



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.

*Please Bind effective 12/1/24  
Thanks. MG  
11/26/24*

### 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 12/1/2024 to 12/1/2025 *gh*  
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: 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

## SURPLUS LINES TAX SUMMARY

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HOME STATE: Florida

FEES:

Fee	Taxable	Amount
Market Inspection Fee	Yes	\$250.00
Market Policy Fee	Yes	\$1,000.00
<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	\$536,930.00	\$1,250.00	\$538,180.00	4.940%	\$26,586.09
	Stamping Fee	\$536,930.00	\$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 OF19710

10201 Centurion Parkway North | Suite 400 | Jacksonville, FL 32256 | [amwins.com](http://amwins.com)

## 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  
November 14, 2024

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Quote Number  
0061776D

Company: ZURICH  
Carrier(s): Steadfast Insurance Company - Non-Admitted  
Renewal (Y/N): Y

## Insured Information Section

### Proposal or Renewal Date

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

### Quote Expiration Date

12/1/2024 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)

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

75,651,590

### Business Personal Property

300,000

### Business Income

\* The schedule of all limits above is intended to provide an overview of all limits at scheduled locations listed within this quote, and does not represent that coverage is offered on a blanket basis.

\*\*The building limit includes any scheduled sign, fence, light poles, satellite 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	\$250.00	\$1,000.00	\$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: 12 11 24 Person requesting Binder: Melissa Griffin (Act Mgr.)  
Agent Name: E. Anthony DuRose License Number: A079545

**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, 2024 SOV, No prior or existing damage form. Quote excludes the following items: Guard shack, tower1 and 11 pool furniture, amenity fence. Quote subject to a 50% MEP if canceled.

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 11/14/2024 3:35:04 PM

# Property Quote

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November 14, 2024

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Quote Number  
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## 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 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	06 19	COMMERCIAL LINES POLICY
EM 25 06	06 19	IMPORTANT CLAIM REPORTING INFORMATION
EM 36 01	03 24	COMMON POLICY DECLARATIONS
EM 36 06	03 02	COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS PAGE
EM 67 02	11 18	ADDITIONAL COVERAGE ENDORSEMENT
EM 67 03	01 09	ADDITIONAL PROPERTY IN - TRANSIT COVERAGE ENDORSEMENT
EPL Ver. - 1.1	12 11	POLICY COVER LETTER
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
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) 983-2700

Date/Time Quoted 11/14/2024 3:35:04 PM

# Property Quote

Date Quoted  
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## 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.

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.

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

Date/Time Quoted 11/14/2024 3:35:04 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. Agency has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

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

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

By: glenn holliday

Signature of Named Insured glenn holliday  
glenn holliday (Nov 25, 2024 2:03 CST)

Date: Nov 25, 2024

Printed Name and Title of Person Signing glenn holliday president

Name of Excess and Surplus Lines Carrier : Steadfast Insurance Company

Type of Insurance : Commercial Property - Hab

Effective Date of Coverage: 12/1/2024

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.



ZURICH

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

glenn holliday  
glenn holliday (Nov 25, 2024 21:03 CST)  
Signature

Nov 25, 2024  
Date

**CONFIRMATION OF NO PRIOR OR EXISTING DAMAGE**

I confirm that the property to be covered suffered no structural damage and/or any and all damages as a result from (Storm *Name*: 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.

glenn holliday  
glenn.holliday (Nov 25, 2024 21:03 CST)  
Insured: (Must be an officer of the corporation)

Nov 25, 2024  
Date:

Grand Panama Beach Resort Condominium Association, Inc.		Building			Contents			Business Income/Rental Income			TIV			75,951,590.00		
Location	Building	Description	Street Address	City	State	Zip	County	Construction	Year Built	Property Value	Personal Property Value	B/Rental Income Value	TIV	Floors		
1	1	Tower 1	11807 Front Beach Road	Panama City Beach	FL	32407	Bay	CMU - FR Concrete Road Deck (IA)	2007	34,986,589.00	150,000.00	-	35,136,589.00	23		
1	2	Tower II with Garage	11800 Front Beach Road	Panama City Beach	FL	32407	Bay	CMU - FR Concrete Road Deck (IA)	2007	36,714,614.00	150,000.00	-	36,864,614.00	20		
1	3	Parking Deck (Deck)	11800 Front Beach Road	Panama City Beach	FL	32407	Bay	CMU - FR Concrete Road Deck (IA)	2007	2,700,000.00	-	-	2,700,000.00	2		
1	4	Pool House Bldg w/Pool	11807 Front Beach Road	Panama City Beach	FL	32407	Bay	CMU - JM (I)	2007	130,884.00	-	-	130,884.00	1		
1	5	Pedestrian Bridge	11807 Front Beach Road	Panama City Beach	FL	32407	Bay	SIU - Outdoor Property Concrete (I)	2007	553,155.00	-	-	553,155.00	1		
1	6	Beach Tower I Pool	11807 Front Beach Road	Panama City Beach	FL	32407	Bay	SIU - Outdoor Property Concrete (I)	2007	335,860.00	-	-	335,860.00	1		
1	7	Beach Tower I Walk	11807 Front Beach Road	Panama City Beach	FL	32407	Bay	SIU - Outdoor Property Concrete (I)	2007	15,593.00	-	-	15,593.00	1		
1	8	Beach Tower I Kick	11807 Front Beach Road	Panama City Beach	FL	32407	Bay	SIU - Outdoor Property Concrete (I)	2007	5,198.00	-	-	5,198.00	1		
1	9	Tower II Swimming	11800 Front Beach Road	Panama City Beach	FL	32407	Bay	SIU - Outdoor Property Concrete (I)	2007	134,344.00	-	-	134,344.00	1		
1	10	Beach Tower I Pool	11807 Front Beach Road	Panama City Beach	FL	32407	Bay	SIU - Outdoor Property Concrete (I)	2007	6,237.00	-	-	6,237.00	1		
1	11	Tower II Whirlpool	11800 Front Beach Road	Panama City Beach	FL	32407	Bay	SIU - Outdoor Property Concrete (I)	2007	36,000.00	-	-	36,000.00	1		
1	12	Entry Sign, LED	11800 Front Beach Road	Panama City Beach	FL	32407	Bay	SIU - Outdoor Property Concrete (I)	2007	33,116.00	-	-	33,116.00	1		

Name: glenn holliday

Signature: glenn holliday  
glenn.holliday, (Nov 25, 2024 21:03 CST)

Title: president

Date: Nov 25, 2024

# STATEMENT OF DILIGENT EFFORT

I, E. Anthony DuBose License #: AO72545  
Name of Retail/Producing Agent

Name of Agency: Coastal Community Insurance Agency

Have sought to obtain:

Specific Type of Coverage COMMERCIAL PROPERTY INCLUDING WIND for

Named Insured Grand Panama Beach Resort Condominium Association from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Auto Owners

Person Contacted (or indicate if obtained online declination): ERIC WAMPLER

Telephone Number/Email: 800-346-0346 Date of Contact: 11/1/2024

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Does not meet company guidelines

(2) Authorized Insurer: USLI

Person Contacted (or indicate if obtained online declination): Joanne G. Herishko

Telephone Number/Email: 888-523-5545 Date of Contact: 11/1/2024

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Does not meet company guidelines

(3) Authorized Insurer: Liberty Mutual Fire Insurance Company

Person Contacted (or indicate if obtained online declination): EUNICE SPICKARD

Telephone Number/Email: 678-417-3067 Date of Contact: 11/1/2024

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Does not meet company guidelines

E. Anthony DuBose  
Signature of Retail/Producing Agent

11/19/24  
Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.





# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

MGRIFFIN

DATE (MM/DD/YYYY)  
11/19/2024

<b>AGENCY</b> Acentria Insurance - Panama City Beach 12129 Panama City Beach Pkwy Panama City, FL 32407-2609		<b>CARRIER</b> Steadfast Insurance Company NAIC CODE <b>26387</b>	
		COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE
		POLICY NUMBER TBD	
<b>CONTACT NAME:</b> PB-Anthony DuBose <b>PHONE (A/C, No, Ext):</b> (850) 230-0416 <b>FAX (A/C, No):</b> (850) 230-0992 <b>E-MAIL ADDRESS:</b> melissa@coastalinsure.net <b>CODE:</b> _____ <b>SUBCODE:</b> _____ <b>AGENCY CUSTOMER ID:</b> GRANPAN-03 <b>License #</b> L100460		<b>UNDERWRITER</b>	<b>UNDERWRITER OFFICE</b>
		<b>STATUS OF TRANSACTION</b>	<input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <b>DATE</b> _____ <b>TIME</b> _____ <b>AM</b> / <b>PM</b> <input type="checkbox"/> CANCEL <b>12/01/2024</b>
		<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW

**LINES OF BUSINESS**

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
BOILER & MACHINERY	\$			YACHT	\$
BUSINESS AUTO	\$				\$
BUSINESS OWNERS	\$				\$
COMMERCIAL GENERAL LIABILITY	\$				\$
COMMERCIAL INLAND MARINE	\$				\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$				\$
CRIME	\$				\$

**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	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
12/01/2024	12/01/2025	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

**APPLICANT INFORMATION**

<b>NAME (First Named Insured) AND MAILING ADDRESS (Including ZIP+4)</b> Grand Panama Beach Resort Condominium Association, Inc 495 RICHARD JACKSON BLVD Panama City Beach, FL 32407				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b> 236116	<b>FEIN OR SOC SEC #</b> 26-0219847
<b>BUSINESS PHONE #:</b> (850) 235-7342				<b>WEBSITE ADDRESS</b>			
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (Including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>				<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (Including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>				<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

**CONTACT INFORMATION**

AGENCY CUSTOMER ID: **GRANPAN-03**

**MGRIFFIN**

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 type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL <b>(404) 408-8103</b>	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL <b>(404) 408-8103</b>	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: <b>derekg@rcamflorida.com</b>		PRIMARY E-MAIL ADDRESS: <b>derekg@rcamflorida.com</b>	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

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

LOC # <b>1</b>	STREET <b>11807 FRONT BEACH RD</b>	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>1</b>	CITY: <b>PANAMA CITY BEACH</b> STATE: <b>FL</b> COUNTY: <b>BAY</b> ZIP: <b>32407</b>			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC # <b>2</b>	STREET <b>11800 FRONT BEACH RD</b>	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>2</b>	CITY: <b>PANAMA CITY BEACH</b> STATE: <b>FL</b> COUNTY: <b>BAY</b> ZIP: <b>32407</b>			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC # <b>3</b>	STREET <b>11800 FRONT BEACH RD</b> <b>DETACHED PARKING GARAGE</b>	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>1</b>	CITY: <b>PANAMA CITY BEACH</b> STATE: <b>FL</b> COUNTY: <b>BAY</b> ZIP: <b>32407</b>			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					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"/> <b>COMMERCIAL</b>	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	<input type="checkbox"/> 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 %
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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"/> EMPLOYEE AS LESSOR							BOAT:
<input type="checkbox"/> LEASEBACK OWNER							AIRPORT:
<input type="checkbox"/> LENDER'S LOSS PAYABLE	AIRCRAFT:						
<input type="checkbox"/> LIENHOLDER	ITEM CLASS:	ITEM:	ITEM DESCRIPTION				
<input type="checkbox"/> LOSS PAYEE	REFERENCE / LOAN #:	INTEREST END DATE:					
<input type="checkbox"/> MORTGAGEE	LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):				
<input type="checkbox"/> OWNER	REASON FOR INTEREST:		E-MAIL ADDRESS:				
<input type="checkbox"/> REGISTRANT							
<input type="checkbox"/> TRUSTEE							

**GENERAL INFORMATION**

AGENCY CUSTOMER ID: **GRANPAN-03**

**MGRIFFIN**

EXPLAIN ALL "YES" RESPONSES				Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
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)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
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).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
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)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

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

MGRIFFIN

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: \$		
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 38s 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 R 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 (Nov 25, 2024 21:03 CST)	DATE Nov 25, 2024	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: GRANPAN-03 MGRIFFIN

### PROPERTY SECTION

DATE (MM/DD/YYYY)  
11/19/2024

AGENCY NAME <b>Acentria Insurance - Panama City Beach</b>		License # L100460	CARRIER <b>Steadfast Insurance Company</b>	NAIC CODE <b>26387</b>
POLICY NUMBER <b>TBD</b>		EFFECTIVE DATE <b>12/01/2024</b>	NAMED INSURED(S) <b>Grand Panama Beach Resort Condominium Association, Inc</b>	

**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		
PEDESTERIAN 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
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 <b>Fire Resistive/Superior</b>	DISTANCE TO HYDRANT <b>1,000 FT</b>	FIRE STAT <b>3 MI</b>	FIRE DISTRICT <b>PANAMA CITY BEA</b>	CODE NUMBER	PROT CL <b>4</b>	# STORIES <b>20</b>	# BASM'TS <b>1</b>	YR BUILT <b>2007</b>	TOTAL AREA <b>334,951</b>
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BUILDING IMPROVEMENTS WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR: <input type="checkbox"/>	BLDG CODE GRADE	TAX CODE	ROOF TYPE <b>Roll Roofing</b>	OTHER OCCUPANCIES <b>GARAGE UNIT 13,000 SQUARE FT 187 RESIDENTIAL UNIT</b>
	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	RESISTIVE		MANUFACTURER:	

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

RIGHT EXPOSURE & DISTANCE <b>COMMERCIAL</b>	LEFT EXPOSURE & DISTANCE <b>COMMERCIAL</b>	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE <b>GULF OF MEXICO</b>
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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 <b>100</b>	FIRE ALARM MANUFACTURER	<input checked="" type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
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**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 IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
	REFERENCE / LOAN #: _____	

ADDITIONAL PREMISES INFORMATION		PREMISES #: <b>2</b>	STREET ADDRESS: <b>11800 FRONT BEACH RD, PANAMA CITY BEACH, FL 32407</b>						
		BUILDING #: <b>2</b>	BLDG DESCRIPTION: <b>CONDO ASSOCIATION-112 RESIDENTIAL UNITS &amp; 5 COMMERCIAL UNITS</b>						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLK#	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 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 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	# BASM'TS	YR BUILT	TOTAL AREA
Fire Resistive/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"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:			Roll Roofing	112 RESIDENTIAL UNITS & 3 COMMERCIAL UNITS-5 STORIES PARKING GARA
	WIND CLASS		SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____
	RESISTIVE			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
COMMERCIAL	COMMERCIAL		OCEAN

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

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
FIRE ALARMS & EXTINGUISHERS	100		

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 #: _____			

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.

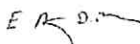
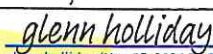
**Applicable in OR**

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) <b>PB-Anthony DuBose</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>AO72545</b>
APPLICANT'S SIGNATURE  glenn holliday (Nov 25, 2024 21:03 CST)	DATE <b>Nov 25, 2024</b>	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: GRANPAN-03 MGRIFFIN

**PROPERTY SECTION**

DATE (MM/DD/YYYY)  
11/19/2024

AGENCY NAME <b>Acentria Insurance - Panama City Beach</b>		License # <b>L100460</b>	CARRIER <b>Steadfast Insurance Company</b>	NAIC CODE <b>26387</b>
POLICY NUMBER <b>TBD</b>		EFFECTIVE DATE <b>12/01/2024</b>	NAMED INSURED(S) <b>Grand Panama Beach Resort Condominium Association, Inc</b>	

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION		PREMISES #: <b>3</b>	STREET ADDRESS: <b>11800 FRONT BEACH RD, PANAMA CITY BEACH, FL 32407</b>						
		BUILDING #: <b>1</b>	BLDG DESCRIPTION: <b>2 STORY DETACHED PARKING GARAGE</b>						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>DETACHED PARKING GARAGE</b>	<b>2,700,000</b>	<b>0</b>	<b>R</b>	Special (Including theft)		<b>10,000</b>	<b>Flat</b>		
<b>Windstorm</b>				Windstorm		<b>5.0000%</b>	<b>Percent</b>		
<b>Windstorm</b>				Windstorm		<b>25,000</b>	<b>Flat</b>		
<b>Equipment Breakdown</b>				Special (Including theft)		<b>10,000</b>			
<b>Ordinance or law</b>				Special (Including theft)					

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	<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: \$  
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 <b>Fire Resistive/Superior</b>	DISTANCE TO HYDRANT <b>1,000 FT</b>	FIRE DISTRICT <b>5 MI</b>	CODE NUMBER <b>2</b>	PROT CL <b>2</b>	# STORIES <b>2</b>	# BASM'TS	YR BUILT <b>2007</b>	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER: <input type="checkbox"/> YR: _____	PLUMBING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/>	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE	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 <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK <b>100</b>	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	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____	LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION



<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #:	STREET ADDRESS:						
		BUILDING #:	BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	<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: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> 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
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, 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: _____				
<input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR:	MANUFACTURER: _____								
<input type="checkbox"/> OTHER: YR:									
PRIMARY HEAT			SECONDARY HEAT						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>			<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		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	LOCAL GONG
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				
								CENTRAL STATION	LOCAL GONG

**ADDITIONAL INTEREST** ACORD 45 attached for additional names

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

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

SIGNATURE

AGENCY CUSTOMER ID:

GRANPAN-03

MGRIFFIN

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**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**

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

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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

*E. A. D.*

PRODUCER'S NAME (Please Print)

PB-Anthony DuBose

STATE PRODUCER LICENSE NO  
(Required in Florida)  
AO72545

APPLICANT'S SIGNATURE

*glenn holliday*

glenn.holliday (Nov 25, 2024 21:03 CST)

DATE

Nov 25, 2024

NATIONAL PRODUCER NUMBER

**SUBJECTS OF INSURANCE SCHEDULE**

DATE (MM/DD/YYYY)  
11/19/2024

<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 %	VALU- ATION	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 %	VALU- ATION	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 %	VALU- ATION	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 %	VALU- ATION	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 %	VALU- ATION	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 %	VALU- ATION	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 %	VALU- ATION	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 %	VALU- ATION	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 %	VALU- ATION	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 %	VALU- ATION	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 %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Windstorm				Windstorm		25,000			

### SUBJECTS OF INSURANCE SCHEDULE

DATE (MM/DD/YYYY)  
11/19/2024

<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 %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ENTRY SIGN-LED	33,116		R	Special (Including		10,000			
<b>PREMISES INFORMATION</b>		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 %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
WIND DRIVEN RAIN SUBLIMIT	100,000			Special (Including					
<b>PREMISES INFORMATION</b>		PREMISES #:	STREET ADDRESS:						
		BUILDING #:	BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
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## FORMS AND ENDORSEMENTS SCHEDULE

AGENCY Acentria Insurance - Panama City Beach		License # L100460		CARRIER Steadfast Insurance Company		NAIC CODE 26387
POLICY NUMBER TBD			EFFECTIVE DATE 12/01/2024	NAMED INSURED(S) Grand Panama Beach Resort Condominium Association, Inc		

## FORMS AND ENDORSEMENTS

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE
					U GU 874 B CW 02 23 DISCLOSURE STATEMENT - INSTRUCTI		
					JF 645 B 03 24 FLORIDA NOTIFICATION OF SURPLUS LINES P		
					EM 25 02 06 19 COMMERCIAL LINES POLICY		
					EM 25 06 06 19 IMPORTANT CLAIM REPORTING INFORMATIO		
					EM 36 01 03 24 COMMON POLICY DECLARATIONS		
					EM 36 06 03 02 COMMERCIAL PROPERTY COVERAGE PART		
					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		
					U GU 630 E CW 01 20 DISCLOSURE OF IMPORTANT INFORMA		
					U GU 681 C CW 01 15 EXCLUSION OF CERTIFIED ACTS OF TE		
					U GU 1191 A CW 03 15 SANCTIONS EXCLUSION ENDORSEME		
					IL 00 17 11 98 COMMON POLICY CONDITION		
					IL 00 03 (09 08) 09 08 CALCULATION OF PREMIUM		
					U CP 750 A CW 05 15 MINIMUM EARNED PREMIUM (HURRICA		
					CP 00 17 06 07 CONDOMINIUM ASSOCIATION COVERAGE FO		
					EM 06 03 08 09 ADDITIONAL PROPERTY NOT COVERED		
					U CP 759 B FL 11 20 FLORIDA CHANGES - MEDIATION OR AP		
					CP 01 91 07 10 FLORIDA CHANGES - RESIDENTIAL CONDOMI		
					CP 00 90 07 88 COMMERCIAL PROPERTY CONDITIONS		
					CP 10 30 06 07 CAUSES OF LOSS - SPECIAL FORM		
					CP 04 05 04 02 ORDINANCE OR LAW COVERAGE		
					CP 10 46 10 12 EQUIPMENT BREAKDOWN CAUSE OF LOSS		
					STF CP 286 A CW 09 10 WATER BACK-UP AND SUMP OVERF		
					IL 04 15 04 98 PROTECTIVE SAFEGUARDS		
					U PHN 1084 01 21 COMMERCIAL PROPERTY COVERAGE PAR		
					STF CP 419 A CW 01 21 LOSS ASSIGNMENTS - EXCLUSION		
					STF CP 201 A CW 07 07 COOKING APPLIANCE COVERAGE C		
					STF CP 230 A MU 04 09 NAMED STORM PERCENTAGE DEDU		
					STF CP 378 B FL 10 17 MULTIPLE DEDUCTIBLE SCHEDULE -		
					CP 01 40 07 06 EXCLUSION OF LOSS DUE TO VIRUS OR BACT		
					STF CP 383 A CW 10 13 WATER DAMAGE DEDUCTIBLE ENDO		
					CP 10 32 08 08 WATER EXCLUSION ENDORSEMENT		
					STF CP 258 B CW 08 18 WIND DRIVEN PRECIPITATION		
					EM 67 02 11 18 ADDITIONAL COVERAGE ENDORSEMENT		
					EM 67 03 01 09 ADDITIONAL PROPERTY IN - TRANSIT COVER		
					U CP 606 A 07 01 EXCLUSION FOR SOFTWARE AND DATA-RE		
					IL 09 35 07 02 EXCLUSION OF CERTAIN COMPUTER-RELATE		
					CP 01 25 02 23 FLORIDA CHANGES		
					U GU 619 A CW 10 02 FORMS SCHEDULE		
					U GU 395 D 07 09 IMPORTANT NOTICE TO FLORIDA POLICYH		
					U GU 279 F 05 19 COMMERCIAL PROPERTY & CASUALTY RIS		
					IL 01 75 09 07 FLORIDA CHANGES - LEGAL ACTION AGAINST		
					STF CP 387 A 06 16 FLORIDA CHANGES - CANCELLATION AN		
					IL 04 01 02 12 FLORIDA - SINKHOLE LOSS COVERAGE		
					STF GU 199 B 01 09 IMPORTANT NOTICE - SERVICE OF SUIT		



**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Acentria Insurance - Panama City Beach</b>		License # L100460	NAMED INSURED Grand Panama Beach Resort Condominium Association, Inc 495 RICHARD JACKSON BLVD Panama City Beach, FL 32407 BAY
POLICY NUMBER <b>TBD</b>			
CARRIER <b>Steadfast Insurance Company</b>	NAIC CODE <b>26387</b>	EFFECTIVE DATE: <b>12/01/2024</b>	

**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.