ACORD

# **CERTIFICATE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 5/21/2025

								5/	21/2025	
C B	ERT ELO	IFICATE DOI W. THIS CE	ES NOT AFFIR	S A MATTER OF INFORMATION OF MATIVELY OR NEGATIVELY AMEN F INSURANCE DOES NOT CONSTI ER, AND THE CERTIFICATE HOLDER	ND, EXTEND OR TUTE A CONTRA	ALTER THE CO	VERAGE AFFORDED	вү тне	POLICIES	
PRODUCER C						CONTACT Nannette Newberry				
COASTAL COMMUNITY INSURANCE - Panama City Beach						,	FAX	950.00	0.0002	
12	129	Panama City	/ Beach Pkwy	5	(A/C, No, Ext): OC	PHONE (A/C, No, Ext): 8502300800 E-MAIL				
Pa	nam	a City Beach	n FL 32407		ADDRESS: Na PRODUCER CUSTOMER ID:	-MAIL DDRESS: nannette@coastalinsure.net RODUCER USTOMER ID: GRANPAN-03				
				License#: L100-	460	INSURER(S) AFFOR	RDING COVERAGE		NAIC #	
	RED				INSURER A : Ste	eadfast Insurance	Company		26387	
-			-	ndominium Association, Inc	INSURER B . Tri	sura Specialty Ins	urance Company		16188	
		Front Beach a City Beach			INSURER C :	. ,	. ,			
га	lan	a City Deaci	IFL 32407							
					INSURER D :					
					INSURER E :					
					INSURER F :					
		AGES		CERTIFICATE NUMBER: 31446094			REVISION NUMBER:			
TO TO TH PE	LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) TOWER 1: 11807 FRONT BEACH RD, PANAMA CITY BEACH, FL: 32407 20 STORIES, 187 RESIDENTIAL UNITS TOWER 2: 11800 FRONT BEACH RD, PANAMA CITY BEACH, FL: 32407 20 STORIES , 112 RESIDENTIAL UNITS THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT									
ТО	WH	ICH THIS CEF	RTIFICATE MAY	Y BE ISSUED OR MAY PERTÁIN, THE CLUSIONS AND CONDITIONS OF SUC	INSURANCE AFF CH POLICIES. LIN	ORDED BY THE	POLICIES DESCRIBED	HEREIN	IS	
INSR LTR		TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	<u> </u>	LIMITS	
A	X	PROPERTY		ECL046879000	12/1/2024	12/1/2025	X BUILDING	\$		
	CAL	JSES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	\$		
		BASIC	BUILDING				BUSINESS INCOME	\$		
		BROAD	10,000 CONTENTS	-			EXTRA EXPENSE	\$		
	X	SPECIAL					RENTAL VALUE	\$		
		EARTHQUAKE					BLANKET BUILDING	\$		
	x	WIND	25.000	-			BLANKET PERS PROP			
	<u> </u>		25,000	-				\$		
	×	FLOOD		_			BLANKET BLDG & PP	\$		
	X	HURRICANE	5%	-				\$ 75,95 \$	1,590	
		INLAND MARINE		TYPE OF POLICY				\$		
	CAL	ISES OF LOSS						\$		
		NAMED PERILS		POLICY NUMBER	-			\$		
В	v	CRIME		TLUCAP500051-00	7/1/2024	7/1/2025	v	\$		
В	X			TLUCAP500051-00 TLUCAP500051-00	7/1/2024 7/1/2024	7/1/2025 7/1/2025	X	\$ 2,000	,000	
		E OF POLICY						\$		
	D&0						X LIMIT	\$ 1,000	,000	
A	X	BOILER & MACH		ECL046879000	12/1/2024	12/1/2025		\$ 75,95	1,590	
							X DEDUCTIBLE	\$ 5,000		
В		eral Liability BRELLA SEE ATTA		TLUCAP500051-00	7/1/2024	7/1/2025	X LIMIT	\$ 1,000	,000	
		SRELLA SEE ATTA	ACHED				X LIMIT	\$ 15,00	0.000	
		CONDITIONS / OTI	HER COVERAGES(	ACORD 101, Additional Remarks Schedule, may b	e attached if more spac	e is required)		<u> </u>		
See	e Atta	ached								
CERTIFICATE HOLDER					CANCELLAT	CANCELLATION				
			EXPIRATION DA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
FOR INFORMATION ONLY United States				NLY	AUTHORIZED REI					

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AGENCY CUSTOMER ID: GRANPAN-03

LOC #:

ACOL	RD®

ACORD <sup>®</sup> ADDITIONAL	L REMA	RKS SCHEDULE Page _1_ of _1
AGENCY COASTAL COMMUNITY INSURANCE - Panama City Beach		NAMED INSURED Grand Panama Beach Resort Condominium Association, Inc 11800 Front Beach Road
POLICY NUMBER		Panama City Beach FL 32407
CARRIER	NAIC CODE	EFFECTIVE DATE:
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,	
FORM NUMBER: 24 FORM TITLE: CERTIFICATE O	F PROPERTY	INSURANCE
SPECIAL CONDITIONS:		
SPECIAL CONDITIONS / OTHER COVERAGES: Hazard: TOWER 1: \$34,986,589 DETACHED GARAGE \$2,7 TOWER 2: \$36,714,614 Replacement Cost-Agreed Value No- Coinsurance No Inflation Guard Cancellation: 10 Day Non-Pay, 30 day all other Ordinance or Law Coverage FULL A \$5%; B&C COMBINED Florida Statue 718 (Walls Out)	00,000	
General Liability: Separation of Insured INCLUDED TRANSFER OF RIGHTS OF RECOVEREY AGAINST OTHERS T	O US INCLUE	DED
UMBRELLA RICHMOND NATIONAL INSURANCE COMPANY/RN-7-0326753- STARSTONE SPECIALTY INSURANCE COMPANY/CSX0003333 HOUSTON SPECIALTY INSURANCE CO ESB-HS-UCX-0001068	73-03\$5M	
Crime: INCLUDE DESIGNATED AGENTS AS EMPLOYEES, EMPLOYEE	E THEFT ONL	Y



#### A Stock Company P.O. Box 33003 St. Petersburg, FL 33733-8003 Customer Service: 1-800-820-3242 Claims: 1-800-725-9472 FLOOD DECLARATIONS PAGE

FFL99.001 1021 0048424 6/10/24 2000 11523 FLD RCBP

National Flood Insurance Policy

	r Loo	RENEWAL	TIONS PAGE	National Fi	ood Insurance Policy	
Policy Number	<b>NFIP Policy Number</b>	Product Type				
09 1151365442 08	1151365442	Residential	I Condominium Build	ling Policy Form	1	
Policy Period From: 7/13/24 To:7/13/25 12	01 on Standard Time		Date of Issue		Prior Policy Number	
FIOIII. //13/24 10://13/25 12	.01 am Standard Time		06/10/2024	0048424	1151365442	
Agent (850)230-0800 ACENTRIA INSURA 4634 GULFSTARR E DESTIN FL 32541-33	NCE DR	495 N F	) PANAMA BEACH ( RICHARD JACKSON 1A CITY BEACH FL 3	BLVD	CIATION INC	
MAIL@ACENTRIA.C	OM					
Property Location (if other than 11800 FRONT BEACH RI		Address may I	have been changed in ac 32407	cordance with USP	'S standards.	
Rating Information						
Data Oataman D. II. C		Flo	od Risk: X			
Rate Category: Rating Eng Primary Residence: N	ine	Firs	st Floor Height: 1.0	) ft		
Building Description: Entire	ential Condominium Build Residential Condo Build	ding Me ling Dat Prio	Method Used to Determine First Floor Height: FEMA Determined Date of Construction: 07/01/2007 Prior NFIP Claims: 0			
Property Description: Slab	on Grade, 16 floors		mber of Units: 115			
, , ,		Rej	placement Cost Valu	e: 44,395,210		
Coverage			Deductible		Annual Premium	
BUILDING CONTENTS NO CONT	\$28,750,000 ENTS COVERAGE	INSURED DECL	\$1,250 INED CONTENTS C	OVERAGE	\$52,536.00 \$0.00	
Your property's NFIP floo can affect your premium contact your insurance a	. For more information		FULL RI State Annual Increased DISCOUNT Reserve Fur Federal Polic	ICC Premium: ating Discount: SK PREMIUM: utory Discounts I Cap Discount: ED PREMIUM: ad Assessment: cy Service Fee: IAA Surcharge:	\$75.00 \$13,105.00 \$39,506.00 \$19,812.00 \$19,694.00 \$3,545.00 \$1,970.00 \$250.00	
THIS IS NOT A	ABILL	ΤΟΤΑ	L WRITTEN PREMI	UM AND FEES	\$25,459.00	
Premium Paid by: Insured						
Forms and Endorseme	nts:		******			
		FL 99.117 1021 10	021			
This policy is issued by NAIC Wright National Flood Insura Copy Sent To: As indicated o	nce Company A stock comp			Patricia Templeton	Leton - Jones Jones, President	



FFL99.001 1021 0048424 6/10/24

09 1151365442 08

Agent (850)230-0800 ACENTRIA INSURANCE 4634 GULFSTARR DR DESTIN FL 32541-3715

**Dear Mortgagee:** The Reform Act of 1994 require you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgagee on the insured location.

#### **Special Provisions:**

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at www.wrightflood.com/policyforms.html. The form which applies to your policy coverage is: Residential Condominium Building Policy Form

For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit FloodSmart.gov/floodcosts.

**Claims Information:** 

Please contact your agent or go to www.wrightflood.com to enter your claim as well as receive important information to mitigate the damage to your property. If you need to reach the insurance company the number is 1-800-725-9472.



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### A Stock Company P.O. Box 33003 St. Petersburg, FL 33733-8003 Customer Service: 1-800-820-3242 Claims: 1-800-725-9472 FLOOD DECLARATIONS PAGE

FFL99.001 1021 0048424 6/10/24 2000 11523 FLD RCBP

National Flood Insurance Policy

FIO	rLoc	RENEWAL	TIONS PAGE	National Fi	bod Insurance Policy	
Policy Number	NFIP Policy Number					
09 1150959456 11	1150959456		I Condominium Build	ling Policy Form	1	
Policy Period			Date of Issue		Prior Policy Number	
From: 7/01/24 To:7/01/25 12	2:01 am Standard Time		06/10/2024	0048424	1150959456	
Agent (850)230-0800 ACENTRIA INSURA 4634 GULFSTARR I DESTIN FL 32541-3	NCE DR	495 N F	) PANAMA BEACH I RICHARD JACKSON IA CITY BEACH FL	I BLVD		
MAIL@ACENTRIA.0						
Property Location (if other tha 11807 FRONT BEACH R	n above) D <mark>, TOWER 1, PANA</mark> MA (	Address may I	have been changed in ac 32407	cordance with USP	'S standards.	
Rating Information						
Rate Category: Rating Eng	ine	Flo	od Risk: X			
Primary Residence: N	Jine	First	st Floor Height: 1.0	) ft		
Building Occupancy: Resid Building Description: Entire	e Residential Condo Build	ling Da Pri	Method Used to Determine First Floor Height: FEMA Determined Date of Construction: 01/01/2007 Prior NFIP Claims: 0 Number of Units: 187			
Property Description: Base	ment, 22 floors	Re	placement Cost Valu	e: 50,254,256		
Coverage			Deductible		Annual Premium	
BUILDING	\$38,677,000 FENTS COVERAGE	INSURED DECL	\$1,250 INED CONTENTS (	COVERAGE	\$126,623.00 \$0.00	
Your property's NFIP flo can affect your premium contact your insurance a <b>Coverage limitations m</b> <b>Policy Form for details</b>	agent or company.		FULL RI State Annual Increased DISCOUNT Reserve Fur Federal Polic	ICC Premium: ating Discount: SK PREMIUM: utory Discounts I Cap Discount: ED PREMIUM: nd Assessment: cy Service Fee: IAA Surcharge:	\$75.00 \$31,626.00 \$95,072.00 \$31,187.00 \$63,885.00 \$11,499.00 \$2,114.00 \$250.00	
THIS IS NOT	ABILL	ΤΟΤΑ	L WRITTEN PREMI	UM AND FEES	\$77,748.00	
Premium Paid by: Insured	I					
Forms and Endorseme	ents:					
And the second s	A CALLER AND A C	FL 99.117 1021 1	021			
This policy is issued by NAIC Wright National Flood Insura Copy Sent To: As indicated o	nce Company A stock comp			Patricia Sempleton	Leperton- Jones Jones, President	



FFL99.001 1021 0048424 6/10/24

09 1150959456 11

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For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit FloodSmart.gov/floodcosts.

**Claims Information:** 

Please contact your agent or go to www.wrightflood.com to enter your claim as well as receive important information to mitigate the damage to your property. If you need to reach the insurance company the number is 1-800-725-9472.

