronic Date Recognition Exclusion (ICAT SCOL 603).
 - NMA0464 War and Civil War Exclusion.
 - NBCR Exclusion
 - IL P 001 01 04 OFAC Advisory Notice
 - The policy forms identified above are not a complete list of all forms which may be part of a policy.
- Terrorism is excluded
- Flood coverage is excluded (see Water Exclusion Endorsement (CP 10 32)).
- Coverage for Earthquake is excluded.

This proposal is good for 30 days from the date shown above.

This proposal has been prepared with underwriting information supplied by the Producer. It is the Producer's responsibility to provide accurate underwriting information and coverage values that comply with the Company's 100% replacement cost valuation requirements. The Company reserves the right to reject any submission or alter the quotation or terms of the proposal based on additional information.

COVERAGE FOR A CAUSE OF LOSS QUOTED ABOVE RESULTING FROM A CERTIFIED ACT OF TERRORISM (TRIA) AS DEFINED BELOW IS AVAILABLE FOR AN ADDITIONAL \$12,500 PLUS ANY APPLICABLE STATE-IMPOSED TAXES OR SURCHARGES. PLEASE SEE THE NOTICE OF TERRORISM COVERAGE DIRECTLY BELOW FOR IMPORTANT INFORMATION REGARDING THIS COVERAGE AND DISCUSS YOUR NEEDS WITH YOUR AGENT.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism (TRIA), as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, (TRIA) SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT PAYS THE FOLLOWING PORTIONS OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE: 85% OF COVERED TERRORISM LOSSES THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019; AND 80% BEGINNING ON JANUARY 1, 2020. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED ABOVE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THIS QUOTE 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.

CANCELLATION PROVISIONS

Earned Premium

- I. If this Policy, including any extensions of this Policy, is in force at any time between June 1 and November 30, then Table 1 immediately below defines how premium is earned unless otherwise stipulated by law and subject to any exceptions stated herein.

Table 1

Percent of Expired Policy Term	Percent of Annual
<u>Current Policy Period</u>	<u>Premium Earned</u>
0% to 50%	80%
51% to 57%	85%
58% to 65%	90%
66% to 73%	92.5%
74% to 82%	95%
83% to 90%	97.5%
91% to 100%	100%

If a building or location is added during the term of this Policy and the Policy is in force at any time between June 1 and November 30, then the premium associated with that building or location will be earned in accordance with the above table.

- II. The sole exceptions to Table 1 above are as follows:
- A. If the Covered Property is located in Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, or Rhode Island, then Section I.A of this Endorsement is deleted and replaced with the following:
1. Unless otherwise stipulated by law and subject to any exceptions stated in Sections II.A.(1)-(2) of this Endorsement, if this Policy, including any extensions of this Policy, is in force at any time between July 1 and April 1, then Table 1 above defines how premium is earned.
- III. If this Policy is cancelled, we will refund any unearned premium due in accordance with the table above, subject only to the following exceptions:
- A. If we cancel, the refund will be prorated based upon the number of days remaining until the end of the Policy Period.
- B. If you cancel and the Policy was not in force at any time between June 1 and November 30, then the premium refund will be equal to 90% of the pro rata unearned premium as of the effective date of cancellation subject to a minimum earned premium of 25% of the annual premium.
- C. If this Policy has been extended beyond the end of the Policy Period and the Policy is cancelled at any time during such extended Policy Period, there will be no premium refund

STATEMENT OF VALUES

		LINES OF COVERAGE								
		Building(s)	Business Personal Property	Tenant Improvements and Betterments	Business Income and Extra Expense	Additional Property Coverage	Total Values	Distance to Coast (m.)	Flood Zone	
Total Stated Values Under Policy										
Grand Panama Beach Resort Condo Association, Inc.		\$61,255,118	\$300,000	-	-	\$4,114,982	\$65,670,100			
Loc #	Bldg #	Description								
1			-	-	-	-	-			
	1	11807 FRONT BEACH ROAD, TOWER I, Panama City Beach, FL 32407	\$33,000,000	\$150,000	-	-	\$33,150,000	.05	VE	
	2	11800 FRONT BEACH ROAD, TOWER II, Panama City Beach, FL 32407	\$28,255,118	\$150,000	-	-	\$28,405,118	.15	X	
APC 1		parking deck	-	-	-	\$2,700,000	\$2,700,000	-	-	
APC 2		guard shack	-	-	-	\$12,500	\$12,500	-	-	
APC 3		Tiki bar	-	-	-	\$25,000	\$25,000	-	-	
APC 4		APC Others	-	-	-	\$150,000	\$150,000	-	-	
APC 5		APC Others	-	-	-	\$100,000	\$100,000	-	-	
APC 6		Beach Side/Gated Pool/Kiddie Pool	-	-	-	\$58,000	\$58,000	-	-	
APC 7		Gated Pool/Kiddie Pool/Hot Tub	-	-	-	\$108,000	\$108,000	-	-	
APC 8		Pedestrian Bridge	-	-	-	\$425,700	\$425,700	-	-	
APC 9		Tower I Swimming Pool	-	-	-	\$258,473	\$258,473	-	-	
APC 10		Tower I Whirlpool	-	-	-	\$12,000	\$12,000	-	-	
APC 11		Tower I Kiddie Pool	-	-	-	\$4,000	\$4,000	-	-	
APC 12		Fence	-	-	-	\$25,920	\$25,920	-	-	
APC 13		Tower I Dune Crossover	-	-	-	\$27,200	\$27,200	-	-	
APC 14		Tower II Swimming Pool	-	-	-	\$103,389	\$103,389	-	-	

APC 15		Tower II Whirlpool			-	-	-	\$4,800	\$4,800	-	-
APC 16		Landscaping			-	-	-	\$100,000	\$100,000	-	-



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
04/21/2020

AGENCY COASTAL COMMUNITY INSURANCE AGENCY, INC 12129 Panama City Beach Pkwy Panama City Beach FL 32407	CARRIER AMW - Lloyds of London NAIC CODE COMPANY POLICY OR PROGRAM NAME PROGRAM CODE POLICY NUMBER TBD
CONTACT NAME: Melissa Griffin PHONE (A/C, No, Ext): (850) 230-0800 FAX (A/C, No): (850) 230-0992 E-MAIL ADDRESS: melgriffin@knology.net CODE: SUBCODE: AGENCY CUSTOMER ID: 00004188	UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM CANCEL 05/01/2020 12:01 PM

INDICATE LINES OF BUSINESS		PREMIUM	PREMIUM	PREMIUM
<input type="checkbox"/>	BOILER & MACHINERY	\$	CYBER AND PRIVACY	\$
<input type="checkbox"/>	BUSINESS AUTO	\$	FIDUCIARY LIABILITY	\$
<input type="checkbox"/>	BUSINESS OWNERS	\$	GARAGE AND DEALERS	\$
<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	\$	LIQUOR LIABILITY	\$
<input type="checkbox"/>	COMMERCIAL INLAND MARINE	\$	MOTOR CARRIER	\$
<input checked="" type="checkbox"/>	COMMERCIAL PROPERTY	\$	TRUCKERS	\$
<input type="checkbox"/>	CRIME	\$	UMBRELLA	\$
<input type="checkbox"/>			YACHT	\$

ATTACHMENTS		
<input type="checkbox"/>	ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION
<input type="checkbox"/>	ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT
<input type="checkbox"/>	ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION
<input type="checkbox"/>	APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT
<input type="checkbox"/>	CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT
<input type="checkbox"/>	CONTRACTORS SUPPLEMENT	LOSS SUMMARY
<input type="checkbox"/>	COVERAGES SCHEDULE	OPEN CARGO SECTION
<input type="checkbox"/>	DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT
<input type="checkbox"/>	DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/>	ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/>		STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/>		STATE SUPPLEMENT (if applicable)
<input type="checkbox"/>		VACANT BUILDING SUPPLEMENT
<input type="checkbox"/>		VEHICLE SCHEDULE

POLICY INFORMATION								
PROPOSED EFF DATE 05/01/2020	PROPOSED EXP DATE 05/01/2021	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$ 0.00

APPLICANT INFORMATION							
NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Grand Panama Beach Resort 495 RICHARD JACKSON BLVD Panama City Beach FL 32407				GL CODE	SIC	NAICS	FEIN OR SOC SEC # 260219847
				BUSINESS PHONE #: (850)235-7342			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<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"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<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"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

CONTACT INFORMATION

AGENCY CUSTOMER ID: 00004188

CONTACT TYPE: Contact		CONTACT TYPE:	
CONTACT NAME: LEE WALLER		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (850) 35-7342	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (850) 814-6387	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 E-MAIL ADDRESS: LWALLER@RESORTCOLLECTION.COM		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET 11807 FRONT BEACH RD	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: PANAMA CITY BEACH STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: BAY ZIP: 32407				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET 11800 FRONT BEACH RD	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
2		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: PANAMA CITY BEACH STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY: BAY ZIP: 32407				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET 900 GRAND PANAMA BLVD	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3	DETACHED PARKING GARAGE	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: PANAMA CITY BEACH STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: BAY ZIP: 32407				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

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

DESCRIPTION OF PRIMARY OPERATIONS

001 001 CONDO ASSOCIATION 002 001 2 STORY DETACHED PARKING DECK002 002 CONDO ASSOCIATION (TOWER 2)

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

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES			Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			N
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)			N
<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?			N
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).			N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?			N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?			N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?			N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:			N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS 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)			N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?			
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)			
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)			

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

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PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	ZURICH			
	POLICY NUMBER	AUC297296806			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	07/01/2009			
	EXPIRATION DATE	07/01/2010			

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	GREAT AMERICAN			
	POLICY NUMBER	EPP9713619-02			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	07/01/2009			
	EXPIRATION DATE	07/01/2010			
	CARRIER	SEE ATTACHED			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY 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 _____ YEARS						TOTAL LOSSES: \$	
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 INQUIRY 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 REMARKS SCHEDULE

AGENCY COASTAL COMMUNITY INSURANCE AGENCY, INC		NAMED INSURED Grand Panama Beach Resort	
POLICY NUMBER TBD			
CARRIER AMW - Lloyds of London	NAIC CODE	EFFECTIVE DATE: 5/1/2020	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 125 FORM TITLE: Commercial Application

Policy
 LOSSES: 3 TRIP AND FALLS, 1 WATER MAIN LEAK
 Policy Billing Note: Moved from prospect file: 06/27/11 Estimated premium: 0.00

Commercial Fire - PROP/WIND
 BEACH SIDE/1 GATED POOL/1 KIDDIE POOL/1 HOT TUB/1 TIKI BAR/4
 2 story detached parking garage
 1 GATED POOL/1 KIDDIE POOL/1 HOT TUB/3 ELEVATORS/5 LEVEL PARKING
 ELEVATORS/BELOW GROUND PARKING 1 LEVEL-HIP ROOF
 GARAGE/GYM/1 TIKI BAR-HIP ROOF



PROPERTY SECTION

DATE (MM/DD/YYYY)

04/21/2020

AGENCY NAME COASTAL COMMUNITY INSURANCE AGENCY, INC		CARRIER AMW - Lloyds of London		NAIC CODE
POLICY NUMBER TBD	EFFECTIVE DATE 05/01/2020	NAMED INSURED(S) Grand Panama Beach Resort		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #:	1	STREET ADDRESS:	11807 FRONT BEACH RD
BUILDING #:	1	BLDG DESCRIPTION:	CONDO ASSOCIATION-TOWER 1

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	33,000,000	0	RC	Special		5,000			
BPP	150,000	0	RC	Special		5,000			
TIKKI BAR	25,000	0	RC	Special		5,000			
Beach side/gated pool/kiddie pool	58,000	0	RC	Special		5,000			
Gated pool/kiddie pool/hot tub	108,000	0	RC	Special		5,000			

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Fire Resistive/Superior	DISTANCE TO HYDRANT 1000 FT	FIRE DISTRICT PANAMA CITY BEA	CODE NUMBER	PROT CL 4	# STORIES 20	# BASM'TS 1	YR BUILT 2007	TOTAL AREA 334951
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
WRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR: <input type="checkbox"/>			Roll roofing	GARAGE UNIT 13,000 SQUARE FT 187 RESIDENTIAL UNIT
	WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

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 COMMERCIAL	LEFT EXPOSURE & DISTANCE COMMERCIAL	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE GULF OF MEXICO
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY			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 100	FIRE ALARM MANUFACTURER	<input checked="" type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
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ADDITIONAL INTEREST ACORD 45 attached for additional names

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

ADDITIONAL PREMISES INFORMATION

PREMISES #: 2		STREET ADDRESS: 11800 FRONT BEACH RD							
BUILDING #: 2		BLDG DESCRIPTION: CONDO ASSOCIATION (TOWER 2)							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	28,255,118	0	RC	Special		5,000			
BPP	150,000	0	RC	Special		5,000			
GuardSHACK	12,500	0	RC	Special		5,000			
TOWER II SWIMMING POOL	103,389	0	RC	Special		5,000			
TOWER II WHIRLPOOL	4,800	0	RC	Special		5,000			

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

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 <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Fire Resistive/Superior	DISTANCE TO HYDRANT 1000 FT	FIRE STAT 5 MI	FIRE DISTRICT PANAMA CITY BEA	CODE NUMBER	PROT CL 4	# STORIES 20	# BASMTS 0	YR BUILT 2007	TOTAL AREA 235915
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE Roll roofing	OTHER OCCUPANCIES 112 RESIDENTIAL UNITS & 3 COMMERCIAL UNITS-5 STORIES
WIRING, YR: ROOFING, YR: OTHER, YR:	PLUMBING, YR: HEATING, YR:	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

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

RIGHT EXPOSURE & DISTANCE COMMERCIAL	LEFT EXPOSURE & DISTANCE COMMERCIAL	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE OCEAN
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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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 100	FIRE ALARM MANUFACTURER	<input checked="" type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
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ADDITIONAL INTEREST ACORD 45 attached for additional names

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

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

BEACH SIDE/1 GATED POOL/1 KIDDIE POOL/1 HOT TUB/1 TIKI BAR/4
2 story detached parking garage
1 GATED POOL/1 KIDDIE POOL/1 HOT TUB/3 ELEVATORS/5 LEVEL PARKING
ELEVATORS/BELOW GROUND PARKING 1 LEVEL-HIP ROOF
GARAGE/GYM/1 TIKI BAR-HIP ROOF

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 INQUIRY 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

PREMISES #: 3		STREET ADDRESS: 900 GRAND PANAMA BLVD DETACHED PARKING GARAGE							
BUILDING #: 1		BLDG DESCRIPTION: 2 STORY DETACHED PARKING GARAGE							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Detached GARAGE	2,700,000	0	RC	Special		5,000			

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

<input type="checkbox"/> SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT	<input type="checkbox"/> REFRIG MAINT AGREEMENT (Y/N)	OPTIONS	
		\$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE		<input type="checkbox"/> POWER OUTAGE	
		\$			
SINKHOLE COVERAGE (Required in Florida)			ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)			ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK					# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Fire Resistive/Superior	1000 FT	5 MI			2	2		2007	

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

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

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG
			WITH KEYS	

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

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG
	100			

ADDITIONAL INTEREST ACORD 45 attached for additional names

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

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

PROPERTY SUBJECTS OF INSURANCE AND COVERAGES

Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	Pedestrian bridge	SPECL	Special			
Option Codes		Limit 1 425,700	Limit 2	Deductible Amount 5,000	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	TOWER 1 swimming pool	SPECL	Special			
Option Codes		Limit 1 258,473	Limit 2	Deductible Amount 5,000	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	TOWER 1 whirlpool	SPECL	Special			
Option Codes		Limit 1 12,000	Limit 2	Deductible Amount 5,000	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	TOWER 1 kiddie pool	SPECL	Special			
Option Codes		Limit 1 4,000	Limit 2	Deductible Amount 5,000	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	Fence	SPECL	Special			
Option Codes		Limit 1 25,920	Limit 2	Deductible Amount 5,000	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	TOWER 1 dune crossover	SPECL	Special			
Option Codes		Limit 1 27,200	Limit 2	Deductible Amount 5,000	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	Outdoor Property	SPECL	Special			
Option Codes		Limit 1 150,000	Limit 2	Deductible Amount 5,000	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	NAMED hurricane		NAMED HURRICANE			
Option Codes		Limit 1	Limit 2	Deductible Amount 2	Deductible Type Percent	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	All Other WIND/HAIL	WNDHL	Wind Hail			
Option Codes		Limit 1	Limit 2	Deductible Amount 25,000	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	Equipment BREAKDOWN	SPECL	Special			
Option Codes		Limit 1	Limit 2	Deductible Amount 1,000	Deductible Type Coinsurance	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	SINKHOLE	SPECL	Special			
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	

PROPERTY SUBJECTS OF INSURANCE AND COVERAGES

Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
2	2	LandSCAPING	SPECL	Special			
Option Codes		Limit 1 100,000	Limit 2	Deductible Amount 5,000	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
2	2	Outdoor Property	SPECL	Special			
Option Codes		Limit 1 100,000	Limit 2	Deductible Amount 5,000	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
2	2	Equipment breakdown	SPECL	Special			
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
2	2	Sinkhole	SPECL	Special			
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
2	2	NAMED hurricane		Named hurricane			
Option Codes		Limit 1	Limit 2	Deductible Amount 2	Deductible Type Percent	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
2	2	All Other WIND HAIL	WHDHL	Wind Hail			
Option Codes		Limit 1	Limit 2	Deductible Amount 25,000	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	

Rejection of Terrorism

The association is rejecting terrorism coverage.

Grand Panama Beach Resort

Date