

DISTINGUISHED. PROGRAMS

Distinguished Programs Insurance Brokerage LLC
P.O Box 21147 New York, NY 10087-1147
888.355.4626 service@distinguished.com www.distinguished.com

Agency Bill

Real Estate Umbrella

Renewal Policy

Invoice Date: 04-25-2019

Invoice Number: 1037038

Payment Due Date:

07-31-2019

TOTAL DUE

\$5,839.19

BROKER

Coastal Community Insurance Agency Of Northwest
Florida, Inc.

Broker ID: AGT13130

Melissa Griffin

(850) 230-0800

Email: melgriffin@knology.net

INSURED

GRAND PANAMA BEACH RESORT CONDOMINIUM
ASSOCIATION INC

Reference Number: S000249722

PO BOX 9418

PANAMA CITY BEACH, FL 32417-9418

Policy Effective Date: 07-01-2019

Item Descriptions

DESCRIPTION	POLICY / CERTIFICATE #	GROSS AMOUNT (Insured pays)	COMMISSION AMOUNT (10%)	NET AMOUNT
Umbrella Premium	UM30167048	\$5,431.80	\$543.18	\$4,888.62
PG Admin Fee		\$950.57		\$950.57
TOTAL(S)		\$6,382.37	\$543.18	\$5,839.19

Payment Methods

Payments must be received by **07-31-2019** to avoid Notice of Cancellation.

PAY ONLINE

Online transactions will appear in your statement as:
Web Authorized Pmt Distinguished

[CLICK TO PAY ONLINE >](#)

Your electronic payment made before 9 pm EST will be processed the next day. There is no charge for this service and your information is safely encrypted. Where a Notice of Cancellation for non-payment of premium has been issued, reinstatement of the insurance policy is not guaranteed if payment is received after the date of cancellation as stated in the notice.

PAY BY CHECK*

Please be advised that our remittance address has changed. See Page 2 for remittance instructions.

JPM:	1
Broker ID:	AGT13130
Invoice Number:	1037038
Amount Due:	\$5,839.19

Questions or refund request? Please reply to the email received or send your request to service@distinguished.com.

DISTINGUISHED.
PROGRAMS

Distinguished Programs Insurance Brokerage LLC
Distinguished Express Division

1180 Avenue of the Americas, 16th Floor, New York, NY 10036
888.355.4626 service@distinguished.com www.distinguished.com

Policy Issuance Letter

Attention: Melissa Griffin
Email: melgriffin@knology.net
Company: Coastal Community Insurance Agency Of Northwest Florida, Inc.

Date: 04/25/2019

Regarding: **GRAND PANAMA BEACH RESORT CONDOMINIUM ASSOCIATION INC**
DBA:
Mailing Address: PO BOX 9418
PANAMA CITY BEACH, FL 32417-9418

Effective date: 07/01/2019 **Expiration Date:** 07/01/2020

Reference Number: S000249722-02
Umbrella Certificate Number: UM30167048

Thank you for choosing the Distinguished Programs. We are pleased to confirm the placement of the following lines of business for the captioned insured.

- Certificate of Coverage
- Covered Locations
- Other Named Insured(s)
- Certificate Holder Notice (Risk Eligibility and Underlying Insurance requirements)
- A copy of the Purchasing Group Master Policy and Excess Policies where applicable.

Umbrella Disclosure:

Payment of premium confirms your acceptance of the terms and conditions of this insurance and compliance with the Risk Eligibility Requirements and Underlying Insurance as stated in the Certificate Holder Notice. Contradicting risk and exposure information, non-compliance with the underlying insurance requirements, and addition or change in owned/leased automobile exposure, or planned renovations may cause this insurance to be null and void. You must notify us of any material change in the risk information (COPE) and/or exposures to allow us the opportunity to underwrite and evaluate the insurance eligibility.

Enclosed for the above mentioned policies you will find:

- Agency Billed **Invoice** (separate attachment)
- Application Notice and copy of application(s) on file
- NEW POLICY ENHANCEMENT: Swimming Pool Safety Program.** Please share the attached details with your insured.

In order to accept this insurance and to ensure continuous coverage for the captioned named insured, you must review the attached documents and remit payment within 30 days of the coverage effective date or a non-payment cancellation notice will be issued.

If you or the insured do not accept the terms and conditions of this insurance or wish to make any change, including changes to the policy limits and/or exposures, please notify us immediately.

You can log into the broker portal to make most policy changes.

Contact information

Service Underwriter Name: Service and Underwriting Team
Service Underwriter Phone: 8883554626
Service Underwriter Email: service@distinguished.com

ALUMINUM CLADDING

WHAT IS ALUMINUM CLADDING?

Aluminum composite panels (ACP), made of aluminum composite material (ACM), are flat panels consisting of two thin coil-coated aluminum sheets bonded to a non-aluminum core. They are frequently used for external cladding or facades of buildings, insulation, and signage.

WHY IS ALUMINUM CLADDING USED?

- Very cost effective. It is the most economical cladding material available in the market right now
- Comes in various shapes. It can be shaped per specification, per project and can be color coated, polished textured, and printed on.
- Lightweight and are easily transported, lifted, and installed
- Rigid, durable and reasonably strong
- Good insulation and sound reduction properties
- Superior stain and weather resistant properties

WHAT ARE SOME OF THE DANGERS OF ALUMINUM CLADDING?

- Experts said that the cladding could act like a "chimney" for the flames by allowing the fire to spread upwards through the gaps between the cladding and the building walls. The sandwich panels behave differently to fire depending on the foam used, thickness of the metal, the coating, etc., and it is up to the builder or the occupant to choose between the different sandwich panel types, depending on the budget and requirements.
 - A **sandwich panel** is any structure made of three layers: a low-density core, and a thin skin-layer bonded to each side.
- The design of the cavity between the panel and the exterior wall of a building if not precisely optimized may lead to a secondary fire caused by upward convection.
- The use of a foam or plastic core as the outermost layer of the panel may often increase the possibility of a fire. This depends on the application and the method of installation.

ALUMINUM CLADDING

HOW CAN THESE DANGERS BE MITIGATED?

- Move dumpsters away from the building facade
- Move parking away from the building in case of a car fire
- De-energize lighting systems
- Upgrade fire alarms and make sure they are fully functioning
- Make sure that there is a 100% fully-functioning sprinkler system in the building and consider adding sprinklers to balconies if present
- Instead of using a foam or plastic core between the panels, opt for one of the following non-combustible cores:
 - Mineral wool
 - Glass wool

Sources

1. <https://www.telegraph.co.uk/news/0/cladding-fire-risk-grenfell-tower/>
2. <https://blog.alcircle.com/2017/07/20/bother-build-case-aluminium-composite-panels/>

Great American Insurance Group, 301 E. Fourth St., Cincinnati, OH 45202. The information presented in this publication is intended to provide guidance and is not intended as a legal interpretation of any federal, state or local laws, rules or regulations applicable to your business. The loss prevention information provided is intended only to assist policyholders in the management of potential loss producing conditions involving their premises and/or operations based on generally accepted safe practices. In providing such information, Great American does not warrant that all potential hazards or conditions have been evaluated or can be controlled. It is not intended as an offer to write insurance for such conditions or exposures. The liability of Great American Insurance Company and its affiliated insurers is limited to the terms, limits and conditions of the insurance policies underwritten by any of them.

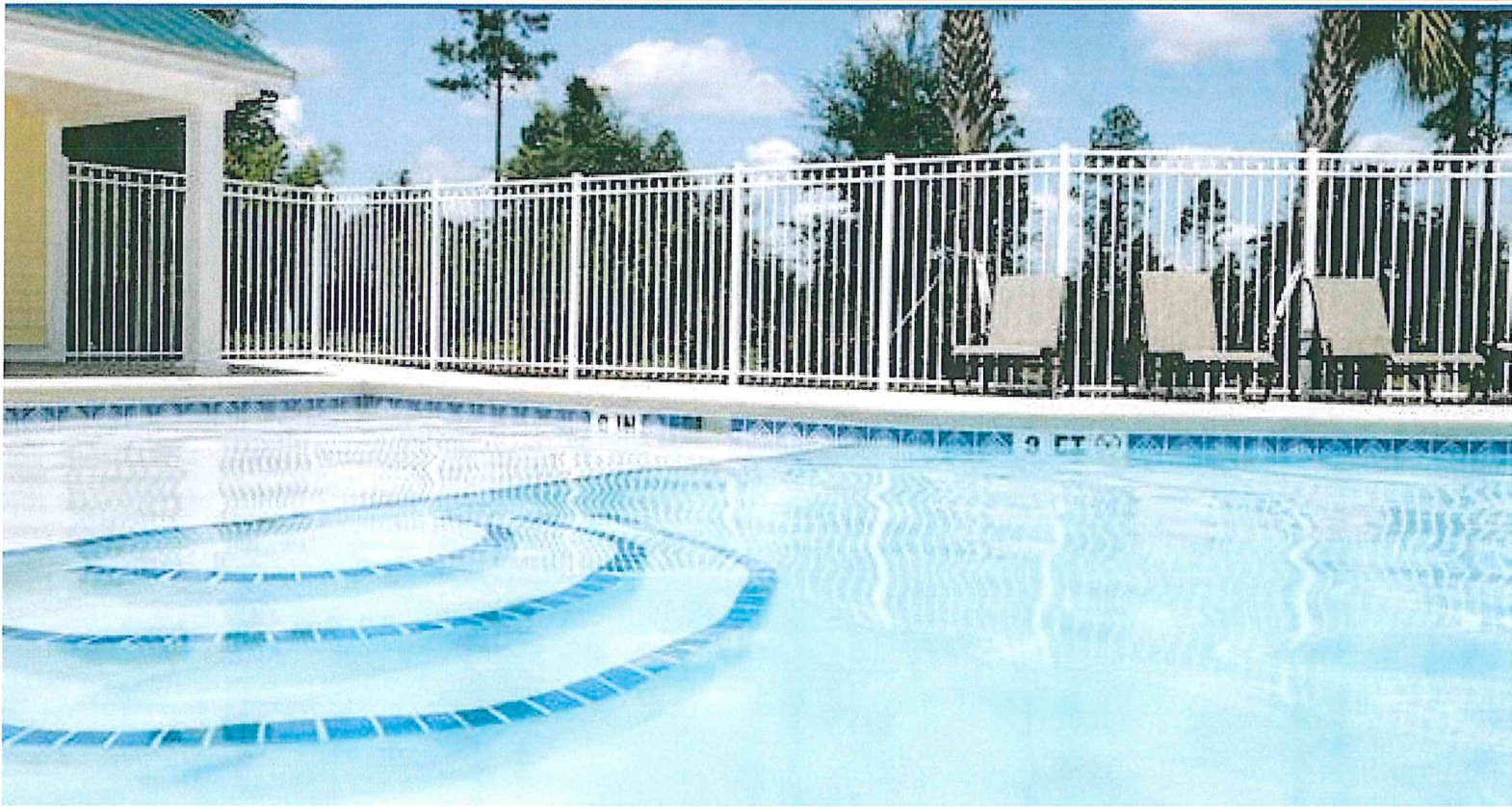
Swimming Pool Safety Program



Loss Prevention

**For Condominiums, Home Owners
Associations and Apartments**

(For pools not requiring lifeguards)



Swimming pools provide a fun way to relax, socialize and exercise. Providing a swimming pool at your premises is – no doubt – perceived as a value-added amenity by your property owners, residents and their guests, but it can also be a source of accidents or illness if the pool area is not well maintained and controlled.

Although most pool accidents are minor in nature, more severe and permanent injuries – such as drownings, spinal injuries or illness due to bacteria in the pool water – can pose a serious threat if proper precautions are not taken. To help safeguard your swimming pool from causing injury or illness to those using it, Great American Insurance has developed this Sample Swimming Pool Safety Program for our policyholders.

Please discuss the information presented in the program with your maintenance personnel, swimming pool attendants and all management staff. At least one employee should be responsible for pool safety while it is open for use and should be onsite during hours of operation.

We also strongly encourage you to contact your local health department to receive any additional swimming pool recommendations or standards that may be required at your pool. Remember, local jurisdictional requirements may be different from what is presented in this Sample Program.

Lifesaving Equipment

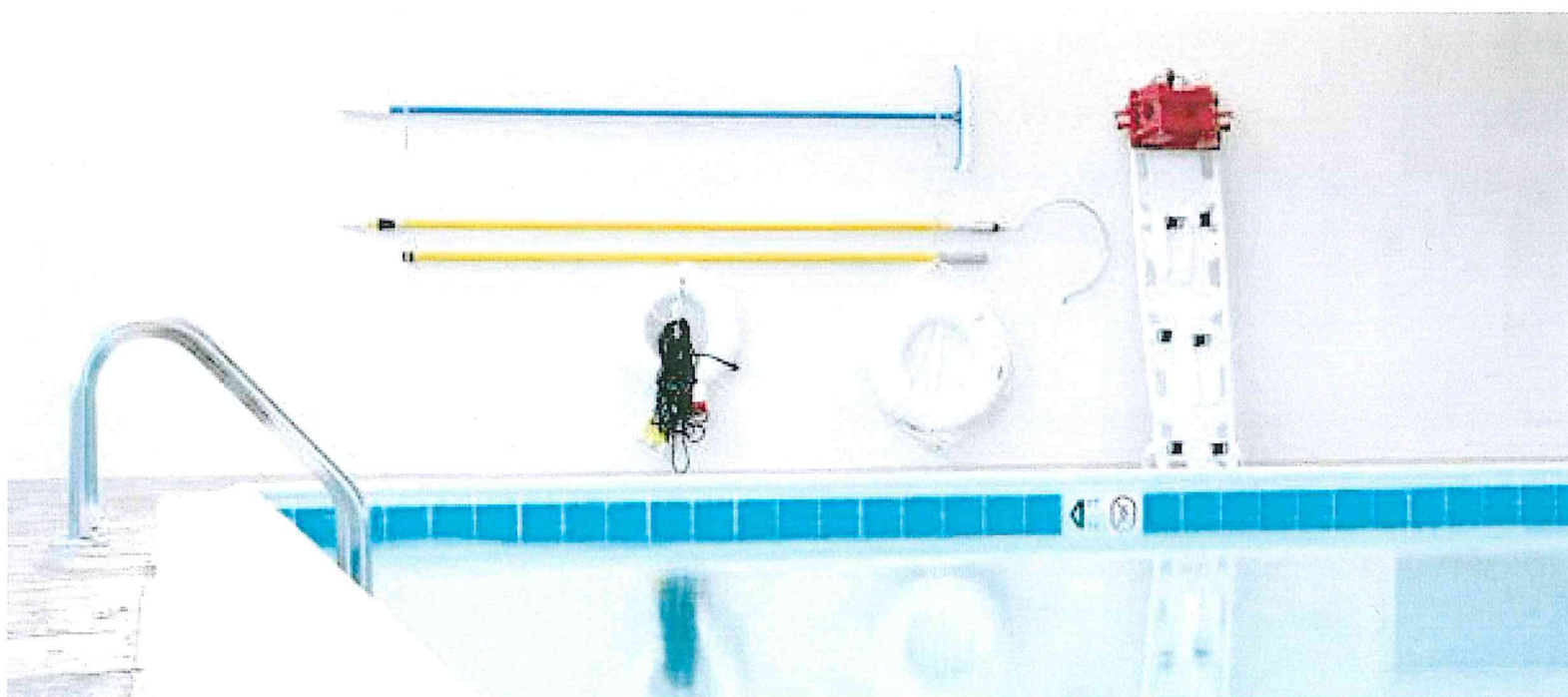
At a minimum, provide the following lifesaving equipment or resources near the swimming pool area:

- Pole or shepherd's hook, not less than 16' long (per Florida Building/Admin Code, section 64E)
- A 1/4" diameter throwing rope at least 1/5 times the maximum width of the pool or 50' long, whichever is less, with an attached ring buoy having an outside diameter of 18" or a similar flotation device
- Backboard with head immobilizer
- First aid kit
- Telephone with emergency numbers posted in the pool area (Keep pool address posted so those calling for help know the location to tell emergency responders)

While this Sample Program is intended for those pool operators where lifeguards are not required by the Local Authority having Jurisdiction, if there are lifeguard services provided at your pool, they should be American Red Cross Certified (or equivalent certification), trained in CPR and first aid procedures.

Physical Protection

- Surround pool by a minimum 48" high fence with self-closing, self-latching, lockable gates that open away from the pool.
- Fence does not allow passage of 4" diameter sphere.
- Keep chemicals used to treat pools locked and stored in a cool, dry and well ventilated area under a roof and not accessible to the public. See manufacturer's recommendations on labels and/or MSDS. Do not store chemicals next to the pool heater.
- Assign an employee to walk through the pool area at least every 60 minutes, 30 minutes during heavy use, to assure that conditions are safe. Document the walk-through on the Sweep Sheet provided.
- Install a camera that overlooks the pool area allowing the manager or supervisor to have direct view of the area at all times.
- Check with your State or Local Authorities to determine if you are meeting all laws and requirements for swimming pool physical protection.



Swimming Pool Design

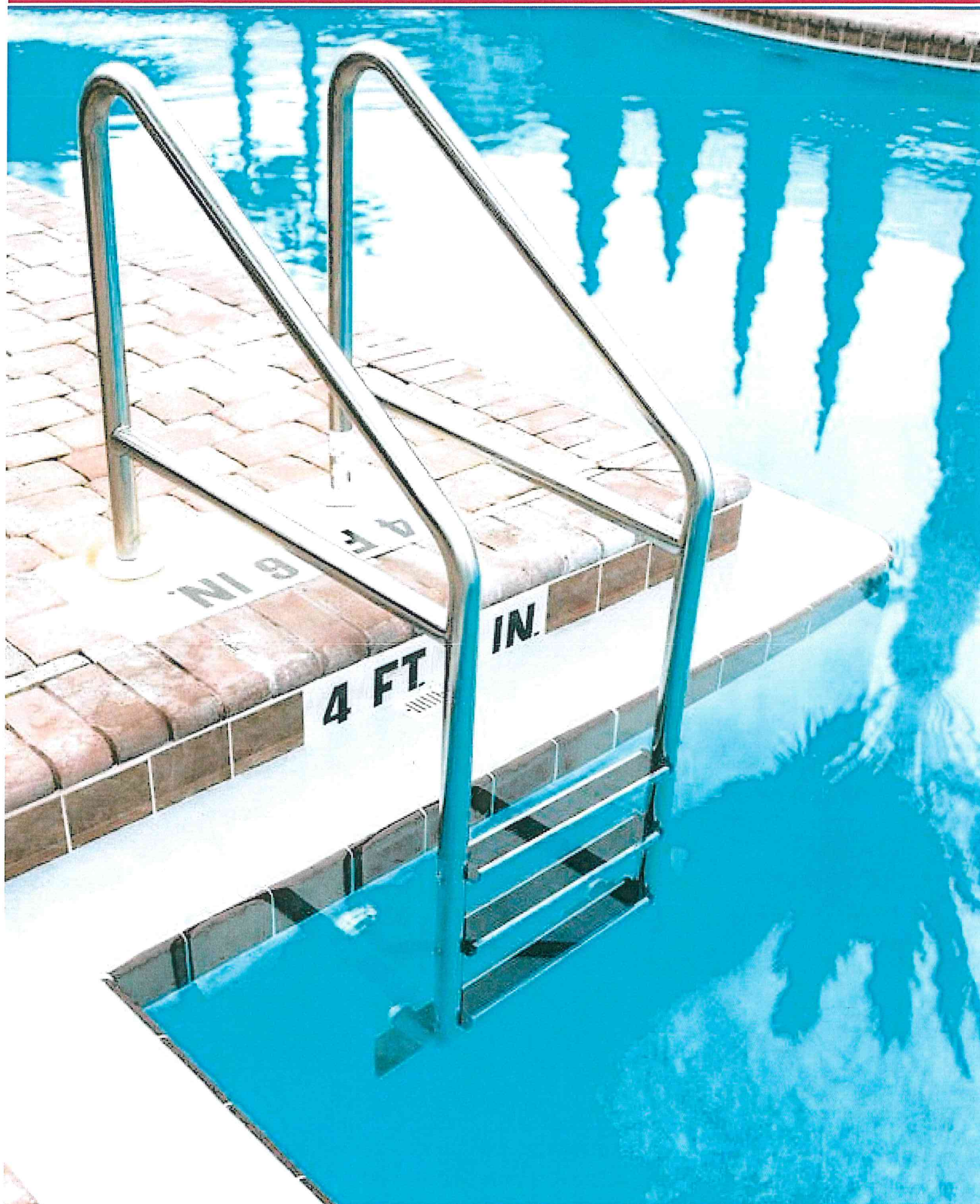
- Check to make sure swimming pool area walking surfaces are level and slip resistant. Consider applying slip resistant surface applications to the pool deck.
- Do not use slides or diving boards at your pool.
- Clearly mark the deep end of the pool (greater than 5' deep) by a lifeline across the pool's surface in conjunction with a painted or tiled line on the bottom and walls. Mark the painted or tiled lines in a color contrasting with the pool bottom.
- Identify pool water depth at least every 20' with permanent contrasting depth markings, followed by the full or abbreviated words "feet" and "inches" located on both sides of the pool at the shallow end, slope break, deep end wall and deep point. The size of the markings must be a minimum of 4". Depth markers shall indicate actual depth within 3". They must be visible from inside the pool and from the pool deck. Horizontal surfaces must be slip resistant.
- Install "No Diving" markings within 2' of the water edge on each side of the pool with a maximum distance between markings of 20'. The markings must be at least 4" high and contrasting; or a 6" tile with minimum 4" red international "No Diving" symbol. The markings must be slip resistant.
- Provide at least one set of ladders or steps at each end of the pool to facilitate pool entry and exit. Place a slip resistant strip of at least 1" in width and a color contrasting with the pool floor on the leading edge of each tread.
- Use the most current National Electric Code for all wiring and electrical equipment specifications and installations. Provide ground fault circuit interrupters (GFCI) on all pool electrical circuits as well as those in surrounding areas. Perform monthly tests of GFCI circuits to assure proper functioning.
- Pool & Spa drain covers must comply with the Virginia Graeme Baker Pool and Spa Safety Act and must be equipped with anti-entrapment devices or systems that comply with ASME/ANSI A112.19.8 performance standard or any successor standard. For additional information, refer to Safety Topic:

Visit GAIG.com/LP and search "Swim Pool Drains" or scan the QR code below to learn more.



- Keep in mind that drain covers typically have a 5 year life span and then must be replaced. Date is typically stamped or molded on the cover.
- Have wading or "kiddie" pools designed 2' or less in depth and physically separate them from the adult pool shallow end by at least 4'.
- Shower and bathroom facilities available for use should have anti-slip surface applications to the floor or tiles to help prevent slip and fall accidents.

**For additional information, contact the
National Swimming Pool Foundation at:**
<http://nspf.org/en/resources.aspx>



Sample Pool Rules

The following rules must be posted in minimum 1" letters and be visible from the pool/spa deck:

1. No food, drink, glass or animals in pool/spa or on pool/spa deck.
2. Bathing load: _____ Persons
3. Pool/spa hours: _____ am to _____ pm
4. Shower before entering
5. Pools without approved diving bowls must post "NO DIVING" in minimum 4" letters

In addition to these requirements, spa pool signs shall include the following:

1. Max. water temperature is 104 degrees Fahrenheit.
2. Children under 12 must have adult supervision.
3. Pregnant women, small children, people with health problems and people using alcohol, narcotics or other drugs that cause drowsiness should not use spa pools without first consulting a doctor.
4. Maximum use 15 minutes. (A clock shall be visible from the spa pool to assist the person in meeting this requirement.)

These are an example of Florida regulations – refer to your State and County for further assistance on rules that are required to be posted in your jurisdiction.

Other signs to consider posting include:

- Warning – No Lifeguard on Duty – Swim at Own Risk
- Children under 16 must be supervised by an adult
- Running and Horseplay is Not Allowed
- In an emergency, the nearest phone is located at: _____
- Violation of any rules will result in immediate suspension of swimming pool privileges!
- No Swimming Permitted when Pool is Closed

Water Treatment & Inspection

Maintaining required levels of chlorine and proper pH, and performing periodic inspections of the swimming pool area are vital to protecting your members, residents and guests from a wide range of bacterial and viral infections and illnesses. Specific control measures that should be followed include:

- Properly trained and certified personnel, who are responsible for the sanitation, safety and proper maintenance of the pool, as well as all physical and mechanical equipment and records, should be on site or readily available whenever the pool is open for use. Designate and properly train backup personnel as well.
- Test the pool's chlorine level before the pool is opened for the day and at least twice more throughout the day. During periods of heavy use, test chlorine levels more frequently (testing should be done while the pool is in use). Take the water that is being utilized for testing from the pool itself rather than the filtration system.
- Advise your swimming pool attendants to record each test result on a report log acceptable to your local Department of Health. It is suggested that you retain pool inspection records for at least one year for your protection in the event of a claim. Take corrective action, such as closing the pool, when visual observation and/or written operational records warrant.
- Close your swimming pool if either the filtration/recirculation system or the chlorinating system is not functioning properly.
- Do not allow guests to enter the pool if it has been "shocked" with chlorine until proper dilution of chlorine with water has taken place.
- Equip pools with automatic chlorinators. The proper operation of these units should be verified several times during the day.
- Keep a report log for your local Department Health regarding any rescues, submersions, accidents, or medical attention provided due to swimming pool accidents that have occurred at your property.
- Keep a record on file of all maintenance and repairs done to all physical and mechanical swimming pool equipment.
- Have written swimming pool testing and maintenance instructions readily accessible during all hours of pool-operation, as well as an operations manual providing information relating to the operation of pool equipment.
- Since pre and post pool use showering are excellent control measures to reduce the likelihood of infection/illness, post signs at the pool indicating "Shower before and after pool use".
- Should a human fecal accident occur, the pool operator shall comply with all recommendations found in the Center for Disease Control's (CDC) "Fecal Incident Response Recommendations for Pool Staff".

<http://www.cdc.gov/healthywater/pdf/swimming/pools/fecal-incident-response-recommendations.pdf>

Contact your local Department of Public Health for a copy of local swimming pool regulations and requirements.



Designate Persons Responsible for These Daily Procedures:

Sample

Opening Procedures:

1. Open locks and doors. Padlocks must be locked to the fence and keys must be kept in office or lockbox to prevent theft.
2. Take and record chlorine and pH readings, then set chlorinator accordingly.
3. Check the water level.
4. Inspect main drain covers to insure they are in place, secure and unbroken.
5. Inspect covers for inlets, returns, vacuum, and suction outlets to insure they are in place, secure and unbroken.
6. Inspect the warning/alert signs to insure they are posted with emergency instructions and phone number.
7. Inspect the on/off switch to pumps and insure it is labeled and the location is clearly marked.
8. Inspect the skimmer baskets, lids, flow adjusters and suction outlets to insure they are clean and free of blockage.
9. Check filter equipment:
 - Flow meters
 - Pressure gauges
10. Make sure all safety equipment (such as backboard and reaching pole) are on deck and in position.
11. Put out sign-in book where applicable.
12. Turn on all bathhouse lights.
13. Wipe off tables and put umbrellas up.
14. Place and straighten pool furniture.
15. Empty skimmer baskets.
16. Vacuum the pool (every day).
17. Skim water surface.

Duties to Perform Throughout the Day:

1. Clean pool as needed (tiles, bottom, sides)
2. Straighten pool furniture.
3. Go through bathhouse to spot-clean and pick up trash.
4. Patrol pool area for trash throughout the day and at end of day.
5. Record required information on Sweep Sheets and Operating Logs.

Closing Procedures:

1. Turn off chlorinator.
2. Straighten or put away all furniture.
3. Put umbrellas down or store them in secure area.
4. Bathhouses:
 - Pick up and remove trash
 - Clean floors, sinks, toilets and showers with disinfectant cleaning agent.
 - Restock toilet paper, paper towels, soap, etc.
5. Pick up trash around pool deck. Empty trash cans that are ½ full or more.
6. Backwash when necessary.
7. Clean hair strainer whenever backwashed or pool is vacuumed.
8. Check filter equipment for adequate flow rate and pressure readings to insure proper filter operation overnight.
9. Check the pool water level. Fill as needed.
10. Put safety and pool equipment away.
11. Turn bathhouse and pump room lights off; turn on "night lights".
12. Lock all gates and doors.



Location: _____

Date: _____

An entry is to be made on this sweep sheet each time the pool deck area is swept, inspected, maintained or observed as part of a "Walk Through". The person signing the sheet is to indicate the exact time and initial their name. Please keep copies of each sweep sheet on file for at least one year.

During inclement weather or heavy use, check the listed locations at least every 30 minutes.

[illegible]

SAMPLE SWIMMING POOL DAILY SHEET

Month/Year:	
Pool Location:	
Pool Manager/Operator	
Type of Disinfectant (see below)	

[illegible]

(Refer to county guidelines for water quality regulations.)

* Total Chlorine = Free Chlorine + Combined Chlorine



Great American Insurance Group, 301 East Fourth Street, Cincinnati, Ohio 45202. The information presented in this publication is intended to provide guidance and is not intended as a legal interpretation of any federal, state or local laws, rules or regulations applicable to your business. The loss prevention information provided is intended only to assist policyholders in the management of potential loss producing conditions involving their premises and/or operations based on generally accepted safe practices. In providing such information, Great American does not warrant that all potential hazards or conditions have been evaluated or can be controlled. It is not intended as an offer to write insurance for such conditions or exposures. The liability of Great American and its affiliated insurers is limited to the terms, limits and conditions of the insurance policies underwritten by any of them. © 2015 Great American Insurance Company. 3979-LP (9-/15)



DISTINGUISHED
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»vericclaim
repair solutions

CONNECT WITH
CERTIFIED CONTRACTORS:
**YOUR INSURANCE POLICY
JUST GOT EVEN BETTER!**

As a Distinguished Umbrella policyholder, you already know your broker's got your back in the event you need to file an insurance claim. Your broker is also here to help reduce the risks you face should you need to repair or remodel your home or building - because if you hire an uninsured, unlicensed contractor to do the work, you open the door to lawsuits and third-party liability.

See, when there's no contract, no license, and no insurance, there's also no protection should a contractor's worker get injured on the job. When that happens, bad contractors typically take flight—and leave you holding the bag to the tune of tens of thousands of dollars or more.

Fortunately, you can mitigate this risk and protect your assets with Vericclaim Repair Solutions, a free service that's already built-in to your Distinguished policy. Vericclaim offers you access to a nationwide network of trusted contractors whose insurance policies have been verified current, comprehensive and complete. What's more, Vericclaim's unique warranty program covers the contractor's labor and workmanship within a specific period and guarantees the contractor's finished work. If something happens to the contractor before their warranty ends, Vericclaim assumes the remainder of the warranty period.



To Mitigate Your Liability Risks, Connect with the Right Contractor
CALL VERICCLAIM REPAIR SOLUTIONS AT 877.346.5802

TRUSTED CONTRACTORS, PROPERLY LICENSED AND INSURED TO ELIMINATE RISK

Avoid the iffy results and outright nightmares that search engines and unverifiable testimonials can lead to. Licensed and vetted, credentialed and prescreened, the local contractors recruited by Vericlim represent the very best in the industry. You'll be put in touch with a prequalified, insured professional skilled in the services you need at a fair price:

- General contracting services
- Consulting services
- Remodeling, reconstruction and repair
- Sidewalk repair
- Water damage restoration
- Mold restoration
- Siding and gutter work
- Fire/smoke restoration
- Roof repair
- 24-hour emergency response



STEP 1

General Contracting or repair work is needed. Property owner or manager calls Vericlim with Distinguished Umbrella policy information handy



STEP 2

Vericlim representative confirms caller is a Distinguished Umbrella policyholder and selects contractor to review the project



STEP 3

Contractor reviews the project scope and submits a bid



STEP 4

Property owner or manager reviews the bid and decides whether to hire contractor, or someone else



STEP 5

If property owner or manager selects contractor, Vericlim benefits kick in



**DISTINGUISHED
PROGRAMS**

Distinguished Programs Insurance Brokerage LLC

1180 Ave. of the Americas/16th Floor/New York, NY 10036

Toll Free: (888) 355-4626/www.distinguished.com

Application Notice

The following is a copy of the application(s) on file for the named insured.

Please review and notify your underwriter if there have been any changes or if there is any reason this insured does not comply with the terms and conditions of this insurance. If there are no changes, please remit payment to our office within 30 days. Payment of premium confirms your acceptance with program requirements as outlined on the application(s) attached.

Contact information

Service Underwriter Name:
Service Underwriter Phone:
Service Underwriter Email:

Service and Underwriting Team
8883554626
service@distinguished.com

UMBRELLA APPLICATION – For Community Associations, Apartment Rentals, Lessor-Risk Office, Light Industrial Rental.

SECTION I: Eligibility

BUILDINGS / EXPOSURES:

The following buildings/exposure are either *not eligible* or *eligible with restrictions*:

**The below Building and Exposures guidelines are for new submissions and additional locations effective 04/05/2019 and later only. Renewal policies will remain subject to the eligibility guidelines as required at policy inception.*

1. NOT ELIGIBLE:

- A.** Buildings with an effective age over 25 years that have not had the roof, HVAC, plumbing, and electrical systems updated. Effective age means the last complete renovation or replacement of the above components.
- B.** Individual residential buildings with occupancy of less than 75% of the total units. Unless new construction or gut rehabbed within one year of the proposed effective date of coverage. A certificate of occupancy must be issued prior to the effective date of coverage. No single individual buildings can be completely vacant.
- C.** Commercial complexes occupancy less than 75% of the total square footage. Unless new construction or gut rehabbed within one year of the proposed effective date of coverage. A certificate of occupancy must be issued prior to the effective date of coverage. No single individual buildings can be completely vacant.
- D.** Buildings with any rental apartment or commercial retail exposure located in the state of Georgia.
- E.** Any location with more than 50% of the total units occupied by undergraduate students.
 - i.** Exception: May be eligible when written in conjunction with the primary General Liability
- F.** Aluminum wiring unless repaired through "pig-tailing", CO/ALR devices, or COPALUM crimp connector.
- G.** Armed security - exception for courtesy police officers who reside at the property.
- H.** Buildings and / or garages with man lifts.
- I.** Any building with the following tenants:
 - i.** Adult entertainment
 - ii.** Bars without restaurant exposure
 - iii.** Bars and restaurants without Ansul systems
 - iv.** Check cashing
 - v.** Churches/Religious Institutions
 - vi.** Firearm sales/ operations
 - vii.** Food processing plants

viii. Governmental or political offices

ix. Hospitals or health care clinics other than doctor's offices

x. Hotels or resorts

xi. Nightclubs, dance halls, or any occupancy with a cabaret license

xii. Schools

xiii. Day cares that:

- a. Are owned and/or managed by the Insured
- b. Are in home day cares
- c. Are located in a building of Frame or Joisted Masonry Construction
- d. All overnight stays

J. Assisted Living

K. Boarding / rooming houses

L. Single room occupancy (SRO)

M. Mobile home parks, trailer parks, RV parks

N. Enclosed malls

O. Heavy industrial complexes

P. Self-storage buildings

Q. Commercial public warehouses or insured operated warehouses (not LRO)

R. Flea markets, amusement rides, concerts or other special events.

S. Drivers under the age of 21 for any auto

T. Single-family dwelling rentals

U. Buildings in receivership or bankruptcy

V. Marinas

W. Buildings over 50 stories

X. Buildings 4+ stories that have combustible core exterior panels (cladding) and are not fully sprinklered

Y. Any locations with one or more of the following types of claims or known incidents within the past 5 years:

- i. Murder
- ii. Rape
- iii. Shooting
- iv. Stabbing
- v. Class Action
- vi. Habitability
- vii. Tenantability

2. ELIGIBLE WITH RESTRICTIONS:

- A. Buildings with **commercial occupancies** may not be **operated by the insured** other than property management offices
- B. The following risk transfer requirements must be required through written contract for the following parties: commercial tenants, 3rd party vendors, contractors and sub-contractors (including but not limited to Security Guards and Elevator Contractors).
 - i. Insured is provided with certificates of insurance as proof of liability Insurance
 - ii. Minimum underlying limits: \$1 million occurrence / personal injury and advertising Injury and \$2 million general / products aggregate
 - iii. Insured is to be added as additional Insured and held harmless by all applicable parties
- C. Community Associations with short term rentals are eligible if the minimum rental age is 24 years of age.
- D. Vacant land – If within city limits it must be fenced. If outside city limits signs must be posted: no hunting, no trespassing, and no parking.

By checking this box I acknowledge that I have read items 1 and 2 above and agree that all locations comply ☒ Yes ☐ No ☐ Unknown

AMENITIES - The following amenities are either *not eligible* or *eligible with restrictions*:

* The below Amenities guidelines are for new submissions and additional locations effective 11/30/2018 and later only. Renewal policies will remain subject to the eligibility guidelines as required at policy inception.

3. NOT ELIGIBLE:

- A. Golf courses (if owned and / or managed by the insured)
- B. Aircraft and Aviation exposures, airports and landing strips
- C. Saddle animals and/or equestrian trails
- D. Ski trails
- E. Sponsored athletic events, such as swim teams.
- F. Tanning beds that are owned, operated, or maintained by the insured.
- G. Passenger transportation services whether provided by the insured or contracted out to a third party
 - i. Exception for senior housing / independent living. Must complete senior living supplement to determine eligibility.
- H. Community associations that:
 - i. Rent their common facilities to non-unit owners
 - ii. Serve liquor other than host liquor

4. ELIGIBLE WITH RESTRICTIONS:

- A. Pools
 - i. Any scheduled pool that has been inoperable and/or closed for 40 consecutive days at the time of this application or renewal is not eligible. Inoperable and/or closed does not include seasonally winterized pools.
 - ii. Indoor pools or rooftop pools must have restricted access through a self-closing and self-locking door.
 - iii. Outdoor pools must be completely fenced with a self-closing and self-latching gate.
 - iv. The design or operation of all scheduled pools must comply with the Virginia Graeme Baker Act and meet or exceed all federal, state and local governing codes and regulations.
 - v. No pool with diving boards, lazy rivers or slides.

B. Bodies of water, owned by the insured, such as lakes, ponds, retention ponds that meet the following guidelines:

- i. No watercraft with more than 15 horsepower engines may be permitted.
- ii. No watercraft used for transport of passengers
- iii. No personal watercraft (i.e. waver runners, jet skis, sea doos, etc...) and no water skiing

C. Boat slips are eligible when the following are not provided by the Insured

- i. Repair
- ii. Alterations
- iii. Maintenance
- iv. Storage
- v. Hauling
- vi. Launching
- vii. Fueling

By checking this box I acknowledge that I have read items 3 and 4 above and agree that all locations comply

☒ Yes ☐ No ☐ Unknown

5. LIFE SAFETY – Buildings must be compliant with the following life safety guidelines to qualify for this program:

**The below Life Safety guidelines are for new submissions and additional locations effective 11/30/2018 and later only. Renewal policies will remain subject to the eligibility guidelines as required at policy inception.*

Buildings 1 to 6 stories and containing 16 units or less must have:

- Smoke detectors

Buildings 1 to 6 stories with more than 16 units must have:

- Smoke detectors
- Two means of egress

Buildings 7 – 15 stories must:

- Be fully sprinklered or have a standpipe system
- Have central station alarm

Buildings 16+ stories must:

- Be fully sprinklered
- Have central station alarm
- Smoke detectors
- Two means of egress
- Emergency lighting in all common areas
- Illuminated exit signs

Light industrial complexes with any one building > 5,000 sq. ft.

- Smoke detectors
- Two means of egress

New York risks only buildings that do not have emergency lighting / illuminated exit signs

- All building personnel have been trained and instructed on actions to take in the event of a fire or other emergency including calling the fire department.
- Building management has distributed and posted fire safety information to all residents regarding fire safety as required by RCNY 43-02.
- Must otherwise meet requirements as outlined per number of stories above.

By checking this box I acknowledge that I have read item 5 above and agree that all

☒ Yes ☐ No ☐ Unknown

locations comply

6. BUILDING PROTECTION SYSTEMS

By checking this box I acknowledge that all code required fire protection systems and building life safety features are in place and function as intended

☒ Yes ☐ No ☐ Unknown

7. PRIOR LOSS HISTORY

**The below Loss History guidelines are for new submissions and additional locations effective 11/30/2018 and later only. Renewal policies will remain subject to the eligibility guidelines as required at policy inception.*

If Yes is checked to A or B below, please provide 5 years currently valued hard copy carrier loss runs along with full description including cause of loss and corrective action taken.

A. In the past 5 years, have there been aggregate liability losses incurred exceeding \$250,000 at any one location within a single policy year?

☐ Yes ☒ No

B. In the past 5 years, have there been any of the following types of claims or known incidents at any location?

- Assault
- Burn or Fire Related Injuries
- Construction Defect or New York Labor Law
- Death
- Illegal Drug Trafficking
- Mold or Fungus

☐ Yes ☒ No

8. UNDERLYING CARRIER INFORMATION

**The below underlying Carrier Information guidelines are for new submissions and additional locations effective 04/05/2019 and later only. Renewal policies will remain subject to the eligibility guidelines as required at policy inception.*

We require that all underlying insurance for which you want the Umbrella to provide coverage, meet the following minimum requirements. Below are the only coverages that qualify as underlying insurance. All underlying insurance placed with a non-admitted Commercial General Liability underlying is subject to underwriting review. Exempted from this requirement is the following territory: entire state of Florida. Coverage for defense costs on all underlying policies must be outside the limits of liability with an exception for Directors & Officers Liability Only, as noted below.

Commercial general liability (CGL)	\$1,000,000	Per occurrence
	\$2,000,000	General aggregate per location
	\$1,000,000	Personal & advertising injury
Bronx County, NY risks only: Commercial General Liability (CGL):	\$2,000,000	Per Occurrence
	\$4,000,000	General Aggregate Per Location
	\$2,000,000	Personal & Advertising Injury
Commercial auto liability	\$1,000,000	Combined single limit
Employer's liability:	\$500,000	Each accident
	\$500,000	Each policy
	\$500,000	Each employee
Garage keepers legal liability	\$1,000,000	Each occurrence / aggregate
Directors & offices liability (D&O) *See Form requirements below	\$1,000,000	Each claim (indemnity)
	\$1,000,000	Each claim (defense)
	\$1,000,000	Aggregate each association
	OR	
	\$2,000,000	Each claim (defense inside the limit)
	\$2,000,000	Aggregate each association

All primary insurers must have an AM Best rating of A-VI or better. However, we will provide coverage over Employers Liability placed with certified state funds and/or carriers with an AM Best Rating of B++ VI or better.

- * Endorsement form Directors & Officers Liability on the Commercial General Liability policy is eligible only if the D&O coverage has its own separate unimpeded limit.
- * Underlying Directors and Officers Liability must include Duty to Defend wording.
- * Granite State Form 101140 (04/09) is acceptable only when written in conjunction with the DPG City Homes Program.
- * New Hampshire Form NH74321 (9/99) is acceptable only when written in conjunction with the DPG New York Brick & Brownstone Program.

By checking this box I acknowledge that I have read the above and agree that all primary insurance either currently comply or will be placed and / or amended to be in compliance with the underlying requirements prior to binding the Umbrella insurance.

☒ Yes ☐ No ☐ Unknown

SECTION II: Broker Details

BROKER NAME:

Coastal Community Insurance Agency

ADDRESS:

12139 Panama City Beach Pkwy

CITY:

Panama City Beach

STATE:

FL

ZIP CODE:

32407

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Distinguished Programs Insurance Brokerage LLC
Distinguished Express Division

1180 Avenue of the Americas, 16th Floor, New York, NY 10036
888.355.4626 service@distinguished.com www.distinguished.com

PHONE: (850) 230-0800	CONTACT NAME: Melissa Griffin
CONTACT PHONE: (850) 230-0800	CONTACT E-MAIL: melgriffin@knology.net

SECTION III: Insured Information

NAME INSURED: GRAND PANAMA BEACH RESORT CONDOMINIUM ASSOCIATION INC		
ADDRESS: PO BOX 9418		
CITY: PANAMA CITY BEACH	STATE: FL	ZIP CODE: 32417-9418

SECTION IV: Policy Details – Insured

POLICY TERM: 1 Year	EFFECTIVE DATE: 07-01-2019	EXPIRATION DATE: 07-01-2020				
Policy limit requested: <input type="checkbox"/> \$1 million <input type="checkbox"/> \$2 million (\$1 and \$2 million for association business only)						
<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$15,000,000	<input checked="" type="checkbox"/> \$25,000,000	<input type="checkbox"/> \$50,000,000	<input type="checkbox"/> \$100,000,000	<input type="checkbox"/> \$200,000,000

SECTION VI: Exposures

The following are subject to further underwriting.

Day care tenant on site? If yes, complete day care supplement	No
Owned or leased vehicles? If yes, complete auto supplement	No
Community Associations with more than 50% of the total units are short term rentals? If yes, complete the Short Term Rental supplement	Yes
Timeshare Associations? If yes, complete Timeshare/Short Term Rental Supplement.	No
Warehouse and/or light industrial exposures on the schedule of locations? If yes, complete Warehouse/Light Industrial supplement	No
Are more than 20% of the units at any rental building age restricted?	No
Are more than 50% of the units at any location occupied by undergraduate students?	No
NY ONLY - Include follow form bodily injury coverage for lead paint? If yes, complete lead-based paint supplement.	No
You must complete Section VII (1- 4) for every location requesting coverage. For multiple location schedules, submit a COPE spreadsheet.	
For risks with multiple buildings in a single complex, please include the building numbers and street address of all buildings. Attach a separate list if additional space is needed.	

SECTION VII: Location Information

ADDRESS: 11807 FRONT BEACH RD (ID: 765110)		
CITY: PANAMA CITY BEACH	STATE: FL	ZIP CODE: 32407

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# OF STORIES: 20	CONSTRUCTION TYPE: Fire Resistive	
NAME OF OWNER / NAMED INSURED (IF OTHER THAN LEAD NAMED INSURED)		
1. Please provide all occupancies and exposures for this location		
PRIMARY OCCUPANCY	EXPOSURE	NON-RESIDENTIAL EXPORE IF MIXED- USE OCCUPANCIES
Condominium association (residential or mixed-use)	# of units: 187	Merc. or office sq. ft. only: 0
Co-op	# of units: 0	Merc. or office sq. ft. only: 0
Homeowners association / residential planned Unit development / master association	# of units: 0	Merc. or office sq. ft. only: 0
Timeshare Association	# of units: 0	Merc. or office sq. ft. only: 0
Rental apartments	# of units: 0	Merc. or office sq. ft. only: 0
Sponsor / investor units	# of units: 0	
Commercial planned unit development / multi- building not for profit office park	# of units: 0	
Office building / commercial condominium	Comml sq. ft.: 0	
Shopping center	Comml sq. ft.: 0	
Stand alone retail	Comml sq. ft.: 0	
Light industrial complex	Comml sq. ft.: 0	
General warehouse (LRO)	Comml sq. ft.: 0	
Ponds / retention ponds / lakes	# of bodies of water: 0	
Acres of vacant land	# of acres: 0	
2. How many pools are at this location? 2 pools (see Section I 4a)		
3. Was this building newly constructed or gut rehabbed in the past year? No		
4. Who is the underlying CGL Carrier?		
5. Is the Underlying CGL policy written on Surplus lines (non-admitted) paper?		

ADDRESS: 11800 FRONT BEACH RD (ID: 765130)		
CITY: PANAMA CITY BEACH	STATE: FL	ZIP CODE: 32407
# OF STORIES: 20	CONSTRUCTION TYPE: Fire Resistive	
NAME OF OWNER / NAMED INSURED (IF OTHER THAN LEAD NAMED INSURED)		
1. Please provide all occupancies and exposures for this location		

PRIMARY OCCUPANCY	EXPOSURE	NON-RESIDENTIAL EXPOSE IF MIXED-USE OCCUPANCIES
Condominium association (residential or mixed-use)	# of units: 112	Merc. or office sq. ft. only: 0
Co-op	# of units: 0	Merc. or office sq. ft. only: 0
Homeowners association / residential planned Unit development / master association	# of units: 0	Merc. or office sq. ft. only: 0
Timeshare Association	# of units: 0	Merc. or office sq. ft. only: 0
Rental apartments	# of units: 0	Merc. or office sq. ft. only: 0
Sponsor / investor units	# of units: 0	
Commercial planned unit development / multi-building not for profit office park	# of units: 0	
Office building / commercial condominium	Comm'l sq. ft.: 0	
Shopping center	Comm'l sq. ft.: 0	
Stand alone retail	Comm'l sq. ft.: 0	
Light industrial complex	Comm'l sq. ft.: 0	
General warehouse (LRO)	Comm'l sq. ft.: 0	
Ponds / retention ponds / lakes	# of bodies of water: 0	
Acres of vacant land	# of acres: 0	
<p>2. How many pools are at this location? 1 pools (see Section I 4a)</p> <p>3. Was this building newly constructed or gut rehabbed in the past year? No</p> <p>4. Who is the underlying CGL Carrier?</p> <p>5. Is the Underlying CGL policy written on Surplus lines (non-admitted) paper?</p>		

SECTION VIII: Signature

Any person, who knowingly and with intent to defraud any insurance company or other person, file an application for insurance of state of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and my subject such person to criminal and civil penalties.

☒ By checking this box, I agree that I have read this entire application, that the statements and responses set forth herein are true and correct as of the date coverage is bound, and that I have reviewed, or will have reviewed with my client prior to binding coverage, this entire application, including all eligibility criteria and restrictions. I further agree that all information and statements contained in this application, including all materials submitted in connection with this application, are true and accurate, and shall be considered attached to and made a part of any Umbrella Policy issued to the Applicant/Insured under a Certificate of Coverage, and shall be deemed applicable to all subsequent renewals of any Umbrella Policy and Certificates of Coverage, unless the Applicant/Insured provides written notice of any change of circumstances.

BROKER SIGNATURE:
Melissa Griffin

DATE:
04-25-2019

TIMESHARE/SHORT TERM RENTAL SUPPLEMENTAL APPLICATION

SECTION I: Insured Information

NAME INSURED:

GRAND PANAMA BEACH RESORT CONDOMINIUM ASSOCIATION INC

ADDRESS:

PO BOX 9418

ZIP CODE:

32417-9418

CITY:

PANAMA CITY BEACH

STATE:

FL

SECTION II: Eligibility

The insured must meet the following criteria to be eligible for Umbrella Liability coverage

1. Eligibility

- A. Named Insured must be Non-Profit Community Association.
- B. Minimum age for any renter is 24.
- C. Habitational buildings must have emergency evacuation plans posted.
- D. Insured cannot provide any type of passenger transportation (i.e. shuttle services, ski lifts).
- E. Insured must not directly provide hospitality services (including but not limited to housekeeping and laundry services).
- F. Insured must not own/maintain recreational equipment for use of unit owners or renters (recreational equipment defined as kayaks, canoes, paddleboats, skis, etc. Not including playground equipment, tennis courts, pools or exercise equipment.)
- G. Insured and their employees/volunteers must not handle lease agreements, guest check-in (including key distribution) and/or unit advertising.

2. Eligibility for Timeshare Associations

- A. Insured must be a Fractional, Interval or Tenants-In-Common Shared Ownership Association.
- B. No more than 20 owners per unit.
- C. All owners must be deeded real property.
- D. Insured must not be affiliated with national hotel chains (i.e. Wyndham, Hilton, Marriott).
- E. Limited Liability Company (LLC) Timeshares are NOT eligible.

3. Eligibility for all Associations allowing Short Term Rentals

- A. Short term rentals must be allowable by the Association's Covenants, Conditions and Restrictions ("CC&Rs") and/or bylaws.
- H. Short term rentals must be allowable by Local and State law.

☒ Yes ☐ No ☐ Unknown **By checking this box, I acknowledge that I have read the above and agree that this risk complies.**

SECTION III: Signature

Any person, who knowingly and with intent to defraud any insurance company or other person, file an application for insurance of state of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and my subject such person to criminal and civil penalties.

☐ **By checking this box I agree that I have read this entire application and have, or will have reviewed the restriction herein with my client prior to binding coverage.**

NAMED INSURED SIGNATURE:

DATE:

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Optional Limits and Coverages

Re: **GRAND PANAMA BEACH RESORT CONDOMINIUM ASSOCIATION INC**
Effective Date: 07-01-2019 Expiration Date: 07-01-2020

Optional Umbrella Limits:

Umbrella					10% Commission Paid on Premium
Limit	Total Premium	Fees	Taxes	Total Cost	
\$50MM	\$6,865	\$1,500.00	\$0.00	\$8,365.10	
\$100MM	\$8,231	\$1,500.00	\$0.00	\$9,731.30	
\$200MM	\$10,108	\$2,021.58	\$0.00	\$12,129.48	

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GRAND PANAMA BEACH RESORT
CONDOMINIUM ASSOCIATION INC
PO BOX 9418
PANAMA CITY BEACH, FL 32417-9418

Producer:
Coastal Community Insurance
Agency Of Northwest Florida,
Inc.
12139 Panama City Beach Pkwy
Panama City Beach, FL 32407

GREAT AMERICAN ALLIANCE INSURANCE COMPANY NOTICE OF RENEWAL PREMIUM

Re: Distinguished Properties Umbrella Managers, Inc., a Purchasing Group

Policy Type: Commercial Umbrella Liability

Policy Expiration: 2019-07-01, 12:01 AM Local Time at Mailing Address of Named Insured

Certificate Number: UM30167048

Lead Insurer: Great American Alliance Insurance Company

Lead Policy Nos.: UM2259894, UM2259895

Excess Insurers (where applicable)	
Ironshore Indemnity Inc.	The North River Insurance Company
Ohio Casualty Insurance Company	Liberty Insurance Underwriters, Inc.
Great American Alliance Ins. Co.	Westchester Fire Insurance Co.
Colony Specialty Insurance Company	QBE Insurance Corporation

In order to continue with your insurance coverage, we are notifying you that at renewal, there will be an increase in the premium and/or a change in coverage for your renewal policy. This is based on the most current information known to us and may be subject to change based on any data you provide to your agent or broker. These changes will include, but are not limited to the following:

- The total cost of the policy will increase to \$6,382.37
- Policy terms, conditions, or participating insurers may change.

The above description is a summary only. The exact terms and conditions of the renewal policy, if any, will govern the rights and obligations of the parties.

This notice is intended to assist you in making an informed decision regarding your continued insurance coverage. We are sending this notice in order to comply with state notice regulations.

We conduct business directly through our agents and brokers. You should consult with your agent or broker regarding this notice.

Sincerely,



Date Mailed : 2019-04-26

Michael Roopnarine

