



Amwins Insurance Brokerage, LLC  
10201 Centurion Parkway North  
Suite 400  
Jacksonville, FL 32256

amwins.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
<b>Total</b>	<b>\$565,093.00</b> <i>GH</i>

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 Quote

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

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## SURPLUS LINES TAX SUMMARY

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HOME STATE: Florida

FEES:

Fee	Taxable	Amount
Market Inspection Fee	Yes	\$1,000.00
Market Policy Fee	Yes	\$250.00
<b>Total Fees</b>		<b>\$1,250.00</b>

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$538,930.00	\$1,250.00	\$538,180.00	4.940%	\$26,586.09
	Stamping Fee	\$538,930.00	\$1,250.00	\$538,180.00	0.060%	\$322.91
	DEM EMP				Flat	\$4.00
<b>Total Surplus Lines Taxes and Fees</b>						<b>\$26,913.00</b>

**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](mailto:Matt.Janicki@amwins.com)  
Amwins Insurance Brokerage, LLC  
In California: Amwins Brokerage Insurance Services | License 0F19710  
10201 Centurian Parkway North | Suite 400 | Jacksonville, FL 32256 | [amwins.com](http://amwins.com)

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## SURPLUS LINES DISCLOSURE

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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

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

Renewal (Y/N): Y

## Insured Information Section

### Proposal or Renewal Date

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

### Quote Expiration Date

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

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

Mailing 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)

<u>GH</u>	<u>Building(s) Limit**</u>	<u>GH</u>	<u>Business Personal Property</u>	<u>Business Income</u>
GH	75,651,590	GH	300,000	

\* 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 dish/antenna, swimming pools, tennis courts, guard house, gates, fountains 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

<u>Premium</u>	<u>Inspection Fee</u>	<u>Policy Fee</u>	<u>Surplus Lines Tax</u>	<u>Surplus Lines Fee</u>	<u>EMPA</u>	<u>Total Premium</u>
\$536,930.00	\$1,000.00	\$250.00	\$26,586.09	\$322.91	\$4.00	\$565,093.00
<u>Optional TRIA Premium</u>			<u>Surplus Lines Tax &amp; Fee</u>		<u>Total Premium and Fees with TRIA</u>	
\$21,477.00			\$1,073.85		\$587,643.85	

Please bind coverage effective: 5/1/24

Agent Name: E. Anthony DiBose

Person requesting Binder: Melissa Griffon

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 terrorism 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 Acoord/SCV 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 alter these terms. Signed documents required at binding: signed completed quote, 2024 SOV. No prior or existing damage form (Jan/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 24	CERTIFICATE OF INSURANCE PROTOCOL
CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
CP 00 90	07 88	COMMERCIAL PROPERTY CONDITIONS
CP 01 25	02 23	FLORIDA CHANGES
CP 01 40	07 08	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP 01 91	07 10	FLORIDA CHANGES - RESIDENTIAL CONDOMINIUM ASSOCIATIONS
CP 04 05	04 02	ORDINANCE OR LAW COVERAGE
CP 10 30	06 07	CAUSES OF LOSS - SPECIAL FORM
CP 10 32	08 08	WATER EXCLUSION ENDORSEMENT
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 16	ADDITIONAL COVERAGE ENDORSEMENT
EM 67 03	01 09	ADDITIONAL PROPERTY IN - TRANSIT COVERAGE ENDORSEMENT
EPL Ver. - 1.1	12 11	POLICY COVER LETTER
IL 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 US
IL 04 01	02 12	FLORIDA - SINKHOLE LOSS COVERAGE
IL 04 15	04 88	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	06 16	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
STF CP 419 A CW	01 21	LOSS ASSIGNMENTS - EXCLUSION
STF GU 199 B	01 09R4	IMPORTANT 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 TERRORISM RISK INSURANCE ACT
U GU 873 A CW	06 11	DISCLOSURE STATEMENT - INSTRUCTION TO AGENT OR BROKER
U GU 874 B CW	02 23	DISCLOSURE STATEMENT - INSTRUCTION TO AGENT OR BROKER

## Sigma Underwriting Managers

4000 Hollywood Blvd., 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

Page 4

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 SH	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

GH SH	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.

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 available 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.

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Coastal Community Ins. Assoc 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  
Glenn Holliday (Apr 30, 2024 09:11:00)  
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.



## 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.

## **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.



**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 rata 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 decline coverage, mark the box (X) in front of the line of business, sign and date this form, and return to us.

- Property
- General Liability
- Inland Marine
- All lines rejected (if this box is checked, there is no need to check any other)

Signing and returning this form, or not paying the required premium, will result in an endorsement to your policy excluding coverage for certified acts of terrorism.

Policy \_\_\_\_\_ Signature Glenn Holliday Date Apr 30, 2024



**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

www.hollidaygroup.com/CPD1.htm  
Insured: (Must be an officer of the corporation)

Apr 30, 2024

Date:



**COMMERCIAL INSURANCE APPLICATION**  
**APPLICANT INFORMATION SECTION**

MGRIFFIN

DATE (MM/DD/YYYY)  
04/24/2024

<b>AGENCY</b> Acentria Insurance - Panama City Beach 12129 Panama City Beach Pkwy Panama City, FL 32407-2809		<b>CARRIER</b> Steadfast Insurance Company NAIC CODE 26387	
		COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE
<b>CONTACT NAME:</b> PB-Anthony DuBose <b>PHONE (A/C, No. Ext):</b> (850) 230-0800 <b>FAX (A/C, No.):</b> (850) 230-0992 <b>E-MAIL ADDRESS:</b> melissa@coastalinsure.net		<b>UNDERWRITER</b> _____ <b>UNDERWRITER OFFICE</b> _____	
<b>AGENCY CUSTOMER ID:</b> GRANPAN-03 <b>License #</b> L100460		<b>STATUS OF TRANSACTION</b>	QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL 05/01/2024

**LINE OF BUSINESS**

INDICATE LINE OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
BOILER & MACHINERY	\$		CYBER AND PRIVACY	\$	
BUSINESS AUTO	\$		FIDUCIARY LIABILITY	\$	
BUSINESS OWNERS	\$		GARAGE AND DEALERS	\$	
COMMERCIAL GENERAL LIABILITY	\$		LICOLR LIABILITY	\$	
COMMERCIAL INLAND MARINE	\$		MOTOR CARRIER	\$	
X COMMERCIAL PROPERTY	\$		TRUCKERS	\$	
CRIME	\$		UMBRELLA	\$	

**ATTACHMENTS**

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

**POLICY INFORMATION**

PROPOSED EFF DATE 05/01/2024	PROPOSED EXP DATE 05/01/2025	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
						\$	\$	\$

**APPLICANT INFORMATION**

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Grand Panama Beach Resort Condominium Association, Inc 495 RICHARD JACKSON BLVD Panama City Beach, FL 32407		GL CODE	SIC	NAICS 236116	FEN OR SOC SEC # 26-0219847
		BUSINESS PHONE #: (850) 235-7342			
		WEBSITE ADDRESS			

<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> TRUST
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NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> TRUST
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NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> TRUST
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**CONTACT INFORMATION**

AGENCY CUSTOMER ID: **GRANPAN-03**

**MGRIFIN**

CONTACT TYPE: <b>Claim Contact</b>		CONTACT TYPE: <b>Inspection Contact</b>	
CONTACT NAME: <b>DEREK GILBERT</b>		CONTACT NAME: <b>DEREK GILBERT</b>	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
850-235-7342		850-235-7342	
PRIMARY E-MAIL ADDRESS: <b>dgilbert@rchospitalityolutions.com</b>		PRIMARY E-MAIL ADDRESS: <b>dgilbert@rchospitalityolutions.com</b>	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME ENPL	ANNUAL REVENUES: \$
1	11807 FRONT BEACH RD				
BLD #	CITY: PANAMA CITY BEACH	STATE: FL	INSIDE	OWNER	OCCUPIED AREA: SQ FT
1	COUNTY: BAY	ZIP: 32407	OUTSIDE	TENANT	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y/N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME ENPL	ANNUAL REVENUES: \$
2	11800 FRONT BEACH RD				
BLD #	CITY: PANAMA CITY BEACH	STATE: FL	INSIDE	OWNER	OCCUPIED AREA: SQ FT
2	COUNTY: BAY	ZIP: 32407	OUTSIDE	TENANT	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y/N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME ENPL	ANNUAL REVENUES: \$
3	11800 FRONT BEACH RD DETACHED PARKING GARAGE	X	X		
BLD #	CITY: PANAMA CITY BEACH	STATE: FL	INSIDE	OWNER	OCCUPIED AREA: SQ FT
1	COUNTY: BAY	ZIP: 32407	OUTSIDE	TENANT	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y/N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME ENPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	INSIDE	OWNER	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:	OUTSIDE	TENANT	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y/N

**NATURE OF BUSINESS**

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

DESCRIPTION OF PRIMARY OPERATIONS

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
---	--	---

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

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

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

GENERAL INFORMATION

AGENCY CUSTOMER ID: GRANPAN-03

MGRIFFIN

EXPLAIN ALL "YES" RESPONSES

<b>1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?</b>	Y/N								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:55%;">PARENT COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:15%;">% OWNED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED				N		
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED							
<b>1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?</b>	N								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:55%;">SUBSIDIARY COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:15%;">% OWNED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED						
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED							
<b>2. IS A FORMAL SAFETY PROGRAM IN OPERATION?</b>	N								
<input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>									
<b>3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?</b>	N								
<b>4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)</b>	N								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER						
<b>5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)</b>	N								
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):									
<b>6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?</b>	N								
<b>7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).</b>	N								
<b>8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?</b>	N								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE					
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE						
<b>9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?</b>	N								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE					
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE						
<b>10. HAS APPLICANT HAD A JUDGMENT OR LIEN DURING THE LAST FIVE (5) YEARS?</b>	N								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE					
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE						
<b>11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:</b>	N								
<b>12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</b>	N								
<b>13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?</b>	N								
<b>14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)</b>									
<b>15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)</b>									

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

PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: GRANPAN-03

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YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2009-2010	CARRIER	ZURICH			
	POLICY NUMBER	AUC297296806			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	07/01/2009			
	EXPIRATION DATE	07/01/2010			
1900-1901	CARRIER	SEE ATTACHED			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

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

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS							TOTAL LOSSES: 5
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 30s are available for applicants in these states.) (Applicant's Initials):

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE <i>E. K. D.</i>	PRODUCER'S NAME (Please Print) PB-Anthony DuBose	STATE PRODUCER LICENSE NO (Required in Florida) AO72545
APPLICANT'S SIGNATURE <i>Glenn Holliday</i> Glenn Holliday (Apr 30, 2024 07:51 EDT)	DATE Apr 30, 2024	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID:

GRANPAN-03

MGRIFFIN

## PROPERTY SECTION

DATE (MM/DD/YYYY)

04/24/2024

AGENCY NAME Acentria Insurance - Panama City Beach	License # L100460	CARRIER Steadfast Insurance Company	NAIC CODE 26387
POLICY NUMBER TBD	EFFECTIVE DATE 05/01/2024	NAMED INSURED(S) Grand Panama Beach Resort Condominium Association, Inc	

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

## PREMISES INFORMATION

PREMISES # 1 STREET ADDRESS: 11807 FRONT BEACH RD. PANAMA CITY BEACH, FL 32407  
 BUILDING # 1 BLDG DESCRIPTION: CONDO ASSOCIATION-187 RESIDENTIAL UNITS & 1 COMMERCIAL UNITS

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	34,986,589	0	R	Special (including theft)		10,000			
Business Personal Property	150,000	0	R	Special (including theft)		10,000			
POOL HOUSE BLDG WITH TIKI BAR	130,884	0	R	Special (including theft)		10,000	Other		
PEDESTRIAN BRIDGE	553,155	0	R	Special (including theft)		10,000			
TOWER 1 POOL	335,860	0	R	Special (including theft)		10,000			

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

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WI)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____		

CONSTRUCTION TYPE Fire Resistive/Superior	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 3 M	FIRE DISTRICT PANAMA CITY BEA	CODE NUMBER	PROT CL 4	# STORIES 20	# BSM/TS 1	YR BUILT 2007	TOTAL AREA 334,951
--	---------------------------------	------------------	----------------------------------	-------------	--------------	-----------------	---------------	------------------	-----------------------

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE Roll Roofing	OTHER OCCUPANCIES GARAGE UNIT 13,000 SQUARE FT 187 RESIDENTIAL UNIT
WIND, YR: ROOFING, YR: OTHER, YR:	PLUMBING, YR: HEATING, YR:	WIND CLASS RESISTIVE	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____

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

RIGHT EXPOSURE & DISTANCE COMMERCIAL	LEFT EXPOSURE & DISTANCE COMMERCIAL	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE GULF OF MEXICO
---	--	---------------------------	--

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

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
---	--------	-------	---------------------	--------------

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

## ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK	EVIDENCE	CERTIFICATE	INTEREST ITEM NUMBER
				LOCATION: _____ ITEM CLASS: _____ ITEM DESCRIPTION: _____
	REFERENCE / LOAN #:			

ACORD 140 (2014/12)

Attach to ACORD 125

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ADDITIONAL PREMISES INFORMATION		PREMISES #: 2	STREET ADDRESS: 11800 FRONT BEACH RD, PANAMA CITY BEACH, FL 32407						
		BUILDING #: 2	BLDG DESCRIPTION: CONDO ASSOCIATION-112 RESIDENTIAL UNITS & 5 COMMERCIAL UNITS						
SUBJECT OF INSURANCE	AMOUNT	CONS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	SUKT #	FORMS AND CONDITIONS TO APPLY
TOWER II WITH GARAGE	36,714,614	0	R	Special (including theft)		10,000			
Business Personal Property	150,000	0	R	Special (including theft)		10,000			
TOWER II POOL	134,344	0	R	Special (including theft)		10,000			
TOWER II WHIRLPOOL	6,237	0	R	Special (including theft)		10,000			
Equipment Breakdown			R	Special (including theft)					

ADDITIONAL INFORMATION: BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 610 VALUE REPORTING INFORMATION - Attach ACORD 611

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

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

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

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BSM'TS	YR BUILT	TOTAL AREA
Fire Resistor/Superior	1,000 FT	5 MI	PANAMA CITY BEA		4	20	0	2007	235,915

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER, YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:			Roll Roofing	112 RESIDENTIAL UNITS & 3 COMMERCIAL UNITS-5 STORES PARKING GARAGE	
		WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____
		RESISTIVE		MANUFACTURER: _____		

PRIMARY HEAT:  BOILER  SOLID FUEL  IF BOILER, IS INSURANCE PLACED ELSEWHERE?  Y/N  
 SECONDARY HEAT:  BOILER  SOLID FUEL  IF BOILER, IS INSURANCE PLACED ELSEWHERE?  Y/N

RIGHT EXPOSURE & DISTANCE: COMMERCIAL LEFT EXPOSURE & DISTANCE: COMMERCIAL FRONT EXPOSURE & DISTANCE: REAR EXPOSURE & DISTANCE: OCEAN

BURGLAR ALARM TYPE: \_\_\_\_\_ CERTIFICATE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ CENTRAL STATION  LOCAL CONC   
 WITH KEYS: \_\_\_\_\_  
 BURGLAR ALARM INSTALLED AND SERVICED BY: \_\_\_\_\_ EXTENT: \_\_\_\_\_ GRADE: \_\_\_\_\_ # GUARDS / WATCHMEN: \_\_\_\_\_ CLOCK HOURLY: \_\_\_\_\_

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) % SPRINK: 100 FIRE ALARM MANUFACTURER: \_\_\_\_\_ CENTRAL STATION  LOCAL CONC

ADDITIONAL INTEREST		ACORD 45 attached for additional names		
INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE
	REFERENCE / LOAN #:			
		INTEREST IN ITEM NUMBER		
		LOCATION:	BUILDING:	
		ITEM CLASS:	ITEM:	
		ITEM DESCRIPTION		

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

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

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

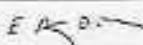
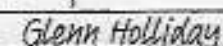
**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) PB-Anthony DuBose	STATE PRODUCER LICENSE NO (Required in Florida) A072548
APPLICANT'S SIGNATURE  <small>Glenn Holliday (Apr 30, 2024 07:54 CDT)</small>	DATE Apr 30, 2024	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: GRANPAN-03 MGRIFFIN

**PROPERTY SECTION**

DATE (MM/DD/YYYY)  
04/24/2024

AGENCY NAME Acentria Insurance - Panama City Beach	License # L100460	CARRIER Steadfast Insurance Company	NAIC CODE 26387
POLICY NUMBER TBD	EFFECTIVE DATE 05/01/2024	NAMED INSURED(S) Grand Panama Beach Resort Condominium Association, Inc	

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES #: 3	STREET ADDRESS: 11800 FRONT BEACH RD, PANAMA CITY BEACH, FL 32407
BUILDING #: 1	BLDG DESCRIPTION: 2 STORY DETACHED PARKING GARAGE

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
DETACHED PARKING GARAGE	2,700,000	0	R	Special (Including theft)		10,000	Flat		
Windstorm				Windstorm		5.0000%	Percent		
Windstorm				Windstorm		25,000	Flat		
Equipment Breakdown				Special (Including theft)		10,000			
Ordinance or law				Special (Including theft)					

ADDITIONAL INFORMATION: BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD #10 VALUE REPORTING INFORMATION - Attach ACORD #11

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

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

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

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

CONSTRUCTION TYPE Fire Resistive/Superior	DISTANCE TO HYDRANT 1,000 FT	FIRE DISTRICT 5 MI	FIRE DISTRICT	CODE NUMBER	PROT CL 2	# STORIES 2	# BASHTS	YR BUILT 2007	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIND, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER, YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> HEATING SOURCE (INCL WOODBURNING STOVE OR FIREPLACE INSERT) MANUFACTURER: _____	DATE INSTALLED: _____

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION WITH KEYS <input type="checkbox"/> LOCAL BONG <input type="checkbox"/>
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BURGLAR ALARM INSTALLED AND SERVED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRINK 100	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL BONG
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**ADDITIONAL INTEREST** ACORD 45 attached for additional names

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	CONS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD #10 VALUE REPORTING INFORMATION - Attach ACORD #11

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

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

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

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

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

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER, YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS _____ <input type="checkbox"/> RESISTIVE _____	<input type="checkbox"/> SEMI-RESISTIVE _____	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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**ADDITIONAL INTEREST** ACORD 45 attached for additional names

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

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



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

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

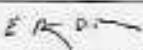
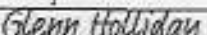
**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) PB-Anthony DuBose	STATE PRODUCER LICENSE NO. (Recorded in Florida) AO72545
APPLICANT'S SIGNATURE  Glenn Holliday (Apr 30, 2024 09:31 CDT)	DATE Apr 30, 2024	NATIONAL PRODUCER NUMBER

**SUBJECTS OF INSURANCE SCHEDULE**

DATE (MM/DD/YYYY)  
04/24/2024

<b>PREMISES INFORMATION</b>		PREMISES #: 1	STREET ADDRESS: 11807 FRONT BEACH RD, PANAMA CITY BEACH, FL 32407						
		BUILDING #: 1	BLDG DESCRIPTION: CONDO ASSOCIATION-187 RESIDENTIAL UNITS & 1 COMMERCIAL UNITS						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
TOWER 1 WHIRL POOL	15,593	0	R	Special (including		10,000			
<b>PREMISES INFORMATION</b>		PREMISES #: 1	STREET ADDRESS: 11807 FRONT BEACH RD, PANAMA CITY BEACH, FL 32407						
		BUILDING #: 1	BLDG DESCRIPTION: CONDO ASSOCIATION-187 RESIDENTIAL UNITS & 1 COMMERCIAL UNITS						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
TOWER 1 KIDDIE POOL	5,198	0	R	Special (including		10,000			
<b>PREMISES INFORMATION</b>		PREMISES #: 1	STREET ADDRESS: 11807 FRONT BEACH RD, PANAMA CITY BEACH, FL 32407						
		BUILDING #: 1	BLDG DESCRIPTION: CONDO ASSOCIATION-187 RESIDENTIAL UNITS & 1 COMMERCIAL UNITS						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Windstorm				Windstorm		5.0000%	Percent		
<b>PREMISES INFORMATION</b>		PREMISES #: 1	STREET ADDRESS: 11807 FRONT BEACH RD, PANAMA CITY BEACH, FL 32407						
		BUILDING #: 1	BLDG DESCRIPTION: CONDO ASSOCIATION-187 RESIDENTIAL UNITS & 1 COMMERCIAL UNITS						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Windstorm				Windstorm		25,000	Other		
<b>PREMISES INFORMATION</b>		PREMISES #: 1	STREET ADDRESS: 11807 FRONT BEACH RD, PANAMA CITY BEACH, FL 32407						
		BUILDING #: 1	BLDG DESCRIPTION: CONDO ASSOCIATION-187 RESIDENTIAL UNITS & 1 COMMERCIAL UNITS						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Equipment Breakdown				Special (including		10,000			
<b>PREMISES INFORMATION</b>		PREMISES #: 1	STREET ADDRESS: 11807 FRONT BEACH RD, PANAMA CITY BEACH, FL 32407						
		BUILDING #: 1	BLDG DESCRIPTION: CONDO ASSOCIATION-187 RESIDENTIAL UNITS & 1 COMMERCIAL UNITS						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
TOWER 1 POOL HEATER	36,000	0	R	Special (including		10,000			
<b>PREMISES INFORMATION</b>		PREMISES #: 1	STREET ADDRESS: 11807 FRONT BEACH RD, PANAMA CITY BEACH, FL 32407						
		BUILDING #: 1	BLDG DESCRIPTION: CONDO ASSOCIATION-187 RESIDENTIAL UNITS & 1 COMMERCIAL UNITS						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Ordinance or law				Special (including					
<b>PREMISES INFORMATION</b>		PREMISES #: 1	STREET ADDRESS: 11807 FRONT BEACH RD, PANAMA CITY BEACH, FL 32407						
		BUILDING #: 1	BLDG DESCRIPTION: CONDO ASSOCIATION-187 RESIDENTIAL UNITS & 1 COMMERCIAL UNITS						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Wind driven rain				Special (including					
<b>PREMISES INFORMATION</b>		PREMISES #: 1	STREET ADDRESS: 11807 FRONT BEACH RD, PANAMA CITY BEACH, FL 32407						
		BUILDING #: 1	BLDG DESCRIPTION: CONDO ASSOCIATION-187 RESIDENTIAL UNITS & 1 COMMERCIAL UNITS						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
WATERBack up/sump overflow				Special (including the		5,000			
<b>PREMISES INFORMATION</b>		PREMISES #: 2	STREET ADDRESS: 11800 FRONT BEACH RD, PANAMA CITY BEACH, FL 32407						
		BUILDING #: 2	BLDG DESCRIPTION: CONDO ASSOCIATION-112 RESIDENTIAL UNITS & 5 COMMERCIAL UNITS						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Windstorm			R	Windstorm		5.0000%	Percent		
<b>PREMISES INFORMATION</b>		PREMISES #: 2	STREET ADDRESS: 11800 FRONT BEACH RD, PANAMA CITY BEACH, FL 32407						
		BUILDING #: 2	BLDG DESCRIPTION: CONDO ASSOCIATION-112 RESIDENTIAL UNITS & 5 COMMERCIAL UNITS						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Windstorm				Windstorm		25,000			

**SUBJECTS OF INSURANCE SCHEDULE**

DATE (MMDDYYYY)  
04/24/2024

PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:							
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ENTRY SIGN-LED		33,116		R	Special (Including		10,000			
PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:							
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
WIND DRIVEN RAIN SUBLIMIT		100,000			Special (Including					
PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:							
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:							
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:							
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:							
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:							
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:							
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:							
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:							
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:							
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:							
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY



## ADDITIONAL REMARKS SCHEDULE

AGENCY Acentria Insurance - Panama City Beach	License # L100460	NAMED INSURED Grand Panama Beach Resort Condominium Association, Inc 495 RICHARD JACKSON BLVD Panama City Beach, FL 32407 BAY
POLICY NUMBER TBD		
CARRIER Steadfast Insurance Company	NAIC CODE 26387	EFFECTIVE DATE: 05/01/2024

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: ACORD 140 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:	CBJCHBCAABAAEru@fFicjpoQf6qMUbqUSjWd6qGCVGQ

## "24-25 GP PROPERTY RENEWAL APP-QUOTE" History

-  Document created by Melissa Griffin (melissa@coastalinsure.net)  
2024-04-24 - 2:29:41 PM GMT
-  Document emailed to glenn.holliday@yahoo.com for signature  
2024-04-24 - 2:33:26 PM GMT
-  Email viewed by glenn.holliday@yahoo.com  
2024-04-30 - 2:28:31 PM GMT
-  Signer glenn.holliday@yahoo.com entered name at signing as Glenn Holliday  
2024-04-30 - 2:31:19 PM GMT
-  Document e-signed by Glenn Holliday (glenn.holliday@yahoo.com)  
Signature Date: 2024-04-30 - 2:31:21 PM GMT - Time Source: server
-  Agreement completed.  
2024-04-30 - 2:31:21 PM GMT