

Answirs Insurance Brokerage, LLC 10201 Centurion Parkway North Suite 400 Jacksonville, FL 32258

armwins.com

Coastal Community Insurance Agency of NW FL 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:

Steadfast Insurance Company (Non-Admitted)

PROPOSED POLICY PERIOD:

From 5/1/2024 to 5/1/2025

12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:

Premium

\$536,930.00

Fees

\$1,250.00

Surplus Lines Taxes and Fees

\$26,913.00 \$565,093.00 GH

TRIA OPTIONS:

TRIA can be purchased for an additional premium of \$21,477.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

MINIMUM EARNED PREMIUM:

Please See Attached Carrier Ouote

COMMISSION:

10.000% of premium excluding fees and taxes

SUBJECTIVITIES:

(See Attached Carrier Quote for Additional Subjectives)

Complete Copy of Signed Acord Application - DUE PRIOR TO BINDING

Confirm if the Insured Accepts/ Rejects Terrorism Coverage (signed form

attached) - DUE PRIOR TO BINDING

Signed Affidavit of Diligent Effort - DUE PRIOR TO BINDING Payment is Due in Full within 20 Days from Binding Coverage HOME STATE:

Florida

FEES:

Fee	Taxable	Amount
Market Inspection Fee	Yes	\$1,000.00
Market Policy Fee	Yes	\$250.00
Total Fees		\$1,250.00

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax Stamping Fee DEM EMP	\$536,930.00 \$536,930.00	\$1,250.00 \$1,250.00	\$538,180.00 \$538,180.00	4.940% 0.060% Flat	\$28,586.09 \$322.91 \$4.00
Total Surpl	us Lines Taxes and Fees	Bi and the second				\$26,913,00

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
T 904.380.3923 | F 877.570.9323 | Matt Janicki@amwins.com
Amwins Insurance Brokerage, LLC
In California: Amwins Brokerage Insurance Services | License 0F19710
10201 Centurion Parkway North | Suite 400 | Jacksonville, FL 32256 | amwins.com

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.

Property Quote

Date Quoted April 15, 2024

Page 2

Quote Number 00569388

Company:	ZURICH	3
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Carrier(s): Steadfast Insurance Company - Non-Admitted

Renewal (Y/N): Y

Insured Information Section

Proposal or Renewal Date

Quote Expiration Date

5/1/2024 12:01 a.m.

5/1/2024 12:01 a.m.

Named Insured: Grand Panama Beach Resort Condominium Association, Inc. Mailling Address: 495 Richard Jackson Blvd, Panama City Beach, FL 32407

Coverage Information Section

Summary of Limits / All Locations: * (Schedule of buildings and locations on following pages)

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Building(s) Limit** 75,651,590

Business Personal Property 300,000

Business Income

* The schedule of all limits above is intended to provide an overview of all limits at scheduled locations listed within this quote, and does not represent that

coverage is offered on a blanket basis.
"The building limit includes any scheduled sign, fence, light poles, satellite distrianterna, swimming pools, termis courts, guard house, gales, fourtains or monuments and outdoor lighting if scheduled on the policy

Terms & Conditions include, but are not limited to, the following terms and conditions and exclusions:

Awnings & sign valuation is Actual Cash Value unless otherwise stated. When replacement cost coverage is offered, Insured must carry values equal to at least 90% of the current replacement cost value. No EIFS construction permitted. This policy contains a (MINIMUM EARNED PREMIUM) endorsement which is scheduled on the property forms page of this quotation. In the event of difference, Policy will prevail.

Major Exclusions: War, Terrorism, Earthquake, Flood; unless otherwise specified.

Premium Information Section

Inspection Fee Premium \$536,930.00 \$1,000.00

Policy Fee \$250.00

Surplus Lines Tax Surplus Lines Fee \$26,586.09 5322.91

EMPA \$4.00

Total Premium \$565,093.00

Optional TRIA Premium \$21,477.00

Surplus Lines Tax & Fee \$1,073.85

Total Premium and Fees with TRIA

\$587,643,85

Please bind coverage effective: Agent Name: E: Anthay DuBoce

5 11 124 Person requesting Binder: Melissa Griffin License Number: A073545

In order to bind the attached property quote we must have the following items:

(1) Complete the items immediately above with effective date of coverage, producer's signature and license number.

(2) Signed tenorism form either selecting or rejecting terrorism coverage.

(3) Copy of signed application, including signed supplemental application and schedule of values.

(4) A copy of the insured's flood declaration page or confirmation that flood coverage was offered and rejected by the Insured within 30 days from the binding date

Additional Binding Conditions: Location and Building detail as per Acced/SOV on file with company. Protective Safeguards: P-1 - Automatic Sprinkler System Buildings. This renewal is based on current underwriting information. Any changes including newly incurred losses may after these terms. Signed documents required at binding; signed completed quots, 2024 SOV. No prior or existing damage form (lan/Nicole). Quote excludes the following items: Guard shack, tower1 and 11 pool furniture, amenity fence.

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those you requested. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Sigma Underwriting Managers. Be advised that if Sigma Underwriting Managers has not received a response from you by the expiration date of this quote, we will consider this quotation closed. Specimen policy and forms are available for your review upon request. Please be sure to check the carrier's A.M. Best rating to satisfy you and your client's interests.

Producer Code:Amwins Insurance Brokerage - Jacksonville

Underwriter:Lashon Woodberry

Sigma Underwriting Managers 4000 Hollywood Blvd., Suite 350 North Tower, Hollywood, FL 33021 (954) 983-2700

Property Quote

Date Quoted April 15, 2024 Page 3

Quote Number 00569388

FORMS SCHEDULE

The following forms will be attached to the policy if coverage is bound.

CIP	03.2	4 CERTIFICATE OF INSURANCE PROTOCOL
CP 00 17	06.0	CONDOMINIUM ASSOCIATION COVERAGE FORM
CP 00 90	07.8	COMMERCIAL PROPERTY CONDITIONS
CP 01 25	02.2	FLORIDA CHANGES
CP 01 40	07.0	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP 01 91	07.10	FLORIDA CHANGES - RESIDENTIAL CONDOMINIUM ASSOCIATIONS
CP 04 05	04 00	ORDINANCE OR LAW COVERAGE
CP 10 30	06 03	CAUSES OF LOSS - SPECIAL FORM
CP 10 32	08 08	WATER EXCLUSION ENCORSEMENT
CP 10 46	10 12	EQUIPMENT BREAKDOWN CAUSE OF LOSS
EM 06 03	08 09	ADDITIONAL PROPERTY NOT COVERED
EM 25 02	08 19	COMMERCIAL LINES POLICY
EM 25 08	06 19	IMPORTANT CLAIM REPORTING INFORMATION
EM 36 01	03.24	COMMON POLICY DECLARATIONS
EM 36 06	03 02	COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS PAGE
EM 67 02	11 18	ADDITIONAL COVERAGE ENDORSEMENT
EM 67 03	01 09	ADDITIONAL PROPERTY IN - TRANSIT COVERAGE ENDORSEMENT
EPL Ver 1,1	12 11	POLICY COVER LETTER
12 00 03 (09 08)	09 08	CALCULATION OF PREMIUM
IL 00 17	11 98	COMMON POLICY CONDITION
IL 01 75	09 07	FLORIDA CHANGES - LEGAL ACTION AGAINST LIS
IL 04 01	02 12	FLORIDA - SINKHOLE LOSS COVERAGE
IL 04 15	04 98	PROTECTIVE SAFEGUARDS
IL 09 35	07 02	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
JF 645 B	03.24	FLORIDA NOTIFICATION OF SURPLUS LINES POLICY
STF CP 201 A CW	07 07	COOKING APPLIANCE COVERAGE CONDITIONS
STF CP 230 A MU	04 09	NAMED STORM PERCENTAGE DEDUCTIBLE
STF CP 258 B CW	08 18	WIND DRIVEN PRECIPITATION
STF CP 286 A CW	09 10	WATER BACK-UP AND SUMP OVERFLOW - AGGREGATE LIMIT
STF CP 378 B FL	10 17	MULTIPLE DEDUCTIBLE SCHEDULE - FLORIDA
STF CP 383 A CW	10 13	WATER DAMAGE DEDUCTIBLE ENDORSEMENT
STF CP 387 A	05 18	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
STF CP 419 A CW	01 21	LOSS ASSIGNMENTS - EXCLUSION
STF GU 199 B	01 096	MIMPORTANT NOTICE - SERVICE OF SUIT AND IN WITNESS CLAUSE
SUM 01	00 00	COVERAGES PROVIDED SCHEDULE
SUM 02	00 00	DEDUCTIBLE SCHEDULE
SUM 03	00 00	OPTIONAL COVERAGES SCHEDULE
SUM 04	00 00	MORTGAGE HOLDERS SCHEDULE
SUM 05	00 00	DESCRIPTION OF PREMISES SCHEDULE
SUM01	00 00	COVERAGES PROVIDED SCHEDULE (GENERAL POLICY INFORMATION)
U CP 606 A	07 01	EXCLUSION FOR SOFTWARE AND DATA-RELATED LOSSES
U CP 750 A CW	05 15	MINIMUM EARNED PREMIUM (HURRICANE SEASON)
U CP 759 B FL	11 20	FLORIDA CHANGES - MEDIATION OR APPRAISAL
U GU 1191 A CW	03 15	SANCTIONS EXCLUSION ENDORSEMENT
U GU 279 F	05 19	COMMERCIAL PROPERTY & CASUALTY RISK MANAGEMENT PLANS
U GU 395 D	07 09	IMPORTANT NOTICE TO FLORIDA POLICYHOLDERS
U GU 619 A CW	10 02	FORMS SCHEDULE
U GU 630 E CW	01 20	DISCLOSURE OF IMPORTANT INFORMATION RELATING TO TERPOPHEN PIPE INC. PARTY ACT
U GU 873 A CW	06 11	DISCLUSIONE STATEMENT - INSTRUCTION TO AGENT OF SPOKED
U GU 874 B CW	02 23	DISCLOSURE STATEMENT - INSTRUCTION TO AGENT OR BROKER
U GU 874 B CW		DISCLOSURE STATEMENT - INSTRUCTION TO AGENT OR BROKER

Sigma Underwriting Managers 4000 Hollywood Bivd., Suite 350 North Tower, Hollywood, FL 33021 (954) 963-2700

Date/Time Quoted 4/15/2024 3:29:38 PM

Property Quote

Date Quoted April 15, 2024

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Quote Number 0056938B

Policy Level Coverage Information Section

All locations, all buildings unless indicated elsewhere.

All Commercial Property coverages on this policy are subject to these terms unless specifically changed.

GH

5%	Named Storm Deductible	_
25,000	Minimum Deductible Per Occurrence	
25,000	All Other Wind Deductible Per Occurrence	
50,000	Water Damage Deductible	
Ordinance or Law	Full A, 5% B and C combined	
100,000	Wind Driven Rain Sublimit, per occurrence, per policy period	
Wind Driven Rain Ded	Based on Policy Deductibles, subject to any Minimum ded	
5,000 sublimit/25,000 and	nual aggregate Water Back-Up / Sump Overflow	- 4
10,000	Equipment Breakdown Deductible	- 1
Included	Sinkhole coverage per IL 0401 02/12	

GH

10,000 At	OP Deductible		
Special Form			

All limits and deductibles will apply to the perils of windstorm on a "per-building" basis unless otherwise specified. All limits are valued at replacement cost unless otherwise specified.

> Sigma Underwriting Managers 4000 Hollywood Blvd., Suite 350 North Tower, Hollywood, FL 33021 (954) 983-2700

> > Date/Time Quoted 4/15/2024 3:29:38 PM

Surplus Lines Disclosure Form

This form is designed to provide guidance based on the statutory requirements for such form and its has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be a vailable in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."

The statute does not require the retail/producing agent to sign the form, however, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

FSLSO DISCLOSURE FORM AND ACKNOWLEDGMENT

6.5.2012

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Cost Commun. Ins has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured: Grand Panama Beach Resort Condominium Association, Inc.

By: Glenn Holliday
Signature of Named Insured

Date: Apr 30, 2024

Printed Name and Title of Person Signing

Glenn Holliday

President of the board

Name of Excess and Surplus Lines Carrier: Steadfast Insurance Company

Type of Insurance: Commercial Property - Hab

Effective Date of Coverage: 5/1/2024

Form Issue Date: 10/27/11

Surplus Lines Coverage - Non Admitted Carrier This proposal, including all coverage's offered herein is offered on a Surplus Lines basis by a NON-ADMITTED carrier. Non-Admitted carriers are not protected by state guaranty funds which offer limited protection should the insurer become insolvent.

Page 1 of 1

JF-00019 (8/2006)

Minimum Earned Premium



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the: Commercial Property Coverage Part Common Policy Conditions

The following is added, and to the extent permitted by law, supersedes any provision to the contrary with respect to premium refund:

If this policy is cancelled, we will send the first Named Insured any premium refund due, subject to the following:

- A. If we cancel, the refund will be calculated on a pro-rata basis.
- B. If the first Named Insured cancels and the policy was in force at any time during the period of June 1st to November 30th, the amount of premium refund due is the annual premium times the Unearned Factor listed below:

Days Policy in Force	Unearned Factor
1-180	20%
181-210	15%
211-240	10%
241-270	7.5%
271-300	5.0%
301-330	2.5%
331 or more	0%

- C. If the First Named Insured cancels and the policy was not in force at any time between June 1st and November 30th, 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.
- D. 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.

All other terms, conditions, provisions and exclusions of this policy remain the same.

U -CP-750A CW (05/15) Page 1 of 1

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Florida Surcharge and Assessment Fees

Please be advised that any quote issued by our office may be subject to any surcharges or fees implemented by Florida Insurance regulatory offices.

We reserve the right to amend our quote(s) to you if any regulatory surcharge is implemented after we issue a quote and is effective at the time of your bind request.

Assessment Statement ver1.0 12/14/2006



THIS DISCLOSURE DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER ANY POLICY.

DISCLOSURE OF IMPORTANT INFORMATION RELATING TO TERRORISM RISK INSURANCE ACT

SCHEDULE*

Premium attributable to risk of loss from certified acts of terrorism for lines of insurance subject to TRIA:

\$21,477.00

*Any Information required to complete this Schedule, if not shown above, will be shown in the quote or proposal.

A. Disclosure of Premium

In accordance with the federal Terrorism Risk Insurance Act ("TRIA"), as amended, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to the risk of loss from terrorist acts certified under that Act for lines subject to TRIA. That portion of premium attributable is shown in the Schedule above. The premium shown in the Schedule above is subject to adjustment upon premium audit, if applicable.

B. Disclosure of Federal Participation in Payment of Terrorism Losses

You should know that where coverage is provided by this policy for losses resulting from certified acts of terrorism, the United States Government may pay up to 80% of insured losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

C. Disclosure of \$100 Billion Cap on All Insurer and Federal Obligations

If aggregate insured losses attributable to terrorist acts certified under TRIA exceed \$100 billion in a calendar year (January 1 through December 31) and an insurer has met its deductible under the program, that insurer shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rate allocation in accordance with procedures established by the Secretary of Treasury.

D. Availability

As required by TRIA, we have made available to you for lines subject to TRIA coverage for losses resulting from acts of terrorism certified under TRIA with terms, amounts and limitations that do not differ materially from those for losses arising from events other than acts of terrorism.

E. Definition of Act of Terrorism under TRIA

TRIA defines "act of terrorism" as any act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act ("TRIA"), to be an act of terrorism. The Terrorism Risk Insurance Act provides that the Secretary of Treasury shall certify an act of terrorism:

- 1. To be an act of terrorism;
- 2. To be a violent act or an act that is dangerous to human life, property or infrastructure;
- 3. To have resulted in damage within the United States, or outside of the United States in the case of an air carrier (as defined in section 40102 of Title 49, United States Code) or a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), or the premises of a United States mission; and
- 4. 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.

U-GU-632-E CW (01/20)

No act may be certified as an "act of terrorism" if the act is committed as part of the course of a war declared by Congress (except for workers' compensation) or if losses resulting from the act, in the aggregate for insurance subject to TRIA, do not exceed \$5,000,000.



Declination of Terrorism Coverage

The Terrorism Risk Insurance Act of 2002 mandates that you be provided the opportunity to obtain coverage for certified acts of terrorism as defined by that act. To obtain that coverage, you must remit the premium specified on the notification you received informing you of the availability of coverage. You may decline this coverage for any or all of the lines of business shown below.

To deci	ine coverage, mark the box (X) in	front of the line of business, sign and date this form,	and return to us.
	Property	200 000 000 000 000 000 000 000 000 000	
	General Liability		
	Inland Marine		
\checkmark	All lines rejected (if this box is to check any other)	checked, there is no need	
Signing	and returning this form, or not pay e for certified acts of terrorism.	ying the required premium, will result in an endorsem	ent to your policy excluding
	Glenn Holliday	Apr 30, 2024	
Policy	Signature	Date	

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Glenn Hollida Giora Halliday (Apr 30, 3024 0)	di con	
Signalare	-named	insured

Pront Name

President of the board

Title

Apr 30, 2024

Date

CONFIRMATION OF NO PRIOR OR EXISTING DAMAGE

I confirm that the property to be covered suffered no structural damage and/or any and all damages as a result from (Storm Name: Hurricane Ian, Hurricane Nicole, Hurricane Idalia or any other source have been fully repaired. I understand that in any event, there is no coverage in the policy applied for, for any pre-existing damage and that it excludes any and all direct and indirect damage that may have been caused by any prior loss including, but not limited to (the above named event) regardless of when this damage may be discovered.

I recognize that the insurance company relies on the accuracy of this statement in determining the acceptability of my application and I certify that I have personally inspected the property or it was inspected by a certified contractor, and I am able to warrant that all the information contained in this statement is true and accurate as of the date of the signing below. I offer this statement to the insurance company as an inducement to write my insurance and understand that they would not write coverage without this statement certifying that there is no prior or existing damage.

Glenn Holliday

Insured: (Must be on officer of the corporation)

Apr 30, 2024

Date:

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4/2024
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4.	ANY OTHER INSU	RANCE WITH TH	IS COMPANY?	(List policy numbers)					-
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Ė	by a sentence of up	to one year of lesp	isoment).	for properly insurance. Fail	iure to disclose the i	existence of an arson of	conviction is a misdame	nanor punishabia	
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		and the same			15.47				
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AA	KKS / PROCESS	ING INSTRUCT	IONS (ACORE	101, Additional Rema	rks Schedule, m	ay be attached if r	nore space is requ	ired)	
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OF	CARRIER INFO	DRMATION							_
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ж,	D 125 (2016/03)	07	/01/2010	Page 3	of 4				
-		67	701/2010	Page 2	of 4				

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBLE			
and.	CARRIER	ZURICH	AUTOMOBILE	PROPERTY	OTHER:	_
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MCRIEFIN

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES IRREGARCLESS OF FAULT AND WHETHER OR NOT INSURED; OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS

DATE OF OCCURRENCE LINE TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM DATE OF CLAIM AMOUNT PAID AMOUNT RESERVED GRATION OF THE TYPE OF THE CLAIM AMOUNT PAID AMOUNT RESERVED WITH THE CONTRACT OF THE CLAIM AMOUNT PAID AMOUNT RESERVED WITH THE CLAIM AMOUNT RESERVED WITH THE CLAIM AMOUNT PAID AM

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 PRIVALEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES SE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORINS INFORMATION MAY SE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL SE 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 HAVIT THE RIGHT TO REQUEST IN SELIMITED 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 WY. Specific ACORD 38s are available for applicants in those states.)

(Applicants in little):

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 altempting 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 altempting 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 fellowy (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

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 lincur a falony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances (be) present, the penalty years.

THE UNDERSIONED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HEARING REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HISHER KNOWLEDGE.

PRODUCER'S SIGNATURE E A D	PRODUCER'S NAME (Please Print) PB-Anthony DuBose	Talland Invarious to my allowers and the control of			
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Pool House BLDG TIKI BAR	WITH	130,884	0	R	Special (Including	Sing	-	10,000	Other	Н			-	
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ADDITIONAL COVERAGES	, OPTIONS, RESTRIC	HONS.	ENDO	RSEMEN	NTS AND	RATING	INFORM.	ATION						
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SINKHOLE COVERAGE (Required in	n Florida)		ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$											
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construction type Fire Resistive/Superior	DISTANCE TO HYDRANT PIRE!	TAT PA		CITY		CODE NU	WOCR P	4	# STOR	400	P BASACTS	YR 800 2007	57.1	TOTAL AREA 235,915
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IF BOILER, IS INSURANCE PLA	CED ELSEWHERE?	7N				IF BOILER,	IS INSURAN	ICE PLA	CEDEN			Y/N		
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BURGLAR ALARM TYPE		CER	TIFICATE							. 6510	RATION DAT		STA	NEYS CONC
BUNGLAR ALARM INSTALLED AND	SERVICED BY	21.250			EX	TENT		GRADE		2 60	ARDS I WAT	CHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Spin FIRE ALARMS & EXTINGU		mical Sys	terns)		SPANK 100	FIRE ALAR	M MANUFA	CSURER						CENTRAL STATION
ADDITIONAL INTEREST	ACORD 45 attac	hed for	additi	onal na	mes								_	
INTEREST	NAME AND ADDRESS RAY	M:	EVIDE	NCE:	CERTIFIE	CATE				1	IN	TEREST	NITE	DM NUMBER
LOSS PAYEE											LOCATION:	_	_	RULDING:
MORTGAGEE										- 3	CLASS:	RIPTION	11	TIEM:
	REFERENCE/LOAN#:	_	_											
REMARKS (ACORD 101,	The same of the sa	School	de ma	y be att	ached if	more sn	ace is re	quirec	0					
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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 delirauding 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 fatse, 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 take 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 daim containing any materially false information or conceass 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 line of not less then 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 extenualing 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 HISHER KNOWLEDGE.

KNOWLEDGE.		Table 100 Annual Control Contr				
PRODUCER'S SIGNATURE	DOUGER'S SIGNATURE E D D PRODUCER'S NAME (Please PB-Anthony DuBo			STATE PRODUCER LICENSE N (Required in Florida) AO72548		
APPLICANT'S SIGNATURE	Glenn Holliday		Apr 30, 2024	NATIONAL PRODUCER NUMBER		

CENTRAL STATION

LOCAL GONS

BUILDING

INTEREST IN ITEM NUMBER

LOCATION:

AGENCY CUSTOMER ID:

DATE (MISDOMYYY) PROPERTY SECTION 04/24/2024 License # L100460 CARRIER NAIC CODE AGENCY NAM 26387 Acentria Insurance - Panama City Beach Steadfast Insurance Company POLICY NUMBER EFFECTIVE DATE NAMED INSURED(S) TBD 05/01/2024 Grand Panama Beach Resort Condominium Association, Inc. **BLANKET SUMMARY** TYPE BLKER AMOUNT BUSTE TYPE PREMISES #: 3 STREET ADDRESS: 11800 FRONT BEACH RD, PANAMA CITY BEACH, FL 32407 PREMISES INFORMATION BUILDING #: 1 INDIG DESCRIPTION: 2 STORY DETACHED PARKING GARAGE CONS & VALUE CAUSES OF LOSS GUARD'S FORMS AND CONDITIONS TO APPLY DED DED SUBJECT OF INSURANCE AMDUNT Special (Including DETACHED PARKING GARAGE 2,700,000 10,000 Flat Windstorm Windstorm 5.0000% Percent Windstorm Windstown 25,000 Flat Special (Including Equipment Breakdown 10,000 Special (Including Ordinace or law VALUE REPORTING INFORMATION - Attach ACORD 815 ADDITIONAL INFORMATION DUSINESS INCOME / EXTRA EXPENSE - Arisch ACORD #10 ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION SPOILAGE DESCRIPTION OF PROPERTY COVERED COVERAGE LIMIT REFRIG MAINT AGREEMENT BREAKDOWN OR CONTAMINATION CYTAN (Y7:10) POWER OUTAGE FRICE DEDUCTRUE 5 SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: S. MINE SUBSIDENCE COVERAGE (Required in IL, IK, KY and WV) ACCEPT COVERAGE REJECT COVERAGE THAT: 5 # OF OPEN SIDES ON STRUCTURE: . PROPERTY HAS BEEN DESIGNATED AN INSTORICAL LANDWARK YR BULT TOTAL AREA CODE NUMBER PROTCL # STORIES # BASWTS CONSTRUCTION TYPE DISTANCE TO HYDRANT FIRE STAT FIRE DISTRICT 2007 Fire Resistive/Superior 2 2 1,000 FT 5_M BLDG CODE OTHER OCCUPANCIES TAX CODE ROOF TYPE BUILDING IMPROVEMENTS WIRING, YPC PLUMBING, YR: HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE WIND CLASS ROOFING, YR. HEATING, YR. SEMI-RESISTIVE MANUFACTURER: OTHER: YR RESISTIVE SECONDARY HEAT PRIMARY HEAT SOLID FUEL SOLID FUEL BOILER F SOLER, IS INSURANCE PLACED BUSINAHERS? Y/N YIN IF BOILER, IS INSURANCE PLACED ELSEWHERE? REAR EXPOSURE & DISTANCE RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE FRONT EXPOSURE & DISTANCE CENTRAL EXPIRATION DATE CERTIFICATE BURGLAR ALARM TYPE WITH KEYS CLOCK HOURLY EXTENT GRADE F GUARDS / WATCHMEN BURGLAR ALARM INSTALLED AND SERVICED BY

ADDITIONAL INTEREST

INTEREST

LOSS PAYER

MORTGAGEE

ACORD 140 (2014/12)

PREMISES FRE PROTECTION (Sprinklers, Standplace, CO2/ Counted Systems)

REFERENCE / LOAN &

ACORD 45 attached for additional names KAME AND ACORESS RANK: EVIDENCE:

100

CERTIFICATE

IS SPRINK | TIRE ALAKM MANUFACTURER

ADDITIONAL				AGENCY	CUSTOME	R ID:	GR	ANPAN	1-03		MGRIF
MUDITIONAL	PRESESSES 21	STREET	ADDRES:	2						3	
PREMISES INFORMATION	BUILDING #:	SUDG DE	SCRIPTIO	DM:							
SUBJECT OF INSURANCE	AMOUNT	CONS %	VALU- ATION	CAUSES OF LOSS	INFLATION CHARD W	000	TYPE	BLKT	FORMS AND	CON	MONS TO APPLY
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	-	+	-				-	\perp		-	
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DDITIONAL COVERAGES,		CTIONS, EN	DORS	EMENTS AND	100000	FORMA	TION				
POLAGE DESCRIPTION OF PRO EVERAGE	PERTY COVERED				LIMIT		AGREE		PTIONS		
[ALM]					DEDUCTION	E	Ori		POWER OU		STLUNG
HUNOLE COVERAGE (Requires in F	Flortda)	11,5	Т	ACCEPT COVE	RAGE	REJECT	COVERAGE	LIM	Tr. S		. Usware.
PROPERTY HAS BEEN DESIGNA	The state of the s			ACCEPT COVE	RAGE	REJECT	COVERAGE	LW	n s		
NSTRUCTION TYPE	DISTANCE TO HYDRAUT FIR	ESTAT	FIRE C	ISTRICT	COOE NUME	IER PRO	OT CL #510	HIES = B	ASM'TS YR B	UKT	TOTAL AREA
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OTHER:	YR	RESISTIVE		-	CONTRACTOR OF THE PARTY OF THE	ANUFACT	URER:				
MARY HEAT				SEC	ONDARY HEAT			-			
# BOLER, IS INSURANCE PLACE		waren't			BOILER		UDFUEL				
HT EXPOSURE & DISTANCE	- Property and	Y / N SURE & DISTAN	CÉ	FRO	IF BOILER, IS I NT EXPOSURE	Carl Plan wash		-	Y/N VREXHOURE	A DIST	ANCE
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		servicei Systems	9	% SPRNK	FIRE ALARM M	UNUFACT	URER				CENTRAL STATIC
	rra, Standpiper, CO2 / Ci	and against									LODGE MOUNT
MSES FIRE PROTECTION (Sprinkle			ditiona	Inames							LOCAL GONG
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DITIONAL INTEREST NA	ACORD 45 atta	ched for ad			MTE			CLA	ATION: I SS:	10	OM NUMBER
DITIONAL INTEREST NA LOSS PAYEE	ACORD 45 atta	ched for ad			NTE J			CLA	ATION:	10	OM NUMBER BUILDING:

MGRIFFIN

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

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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.

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PRODUCER'S SIGNATURE PRODUCER'S NAME (Please Print) ERDI A072545 PB-Anthony DuBose Glenn Hollidau APPLICANTS SIGNATURE NATIONAL PRODUCER NUMBER Glern Hothday (Apr SE, 2024 SSTS CDT) Apr 30, 2024

	SUBJ PREMISES #1	2706	TADD	ESS: 11807 FRON	2014112				04/24/2024 ACH EL 32407
PREMISES INFORMATION	purpage 1								NITS & 1 COMMERCIAL UNITS
SUBJECT OF INSURANCE	AMOUNT	cons		the second secon	term made advantage of the contract of	and the second second	The second second		
TOWER 1 WHIRL POOL	AMOUNT	cons	R	Special (including	SHARRED Y	DED	555	BLICT	FORMS AND CONDITIONS TO APPL
TOTAL TOTAL	15,59	3 0	1			10,00	0		
	MEMSES A:1			288:11807 FRON					
PREMISES INFORMATION	DUILDING #: 1	BLDC	DESCRI	TION: CONDO AS	SOCIATIO	N-187 RE	SIDENT	TAL U	NITS & 1 COMMERCIAL UNITS
SUBJECT OF INSURANCE	AMOUNT	CONS	WALL	CAUSES OF LOSS	DIFLATION CUARD S	000	F58	arici	FORMS AND CONDITIONS TO APPL
TOWER 1 KIDDIE POOL	5,198	0	R	Special (Including	3	10,000	0		
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SUBJECT OF INSURANCE	AMOUNT	CONS 1	L YALL	CAUSES OF LOSS	ENFLATION GRAND S	DED	TYPE	BLKT	FORMS AND CONDITIONS TO APPLY
Windstorm				Windstorm		5.0000%	408000	1	
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SUBJECT OF INSURANCE	AMOUNT	CONS S			INFLATION QUARD'S		DED	BUCT	FORMS AND CONDITIONS YO APPLY
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	PREMISES #:1			SS:11807 FRONT					
PREMISES INFORMATION	BUILDING #: 1			that are a second and a second		N-187 RES	SIDENT	IAL UN	ITS & 1 COMMERCIAL UNITS
SUBJECT OF INSURANCE	ANOUNT	COINS N	ATION		BUFLATION GUARD X	020	DED	arica	FORMS AND CONDITIONS TO APPLY
quipment Breakdown				Special (including		10,000			
	PREMISES #: 1	STREET	ADDRE	88:11807 FRONT	BEACH	RD, PANA	MA CIT	Y BEA	CH, FL 32407
PREMISES INFORMATION	cuttoms #: 1				OCIATIO	N-137 RES	SIDENTI	AL UN	ITS & 1 COMMERCIAL UNITS
SUBJECT OF INSURANCE	AMOUNT	COINS %	WALL	CAUSES OF LOSS	INFLATION GUARD %	DED	TYPE	BLKT	FORMS AND CONDITIONS TO APPLY
OWER 1 POOL HEATER	36,000	H5000	R	Special (including		10,000			
	PREMISES #:1	STREET	ADDRE	s: 11807 FRONT	BEACH I	RD, PANA	MA CIT	BEAG	H, FL 32407
REMISES INFORMATION	BUILDING 2: 1	BLDG DE	SCRPT	ON-CONDO ASS	OCIATIO	N-187 RES	HOENTI	AL UN	ITS & 1 COMMERCIAL UNITS
SUBJECT OF INSURANCE		00MS %	YALU-	CAUSES OF LOSS	INFLATION GUARD %	DED	JOEQ.	BUKT	FORMS AND CONDITIONS TO APPLY
rdinace or law				Special (Including	GONG S		Tipe	1	TOTAL STATE OF THE
	PREMISES #:1	STREET	ennee	s:11807 FRONT	BEACH F	D. PANA	MA CITY	BEAG	CH. FL 32407
	BUILDING #: 1								TS & 1 COMMERCIAL UNITS
SUBJECT OF INSURANCE	THE RESIDENCE OF THE PARTY OF T	COINS %		CAUSES OF LOSS	THE RESERVE AND ADDRESS OF	DED	West of the second	BUCT	FORMS AND CONDITIONS TO APPLY
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1000	The state of the s		14.511	3,11807 FRONT					70 PM TO 7 PM TO
REMISES INFORMATION	577777	dental designation of			A CANADA MANAGA CA	N-187 RES	EDENTI	AL UNI	TS & 1 COMMERCIAL UNITS
SUBJECT OF INSURANCE	THUOWA	cons %	XYKKI KKKI	CAUSES OF LOSS	SUARD %	000	SEE	BUKT	FORMS AND CONDITIONS TO APPLY
ATERBack up/sump rentiow				Special (including the		5,000			
A COLUMN TO THE REAL PROPERTY OF THE PARTY O	PREMISES #2	STREET	DORES	11800 FRONT	BEACH	RD, PANA	MA CIT	BEA	CH, FL 32407
REMISES INFORMATION	BUILDING #: 2	erbc be	SCRIPTI	ON: CONDO ASS	OCIATION	1-112 RES	DENTI	AL UNI	TS & 5 COMMERCIAL UNITS
SUBJECT OF INSURANCE	AMOUNT	COINS %	-UJAV	CAUSES OF LOSS	PAPLATION DOWN	DED	TYPE	BLXT	FORMS AND CONDITIONS TO APPLY
indstorm				Windstorm	COLIN ACCIONA	5.0000%			
	PREMISES #.2	SEDECK .	00000	s:11800 FRONT	BEACH	D PANA	MA CIT	PEAC	H EI 32407
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DEMISES IMPODMATION I	Control of Control of the Control of	ernn ce:	A-107 TI	OF A PHOOL	AAND IN	I I I A MES	COCKET IN	AL DIM	I G G S COMMERCIAL UNITS
REMISES INFORMATION 8 SUBJECT OF INSURANCE		COINS N	VALUE!	CAUSES OF LOSS	GUARD %	DED	DGD	BUKT	FORMS AND CONDITIONS TO APPLY

SUBJECTS OF INSURANCE SCHEDULE

DATE (MMIDDIYYYY)

	PREMISES #:2	STREE	TADDR	ESS: 11800 FRON	T BEACH	RD, PANA	MA CI	TY BEA	CH, FL 32407
PREMISES INFORMATION	BUILDING #: 2								ITS & 5 COMMERCIAL UNITS
SUBJECT OF INSURANCE	AMOUNT	- Contraction of		CAUSES OF LOSS	BIFLATION GUARD %	DED	DED	BLKT	FORMS AND CONDITIONS TO APPL
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	33,116		1	ESTIGNATION CO.		10,000			
	PREMISES A:3	STORE	TARRES	55:11800 FRON	BEACH	RD PANAS	IA CIT	YBEA	CH FL 32407
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SUBJECT OF INSURANCE	AMOUNT	CONST	-	Manager Colors of the Colors	DELATION SEASON	cen	器	BLKT	FORMS AND CONDITIONS TO APPL
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SUBJECT OF INSURANCE	AMOUNT	CONS			SUARD %	oep	器	BUXT	FORMS AND CONDITIONS TO APPL
	1000		ABOR	0.000.000.000	GUARD &	-	TYPE	1	Pones And Continues to Mys.
	PREMISES #:	STREET	ADDRE	59:	1		-	11	
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SUBJECT OF INSURANCE	ANOUNT	COINS %	XYON	CANSES OF LOSS	MIFLATION GUARD %	DEO	繦	BUCT	FORMS AND CONDITIONS TO APPL
	PREMISES #:	STREET	ADDRE	SS:					
PREMISES INFORMATION	BUILDING #;	BLDG DE		DON:				-	
SUBJECT OF INSURANCE	AWOUNT	COINS %	ATION	CAUSES OF LOSS	SUARD'S	DED	TYPE	BUKT	FORMS AND CONDITIONS TO APPLY
	PREMISES #:	STREET	ADDRE	SS:			-		
PREMISES INFORMATION	BUILDING R:	BLOG OF	SCRIPT	TOR	TIMESTA WAS				4
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-	CAUSES OF LOSS	INFLATION GUARD'S	DED	驇	BUCT	FORMS AND CONDITIONS TO APPLY
			Bulletin				III		
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SUBJECT OF INSURANCE	AMOUNT	COMS %	VALU- ATION	CAUSES OF LOSS	GUARD %	050	DGO TYPE	BLKT	FORMS AND CONDITIONS TO APPLY
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COMISCO MISCONIA TION		STREET	niomionis	W			_		
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	PREMISES #:	STREET A	DORES	Sc Sc					
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SUBJECT OF INSURANCE	AMOUNT C	OWS %	VALU- ATION	CAUSES OF LOSS	GUARD %	DED	960	BLKY	FORMS AND CONDITIONS TO APPLY
	PREMISES #:	STREET A	ODRES	S:					
REMISES INFORMATION	the state of the s	BLDG DE	CONTRACTOR				ZAPA S	90000	
SUBJECT OF INSURANCE	AMOUNT C	OINS %	WALU-	CAUSES OF LOSS	NELATION GUARD %	DED	器	BLKT	FORMS AND CONDITIONS TO APPLY

LOC#:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

Acentria Insurance - Panama City Beach	License # L10046	O MANSO INSURED Grand Panama Beach Resort Condominium Association, Inc. 495 RICHARD JACKSON BLVD
POLICY NUMBER TBD		Panama City Beach, FL 32407 BAY
CARRIER	NAIC CODE	
Steadfast Insurance Company	26387	EFFECTIVE DATE: 05/01/2024

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 149 FORM TITLE: PROPERTY SECTION

PER 5/1/24 RENEWAL QUOTE
5% Named Storm Deductible
25,000 Minimum Deductible Per Occurrence
25,000 All Other Wind Deductible Per Occurrence
50,000 Water Damage Deductible
Ordinance or Law Full A, 5% B and C combined.
100,000 Wind Driven Rain Sublimit, per occurrence, per policy period.
Wind Driven Rain Ded Based on Policy Deductibles, subject to any Minimum ded
5,000 sublimit/25,000 annual aggregate Water Back-Up / Sump Overflow
10,000 Equipment Breakdown Deductible
Included Sinkhole coverage per IL 0401 02/12
Waived Coinsurance
10,000 AOP Deductible
Special Form

All limits and deductibles will apply to the perils of windstorm on a "per-building" basis unless otherwise, specified, All limits are valued at replacement cost unless otherwise specified.

24-25 GP PROPERTY RENEWAL APP-QUOTE

Final Audit Report

2024-04-30

Created:

2024-04-24

By:

Melissa Griffin (melissa@coastalinsure.net)

Status:

Signed

Transaction ID:

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