



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:** 13220 Panama City Beach Pkwy  
c/o First Service Residential  
Panama City Beach, FL 32407

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

**PROPOSED POLICY PERIOD:** From 12/1/2025 to 12/1/2026  
12:01 A.M. Standard Time at the Mailing Address shown above

<b>POLICY PREMIUM:</b>	Premium	\$423,428.00
	Fees	\$3,500.00
	Surplus Lines Taxes and Fees	\$21,350.40
	<b>Total</b>	<b>\$448,278.40</b>

**TRIA OPTIONS:** TRIA can be purchased for an additional premium of \$16,937.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

**MINIMUM EARNED PREMIUM:** See Attached Carrier Quote

**COMMISSION:** 10.000% of premium excluding fees and taxes

**SUBJECTIVITIES:** (See Attached Company Quote for Additional Subjectivities)

- Complete Copy of Signed Acord Application - **DUE PRIOR TO BINDING**
- Signed Terrorism Form - **DUE PRIOR TO BINDING**
- Signed and Completed Disclosure Statement - **DUE PRIOR TO BINDING**

**Payment is Due in Full within 20 Days from Binding Coverage**

# Surplus Lines Disclosure and Acknowledgement

At my direction, \_\_\_\_\_ 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 coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer. Additionally, I understand surplus lines insurers' policy rates and forms are not approved by any Florida regulatory agency.

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

By:

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title of Person Signing

\_\_\_\_\_  
Name of Excess and Surplus Lines Carrier

\_\_\_\_\_  
Type of Insurance

\_\_\_\_\_  
Effective Date of Coverage

# Property Quote

Date Quoted  
November 6, 2025

Page 2

Quote Number  
0068232E

**Company:** Various - ZURICH / MS Transverse Specialty  
**Carrier(s):** Various - See Attached Participation Endorsement - Non-Admitted  
**Renewal (Y/N):** Y

## Insured Information Section

### Proposal or Renewal Date

12/1/2025 12:01 a.m

### Quote Expiration Date

12/1/2025 12:01 a.m.

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

**Mailing Address:** c/o FirstService Residential, 13220 Panama City Beach Pkwy Panama City Beach, FL 32407

## Coverage Information Section

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

### Building(s) Limit\*\*

75,863,059

### 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 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.

**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>
\$423,428.00	\$1,000.00	\$1,000.00			
<u>Optional TRIA Premium</u>			<u>Surplus Lines Tax &amp; Fee</u>		
\$16,937.00					

Please bind coverage effective: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Person requesting Binder: \_\_\_\_\_

Agent Name: \_\_\_\_\_ License Number: \_\_\_\_\_

**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:** This renewal is based on current underwriting information. Any changes including newly incurred losses may alter these terms. Protective Safeguards: P-1 - Automatic Sprinkler System Buildings. Signed documents required at binding: signed completed quote, 2025 SOV, No prior or existing damage form. Broker to file SL Taxes.

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

Date/Time Quoted 11/6/2025 12:54:44 PM

# Property Quote

Date Quoted  
November 6, 2025

Page 3

Quote Number  
0068232E

## Quota Share Participation

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.	
Policy Number: TBD	Effective Date: 12/1/2025
Named Insured/Mailing Address: Grand Panama Beach Resort Condominium Association, Inc. c/o FirstService Residential 13220 Panama City Beach Pkwy Panama City Beach, FL 32407	Producer: Amwins Insurance Brokerage - Jacksonville

This endorsement modifies insurance provided under: Commercial Lines Policy

### Participation Schedule

Participating Insurers	Quota Share Participation	Participants Quota Share Aggregate Limit of Insurance	Policy Number
Steadfast Insurance Company (Lead Insurer)	70%	\$	TBD
MS Transverse Specialty Insurance Co.	30%	\$	TBD
	%	\$	
	%	\$	
	%	\$	

Coverage under this Policy is provided on a quota share basis by the Participating Insurers (herein referred to as Insurers) shown in the Participation Schedule above.

Each Insurer shall be liable only for its applicable Quota Share Participation percentage shown in the Participation Schedule above. Liability will be several and no Insurer will assume any liability beyond its respective percentage share of liability for any loss and are not responsible for any other Participating Insurers obligations. The collective liability of all Insurer's will not exceed the Limits or Sublimits of Liability including any Annual Aggregate Limit shown in the Policy.

Upon receiving notice of loss or damage, the Lead Insurer will advise the Broker of Record of such loss or damage. The Broker of Record will notify the other Insurers as soon as practicable, but not later than 48 hours after the loss or damage becomes known to the Broker of Record.

All Insurers agree to use the third-party adjuster, identified in the Appointed Third-party Adjuster endorsement attached to this Policy, for the adjustment of all claims under this Policy.

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

U-STF-100-A (11 24)  
Page 1 of 1

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

Date Quoted  
November 6, 2025

Page 4

Quote Number  
0068232E

## 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 06	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP 01 91	07 10	FLORIDA CHANGES - RESIDENTIAL CONDOMINIUM ASSOCIATIONS
CP 03 23	03 24	FLORIDA CALENDAR YEAR HURRICANE PERCENTAGE DEDUCTIBLE (RESIDENTIAL RISKS)
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
EM 06 03	08 09	ADDITIONAL PROPERTY NOT COVERED
EM 25 02	06 19	COMMERCIAL LINES POLICY
EM 67 02	11 18	ADDITIONAL COVERAGE ENDORSEMENT
EM 67 03	01 09	ADDITIONAL PROPERTY IN - TRANSIT COVERAGE ENDORSEMENT
EM3601	06 19	COMMON POLICY DECLARATIONS
EM3606	03 02	COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS PAGE
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 98	PROTECTIVE SAFEGUARDS
IL 09 35	07 02	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
JF645B	03 18	FLORIDA NOTIFICATION OF SURPLUS LINES POLICY
MST-OFAC	02 24	ADVISORY NOTICE TO POLICYHOLDERS
MST-Privacy-1 Edition	03 24	MST-Privacy-1 Edition 03 2024
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)
TSIC-002	02 25	Policy Execution Clause
TSIC-004	04 24	SERVICE OF SUIT
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 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 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
U STF 100 A	11 24	QUOTA SHARE PARTICIPATION
U STF 101 A	11 24	APPOINTED THIRD-PARTY ADJUSTER

### Sigma Underwriting Managers

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# Property Quote

Date Quoted  
November 6, 2025

Page 5

Quote Number  
0068232E

## 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.

3%	Calendar Year Hurricane Deductible
25,000	Minimum Deductible Per Calendar Year
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

Waive	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.

## 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, \_\_\_\_\_ 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. Additionally, surplus lines insurers' policy rates and forms are not approved by any Florida regulatory agency.

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:  
Signature of Named Insured  
Date:

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier : Steadfast Excess & Surplus Lines Insurance Company / MS  
Transverse Specialty Insurance Company

Type of Insurance : Commercial Property - E&S

Effective Date of Coverage: 12/1/2025

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:**

<b>Days Policy in Force</b>	<b>Unearned Factor</b>
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:

**\$16,937.00**

\*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.

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

\_\_\_\_\_  
Date

Grand Panama Beach Resort Condominium Association, Inc.		Building	75,881,059.00	Contents	300,000.00	Business Income/Rental Income		TIV	76,163,059.00
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Location	Building	Description	Street Address	City	State	Zip	County	Construction	Year Built	Property Value	Personal Property Value	B/Rental Income Value	TIV	Floors	Occupancy
1	1	Tower 1 with Gd	11807 Front Beach Road	Panama City Beach	FL	32407	Bay	CMU - FR Concrete Roof Deck (SA)	2007	35,088,001.00	150,000.00	-	35,238,001.00	23	028 - Condominium Residential CC
1	2	Tower II with d	11800 Front Beach Road	Panama City Beach	FL	32407	Bay	CMU - FR Concrete Roof Deck (SA)	2007	36,871,046.00	150,000.00	-	36,971,046.00	20	028 - Condominium Residential CC
1	3	ParkTive Deck (S)	11800 Front Beach Road	Panama City Beach	FL	32407	Bay	CMU - FR Concrete Roof Deck (SA)	2007	2,700,000.00	-	-	2,700,000.00	2	028 - Condominium Residential CC
1	4	Pool House Bldg	11807 Front Beach Road	Panama City Beach	FL	32407	Bay	CMU - JMB (S)	2007	131,254.00	-	-	131,254.00	1	064 - Entertainment and Recreation
1	5	Pedestrian Bldg	11807 Front Beach Road	Panama City Beach	FL	32407	Bay	LSC - Outdoor Property Concrete (S)	2007	554,759.00	-	-	554,759.00	1	028 - Condominium Residential CC
1	6	Beach Tower I P	11807 Front Beach Road	Panama City Beach	FL	32407	Bay	LSC - Outdoor Property Concrete (S)	2007	336,834.00	-	-	336,834.00	1	064 - Entertainment and Recreation
1	7	Beach Tower I M	11807 Front Beach Road	Panama City Beach	FL	32407	Bay	LSC - Outdoor Property Concrete (S)	2007	15,638.00	-	-	15,638.00	1	064 - Entertainment and Recreation
1	8	Beach Tower I K	11807 Front Beach Road	Panama City Beach	FL	32407	Bay	LSC - Outdoor Property Concrete (S)	2007	5,213.00	-	-	5,213.00	1	064 - Entertainment and Recreation
1	9	Tower II Twintree	11800 Front Beach Road	Panama City Beach	FL	32407	Bay	LSC - Outdoor Property Concrete (S)	2007	134,733.00	-	-	134,733.00	1	064 - Entertainment and Recreation
1	10	Tower II Whitecap	11800 Front Beach Road	Panama City Beach	FL	32407	Bay	LSC - Outdoor Property Concrete (S)	2007	6,255.00	-	-	6,255.00	1	064 - Entertainment and Recreation
1	11	Beach Tower I N	11807 Front Beach Road	Panama City Beach	FL	32407	Bay	LSC - Outdoor Property Concrete (S)	2007	36,104.00	-	-	36,104.00	1	064 - Entertainment and Recreation
1	12	Entry Sign, LED	11800 Front Beach Road	Panama City Beach	FL	32407	Bay	LSC - Outdoor Property Concrete (S)	2007	33,212.00	-	-	33,212.00	1	028 - Condominium Residential CC
0	0	0	0	0	0	0	0	0	0	-	-	-	0	0	
0	0	0	0	0	0	0	0	0	0	-	-	-	0	0	
0	0	0	0	0	0	0	0	0	0	-	-	-	0	0	
0	0	0	0	0	0	0	0	0	0	-	-	-	0	0	

**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:* All Hurricanes or Named Storms within a 24 month period 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.

\_\_\_\_\_  
Insured: (Must be an officer of the corporation)

\_\_\_\_\_  
Date:



**SURPLUS LINES FILER FACT & TRANSACTION RULES WORKSHEET**

This policy is quoted to you with the following conditions:

1. You agree to file all surplus lines taxes and fees as required by the risk state in compliance with state surplus lines requirements.
2. Provide a copy of the surplus lines license utilized to file applicable taxes and fees.
3. Provide documentation of payment of taxes when requested.
4. Agree to pay any associated fines assessed from failure to file applicable taxes and fees.

Please provide the following Information:

Organization name: \_\_\_\_\_

Producer name: \_\_\_\_\_

Filer's name: \_\_\_\_\_

Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Surplus lines number: \_\_\_\_\_

Tax identification number applicable in each state (FEIN): \_\_\_\_\_

NJ E&S transaction number (if applicable): \_\_\_\_\_

Tax break-down by state: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Date(s) taxes to be filed: \_\_\_\_\_

The undersigned acknowledges their responsibility for the payment of State Surplus Lines ~~tax and fees~~ on this policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECAPITULATION OF VALUES  
GRAND PANAMA BEACH RESORT**

**11800 & 11807 FRONT BEACH ROAD, PANAMA CITY BEACH, FLORIDA 32407**

**HAZARD VALUATION**

**AS OF FEBRUARY 21, 2025**

**File: 22920-07443**

<b>BUILDING</b>	<b>REPLACEMENT COST</b>	<b>INSURANCE EXCLUSIONS</b>	<b>INSURABLE REPLACEMENT COST</b>	<b>DEPRECIATED REPLACEMENT COST (ACV)</b>
23-STORY 187-UNIT RES. BLDG. W/ GARAGE	35,878,968	790,967	35,088,001	30,064,945
20-STORY 115-UNIT RES. BLDG. W/ 4-STORY GARAGE	38,445,510	1,624,464	36,821,046	31,438,675
1-STORY POOL HOUSE BLDG. W/ TIKI BAR	135,352	4,088	131,264	112,314
PEDESTRIAN BRIDGE	554,759	0	554,759	477,093
BEACH TOWER I SWIMMING POOL	336,834	0	336,834	289,677
BEACH TOWER I POOL HEATER	36,104	0	36,104	34,299
BEACH TOWER I WHIRLPOOL SPA	15,638	0	15,638	13,449
BEACH TOWER I KIDDIE POOL	5,213	0	5,213	4,483
BEACH TOWER I AMENITY FENCE	33,778	0	33,778	29,049
BEACH TOWER I DUNE CROSSOVER	35,446	0	35,446	30,484
BEACH TOWER II SWIMMING POOL	134,733	0	134,733	115,871

*Not Covered*

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**RECAPITULATION OF VALUES  
GRAND PANAMA BEACH RESORT**

11800 & 11807 FRONT BEACH ROAD, PANAMA CITY BEACH, FLORIDA 32407

**HAZARD VALUATION**

**AS OF FEBRUARY 21, 2025**

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BUILDING	REPLACEMENT COST	INSURANCE EXCLUSIONS	INSURABLE REPLACEMENT COST	DEPRECIATED REPLACEMENT COST (ACV)
BEACH TOWER II WHIRLPOOL SPA	6,255	0	6,255	5,379
PERGOLA <i>NOT COVERED</i>	91,500	0	91,500	78,690
ENTRY SIGN, LED	33,212	0	33,212	31,551
<b>TOTALS</b>	<b>\$75,743,302</b>	<b>\$2,419,519</b>	<b>\$73,323,783</b>	<b>\$62,725,959</b>

1/ The estimated replacement cost stated above includes soft and hard costs which are identified on Page 6 of this report.