



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

KLAWRENCE1

DATE (MM/DD/YYYY)
03/09/2023

AGENCY Hub International Florida 10368 W. State Road 84 Suite 201 Davie, FL 33324		CARRIER American Coastal Insurance Company		NAIC CODE 12968
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER TBD -BLDGS F-J TIV \$47,144,500		
CONTACT NAME: Karlene Lawrence		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): (954) 924-3048				
FAX (A/C, No): (954) 206-2071		QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW <input type="checkbox"/>		
E-MAIL ADDRESS: Karlene.Lawrence@HubInternational.com		STATUS OF TRANSACTION BOUND (Give Date and/or Attach Copy):		
CODE: SUBCODE:		CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		
AGENCY CUSTOMER ID: KINGCRE-04		CANCEL		

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> CYBER AND PRIVACY	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> FIDUCIARY LIABILITY	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	<input type="checkbox"/> MOTOR CARRIER	\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$ 330,711.00	<input type="checkbox"/> TRUCKERS	\$
<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> UMBRELLA	\$
		<input type="checkbox"/> YACHT	\$

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 03/15/2023	PROPOSED EXP DATE 03/15/2024	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$ 330,711.00
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Village Of Kings Creek Condominium 7711 Camino Real Miami, FL 33143		GL CODE 62003	SIC 6531	NAICS	FEIN OR SOC SEC # 36-3092280
		BUSINESS PHONE #: (305) 279-3411			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	<input checked="" type="checkbox"/> Condo Association	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: **KINGCRE-04**

KLAWRENCE1

CONTACT TYPE: Inspection Contact				CONTACT TYPE: Accounting Contact			
CONTACT NAME: Mireya Villaverde				CONTACT NAME: Mireya Villaverde			
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	
(305) 279-3411		(305) 725-0958		(305) 279-3411		(305) 725-0958	
PRIMARY E-MAIL ADDRESS: mireya@vkciami.com				PRIMARY E-MAIL ADDRESS: mireya@vkciami.com			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 6	STREET 7730-32 Camino Real	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input checked="" type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Miami COUNTY: Miami Dade	STATE: FL ZIP: 33143	TENANT	# PART TIME EMPL	OCCUPIED AREA: 100 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/76-Units					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: 82,284 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N N
LOC # 7	STREET 7740 Camino Real	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input checked="" type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Miami COUNTY: Miami Dade	STATE: FL ZIP: 33143	TENANT	# PART TIME EMPL	OCCUPIED AREA: 100 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/44-Units					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: 50,388 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N N
LOC # 8	STREET 7800-05 Camino Real	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input checked="" type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Miami COUNTY: Miami Dade	STATE: FL ZIP: 33143	TENANT	# PART TIME EMPL	OCCUPIED AREA: 100 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/78-Units					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: 82,484 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N N
LOC # 9	STREET 7810-15 Camino Real	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input checked="" type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Miami COUNTY: Miami Dade	STATE: FL ZIP: 33143	TENANT	# PART TIME EMPL	OCCUPIED AREA: 100 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/70-Units					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: 79,336 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N N

NATURE OF BUSINESS

<input checked="" type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 01/11/1980
<input checked="" type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

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 INSUREDS

16 Residential 4-story buildings, 1067-units, Clubhouse, Office, 2 Cabana/Gyms and 4 pools.

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

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% 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	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

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

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PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	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>Elizabeth Fiegehen</i>	PRODUCER'S NAME (Please Print) Elizabeth Fiegehen	STATE PRODUCER LICENSE NO (Required in Florida) W621972
APPLICANT'S SIGNATURE <i>Maryam Sedghy</i>	DATE 3/13/23	NATIONAL PRODUCER NUMBER 19390456



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Hub International Florida		CARRIER American Coastal Insurance Company		NAIC CODE 12968
POLICY NUMBER TBD -BLDGS F-J		EFFECTIVE DATE 03/15/2023	NAMED INSURED(S) Village Of Kings Creek Condominium	

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
10	7820-25 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		100 SQ FT
BLD #	CITY: Miami	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Miami Dade	ZIP: 33143			
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/76-Units					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.



AGENCY CUSTOMER ID: KINGCRE-04

KLAWRENCE1

PROPERTY SECTION

DATE (MM/DD/YYYY)
03/09/2023

AGENCY NAME Hub International Florida	CARRIER American Coastal Insurance Company	NAIC CODE 12968
POLICY NUMBER TBD -BLDGS F-J	EFFECTIVE DATE 03/15/2023	NAMED INSURED(S) Village Of Kings Creek Condominium

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION	PREMISES #: 6	STREET ADDRESS: 7730-32 Camino Real, Miami, FL 33143
	BUILDING #: 1	BLDG DESCRIPTION: Condo

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building F - 76 Units	10,310,500	100	R	Special (Including theft)		10,000			5% Hurricane Ded Per Occurrence

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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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: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Fire Resistive/Superior	DISTANCE TO HYDRANT 300 FT	FIRE STAT 2 MI	FIRE DISTRICT Miami-Dade	CODE NUMBER 130	PROT CL 4	# STORIES 4	# BASM'TS	YR BUILT 1975	TOTAL AREA 82,484
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2002 <input checked="" type="checkbox"/> PLUMBING, YR: 2002	99		Poured	
<input checked="" type="checkbox"/> ROOFING, YR: 2012 <input type="checkbox"/> HEATING, YR:	WIND CLASS		SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
OTHER: YR:	RESISTIVE	<input checked="" type="checkbox"/>	Other	DATE INSTALLED: _____

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
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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 checked="" 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					LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE					ITEM CLASS: _____ ITEM: _____
					ITEM DESCRIPTION
	REFERENCE / LOAN #:				

ADDITIONAL PREMISES INFORMATION

PREMISES #: 7	STREET ADDRESS: 7740 Camino Real, Miami, FL 33143								
BUILDING #: 1	BLDG DESCRIPTION: Condo								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building G - 44 Units	6,296,000	100	R	Special (Including theft)		10,000	Per		5% Hurricane Ded Per Occurrence

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	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Fire Resistive/Superior	300 FT	2 MI	Miami-Dade	130	4	4		1975	50,368

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2002 <input checked="" type="checkbox"/> PLUMBING, YR: 2002	99		Poured	
<input checked="" type="checkbox"/> ROOFING, YR: 2012 <input type="checkbox"/> HEATING, YR:	WIND CLASS		SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____
OTHER: YR:	RESISTIVE	<input checked="" type="checkbox"/>	Other	MANUFACTURER:

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
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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
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input checked="" 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					LOCATION: BUILDING:
<input type="checkbox"/> MORTGAGEE					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



AGENCY CUSTOMER ID: KINGCRE-04

KLAWRENCE1

PROPERTY SECTION

DATE (MM/DD/YYYY)
03/09/2023

AGENCY NAME Hub International Florida		CARRIER American Coastal Insurance Company		NAIC CODE 12968
POLICY NUMBER TBD -BLDGS F-J		EFFECTIVE DATE 03/15/2023	NAMED INSURED(S) Village Of Kings Creek Condominium	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION	PREMISES #: 8	STREET ADDRESS: 7800-05 Camino Real, Miami, FL 33143			
	BUILDING #: 1	BLDG DESCRIPTION: Condo			

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building H - 78 Units	10,310,500	100	R	Special (Including theft)		5,000	Per		5% Hurricane Ded Per Occurrence

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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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: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Fire Resistive/Superior	DISTANCE TO HYDRANT 300 FT	FIRE STAT 2 MI	FIRE DISTRICT Miami-Dade	CODE NUMBER 130	PROT CL 4	# STORIES 4	# BASM'TS	YR BUILT 1975	TOTAL AREA 82,484
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2002 <input checked="" type="checkbox"/> PLUMBING, YR: 2002	99		Poured	
<input checked="" type="checkbox"/> ROOFING, YR: 2012 <input type="checkbox"/> HEATING, YR:	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
OTHER: YR:	RESISTIVE	<input checked="" type="checkbox"/> Other	MANUFACTURER:	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY			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 checked="" 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	REFERENCE / LOAN #: _____				LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE					ITEM CLASS: _____ ITEM: _____
<input type="checkbox"/>					ITEM DESCRIPTION

ADDITIONAL PREMISES INFORMATION

PREMISES #: 9	STREET ADDRESS: 7810-15 Camino Real, Miami, FL 33143								
BUILDING #: 1	BLDG DESCRIPTION: Condo								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building I - 70 Units	9,917,000	100	R	Special (Including theft)		10,000	Per		5% Hurricane Ded Per Occurrence

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	300 FT	2 MI	Miami-Dade	130	4	4		1975	79,336

<input checked="" type="checkbox"/> WIRING, YR: 2002	<input checked="" type="checkbox"/> PLUMBING, YR: 2002	BLDG CODE GRADE: 99	TAX CODE	ROOF TYPE: Poured	OTHER OCCUPANCIES				
<input checked="" type="checkbox"/> ROOFING, YR: 2012	HEATING, YR:	WIND CLASS	<input checked="" type="checkbox"/> SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
OTHER: YR:	RESISTIVE	<input checked="" type="checkbox"/> Other	MANUFACTURER:						

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	<input type="checkbox"/> WITH KEYS <input type="checkbox"/> CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	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	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:
<input type="checkbox"/> MORTGAGEE					ITEM CLASS:	ITEM:
<input type="checkbox"/>					ITEM DESCRIPTION	
<input type="checkbox"/>					REFERENCE / LOAN #:	

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



AGENCY CUSTOMER ID: KINGCRE-04

KLAWRENCE1

PROPERTY SECTION

DATE (MM/DD/YYYY)
03/09/2023

AGENCY NAME Hub International Florida		CARRIER American Coastal Insurance Company		NAIC CODE 12968
POLICY NUMBER TBD -BLDGS F-J		EFFECTIVE DATE 03/15/2023	NAMED INSURED(S) Village Of Kings Creek Condominium	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION	PREMISES #: 10	STREET ADDRESS: 7820-25 Camino Real, Miami, FL 33143			
	BUILDING #: 1	BLDG DESCRIPTION: Condo			

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building J - 78 Units	10,310,500	100	R	Special (Including theft)		10,000	Per		5% Hurricane Ded Per Occurrence

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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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: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Fire Resistive/Superior	DISTANCE TO HYDRANT 300 FT	FIRE STAT 2 MI	FIRE DISTRICT Miami-Dade	CODE NUMBER 130	PROT CL 4	# STORIES 4	# BASM'TS	YR BUILT 1975	TOTAL AREA 82,484
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2002 <input checked="" type="checkbox"/> PLUMBING, YR: 2002 <input checked="" type="checkbox"/> ROOFING, YR: 2012 OTHER: YR: _____	99		Poured	
HEATING, YR: _____	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	RESISTIVE	<input checked="" type="checkbox"/> Other	MANUFACTURER: _____	

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

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

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CLOCK HOURLY <input type="checkbox"/>
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	<input checked="" type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG
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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	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
<input type="checkbox"/> MORTGAGEE				ITEM CLASS: _____	ITEM: _____
<input type="checkbox"/>				ITEM DESCRIPTION	

ADDITIONAL PREMISES INFORMATION

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

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			WITH KEYS	

EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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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"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

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

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

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

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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



Applicable in OR

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

Applicable in PR

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) Elizabeth Fiegehen	STATE PRODUCER LICENSE NO (Required in Florida) W621972
APPLICANT'S SIGNATURE 	DATE 3/13/23	NATIONAL PRODUCER NUMBER 19390456

* Code BOLAW; Description Building Ord. or Law Full A, B&C Coverage Combined 2.5% per bldg.;

* Code EBK; Description Equipment Breakdown; Limit 1 \$10,000,000; Deductible \$10,000;

**ADDITIONAL REMARKS SCHEDULE**

AGENCY Hub International Florida		NAMED INSURED Village Of Kings Creek Condominium 7711 Camino Real Miami, FL 33143	
POLICY NUMBER TBD -BLDGS F-J			
CARRIER American Coastal Insurance Company	NAIC CODE 12968	EFFECTIVE DATE: 03/15/2023	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 140 FORM TITLE: PROPERTY SECTION

PROPERTY ENHANCEMENT ENDORSEMENT

This endorsement modifies insurance provided under the following forms (if attached to this policy):

Building and Personal Property Coverage Form
Condominium Association Coverage Form
Standard Property Policy - Declaration
Cause of Loss - Special Form

1.a)

Coverage

Debris Removal Limit of Liability \$50,000

1.b) Fire Department Service Charge \$100,000

1.c) Pollutant Clean-Up and Removal \$150,000

1.d) Electronic Data \$100,000

2.a) Newly Acquired Property 90 days

2.b) Personal Effects (1) Sublimit Per Person \$5,000

(2) Sublimit Per Described Premises \$25,000

2.b) Property of Others \$25,000

2.c) Valuable Papers & Records \$500,000

2.d) Property Off-Premises \$25,000

2.e) Outdoor Property \$100,000 Except trees, shrubs, lawns or plants \$10,000 Except any one tree, shrub or plant \$5,000

2.f) Accounts Receivable \$500,000

2.g) Fire Extinguisher Recharge \$10,000

2.h) Lock Replacement \$7,500

2.i) Reward Reimbursement \$25,000

2.j) Inventory and Appraisals of Loss \$2,500

2.k) Wind Driven Precipitation \$250,000

2.l) Backup of Sewers and Drains \$150,000

3) Outdoor Signs \$20,000

4.e) "Fungus", Wet Rot, Dry Rot and Bacteria \$50,000

4.f) Property in Transit \$100,000

4.g) Off Premises Power Failure \$50,000 (Subject to a 24 hour deductible)

AC 00 01 08 17



Commercial Property Quote

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium provided in the Commercial Property Quote.
<input checked="" type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Maryam Sedshy

Policyholder/Applicant's Signature

Maryam Sedshy

Print Name

3/13/23

Date

American Coastal Insurance Company

Company

Policy Number

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisc, LLC disclaim any responsibility for your failure to reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.



Commercial Property Quote

Catastrophe Management Contact Information

The Village of Kings Creek Condominium Association

Like all Florida properties, your Association is exposed to potential catastrophic losses due to hurricane. In order to provide you with the best and most prompt customer service in the event of a catastrophe, we want to make sure our contact records are complete and up-to-date

Please complete and return this form with the remaining documents required at binding.

Insured Contact 1

Contact Name Maryam Sedghy		
Title President	Email Address maryam66@comcast.net	
Office Number	Cell Number 305-510-7979	Fax Number

Insured Contact 2

Contact Name		
Title	Email Address	
Office Number	Cell Number	Fax Number

Management Company (if applicable)

Company Name Association Self Managed		
Contact Name Mireya Villaverde	Email Address mireya@vkciami.com	
Office Number 305-279-3411	Cell Number 305-725-0958	Fax Number 305-271-5952

Retail Agent

Company Name HUB International		
Contact Name Karlene Lawrence	Email Address Karlene.Lawrence@HubInternational.com	
Office Number 954-924-3048	Cell Number	Fax Number 954-206-2071

Wholesaler (if applicable)

Company Name AmWINS		
Contact Name Lisa Motherway	Email Address lisa.motherway@amwins.com	
Office Number 561-455-8017	Cell Number	Fax Number

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisc, LLC disclaim any responsibility for your failure to reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.



Commercial Property Quote Rental Occupancy Disclosure

As a condition of binding, we need to know the total number of short term rental units (or % of total) in your association's building(s). We are aware that this percentage changes throughout the year and thus only need to verify the estimated percentage of short term rentals at the time of binding and/or at renewal.

As an admitted insurance carrier domiciled in the state of Florida, American Coastal Insurance Company is required to participate in the Florida Hurricane Catastrophe Fund (FHCF) for reinsurance coverage. However, by law the FHCF does not provide reinsurance coverage for Condominium Associations and Homeowner Associations that are primarily used for short term rentals. Short term rentals are defined by the FHCF as units that are non-owner occupied and rented for six (6) or more rental periods by different parties during the course of a twelve (12) month period. As such, our intent at American Coastal is to not provide coverage for properties that are primarily used for short term rentals. Please complete the questions below and return prior to binding.

Total Number of units 346 of 1067 Total (rental and non-rental)

Total Percentage (%) of short term rental units (circle appropriate range)

1) 0% to 25% Short Term Rentals

2) 25.1% to 50% Short Term Rentals

3) 50.1% to 75% Short Term Rentals

4) 75.1% to 100% Short Term Rentals

Maryam Sedghy
Policyholder/Applicant's Signature

3/13/23
Date

Maryam Sedghy
Printed Name

President
Title/Position

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisc, LLC disclaim any responsibility for your failure to reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.



Commercial Property Quote

American Coastal Insurance Company

Election Not To Buy Separate Flood Insurance

I, The Village of Kings Creek Condominium Association, have elected NOT to purchase, separate flood insurance for the property to be insured by American Coastal Insurance Company ("American Coastal") and affirm the following:

I UNDERSTAND AMERICAN COASTAL INSURANCE COMPANY DOES NOT PROVIDE COVERAGE FOR DAMAGE CAUSED BY FLOOD.

MY PROPERTY WILL NOT BE COVERED FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD.

I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM.

I WILL HAVE NO COVERAGE FOR LOSSES CAUSED BY FLOOD.

I UNDERSTAND MY APPLICATION FOR COVERAGE MAY BE DENIED IF I DO NOT SIGN THIS FORM.

I UNDERSTAND MY POLICY MAY BE NONRENEWED IN THE FUTURE IF I DO NOT SIGN THIS FORM.

The Florida Department of Financial Services, Office of Insurance Regulation and American Coastal Insurance Company strongly recommends that property owners in "Special Flood Hazard Areas" obtain flood coverage.

I have read and I understand the information above, and I chose **NOT** to purchase flood coverage.

I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

Maryam Sedghy

Application/Policy Number: _____

Policyholder/Applicant's Signature

Maryam Sedghy

Print Name

Date

3/13/23

Elizabeth Fiegehen

Agent's Signature

Elizabeth Fiegehen

Printed Name

3/9/2023

Date

AC FW01 06 07

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisc, LLC disclaim any responsibility for your failure to reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.

Account ID: 1054752

Insured: The Village of Kings Creek Condominium Association

Schedule of Values / Detail

Bldg	Address	County	Num Bldgs	Year Built	Building	Contents	Other	Bl/ Rents	Total Value	Num Units	Bldg SqFt	ISO Constr
1	7730/32 CAMINO REAL MIAMI FL 33143	MIAMI-DADE	1	1975	\$10,310,500	\$0	\$0	\$0	\$10,310,500	76	82,484	6
2	7800/05 CAMINO REAL MIAMI FL 33143	MIAMI-DADE	1	1975	\$10,310,500	\$0	\$0	\$0	\$10,310,500	78	82,484	6
3	7810/15 CAMINO REAL MIAMI FL 33143	MIAMI-DADE	1	1975	\$9,917,000	\$0	\$0	\$0	\$9,917,000	70	79,336	6
4	7820/25 CAMINO REAL MIAMI FL 33143	MIAMI-DADE	1	1975	\$10,310,500	\$0	\$0	\$0	\$10,310,500	78	82,484	6
5	7740 CAMINO REAL MIAMI FL 33143	MIAMI-DADE	1	1975	\$6,296,000	\$0	\$0	\$0	\$6,296,000	44	50,368	6
					\$47,144,500	\$0	\$0	\$0	\$47,144,500			

Account ID: 1054752

Insured: The Village of Kings Creek Condominium Association

Schedule of Values / Detail

Bldg Num	Prot Class	AS	ACIC Class	ACIC Occupancy	Location	EC_Zone	Terrain	Group2 Constr	Roof Cover	Roof Shape	Roof Wall Attach	Roof Deck Attach	Sec Wtr	Open Prot	FBC Wind Speed	FBC Wind Des	Des Exp
1	01	N	0333	Building & Contents	Miami	Seacoast 1	All HVHZ Locations	Superior	Level B	Flat	N/A	Level C Reinforced Concrete RF	N	None	N/A	N/A	N/A
2	01	N	0333	Building & Contents	Miami	Seacoast 1	All HVHZ Locations	Superior	Level B	Flat	N/A	Level C Reinforced Concrete RF	N	None	N/A	N/A	N/A
3	01	N	0333	Building & Contents	Miami	Seacoast 1	All HVHZ Locations	Superior	Level B	Flat	N/A	Level C Reinforced Concrete RF	N	None	N/A	N/A	N/A
4	01	N	0333	Building & Contents	Miami	Seacoast 1	All HVHZ Locations	Superior	Level B	Flat	N/A	Level C Reinforced Concrete RF	N	None	N/A	N/A	N/A
5	01	N	0333	Building & Contents	Miami	Seacoast 1	All HVHZ Locations	Superior	Level B	Flat	N/A	Level C Reinforced Concrete RF	N	None	N/A	N/A	N/A

Account ID: 1054752

Insured: The Village of Kings Creek Condominium Association

Schedule of Values / Detail

Bldg Num	Wind Ded	AOP Ded	Bldg Val	Roof Cover Val	AS ISO	BCEGS	Vandl Excl	Cov A	Cov BC Limit	CovA/B/C Limit
1	.05	10,000	RCV	RCV	N	Ungraded	N	Y	\$257,763	\$0.00
2	.05	10,000	RCV	RCV	N	Ungraded	N	Y	\$257,763	\$0.00
3	.05	10,000	RCV	RCV	N	Ungraded	N	Y	\$247,925	\$0.00
4	.05	10,000	RCV	RCV	N	Ungraded	N	Y	\$257,763	\$0.00
5	.05	10,000	RCV	RCV	N	Ungraded	N	Y	\$157,400	\$0.00

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.

To the best knowledge of the applicant and the producer, the above information is true and complete.

Applicant Printed Name

Title

Producer Printed Name

Title

Maryam Sedghy President

Elizabeth Fiegehen Agent

Applicant Signature

Producer Signature

Maryam Sedghy

Date

Date

3/13/23

Elizabeth Fiegehen

3/9/2023