

# COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

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DATE	(MI	VI/D	D/\	ΥΥ	Y)	

					Al	PPL	ICANT INFOR	VIA I I	<u>UIN</u>	SECTION	<u> </u>						03/0	9/2023
AGENCY Hub Interr 10368 W. S								CAR Ame		R in Coasta	al Ins	suran	ce Com	pany				naic code 12968
Suite 201 Davie, FL		u 04						СОМР	ANY	POLICY OR P	ROGR	AM NAM	IE				PROG	RAM CODE
ŕ								POLIC TBD -		MBER DGS F-J	TIV	' \$47,	144,50	0				
CONTACT NAME:		ne La	wrence					UNDE	RWRI	TER				UNDER	WRITER	OFFICE		
PHONE (A/C, No, Ext)																		
FAX (A/C, No):	(954)	206-2	071									QUOTE			ISSUE F	POLICY	X	RENEW
E-MAIL ADDRESS:	Karlene.L	awre	nce@Hu	ıblnte	rnational.c	com		STATU				BOUND	(Give Date		ttach Cop	• ·		
CODE:				su	IBCODE:			1				CHANG	_	ATE		TIME		AM
AGENCY CUS			CRE-04									CANCE	-					PM
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INDICATE LIN				PREMIU	JM					PREMIUM								MIUM
	& MACHINE	:RY		\$			YBER AND PRIVACY			\$			YACHT				\$	
	SS AUTO	•		\$			IDUCIARY LIABILITY			\$							\$ \$	
	SS OWNERS			\$ \$			ARAGE AND DEALERS IQUOR LIABILITY			\$							\$	
	COMMERCIAL GENERAL LIABILITY \$ LIQUOR LIABILITY  COMMERCIAL INLAND MARINE \$ MOTOR CARRIER							\$							\$			
v	RCIAL PRO			-	30,711.00		RUCKERS			\$							\$	
CRIME				\$	,		MBRELLA			\$							\$	
ATTACHN	//ENTS		-														<u> </u>	
	NTS RECEIV	/ABLE / \	VALUABLE P	APERS		G	LASS AND SIGN SECTION	N					STATEME	NT / SCH	HEDULE	OF VALUE	S	
ADDITIO	ONAL INTERI	EST SCH	HEDULE			н	OTEL / MOTEL SUPPLE	/ENT					STATE SU	IPPLEME	ENT (If ap	plicable)		
ADDITIO						NSTALLATION / BUILDEF						VACANT BUILDING SUPPLEMENT						
APARTI						NTERNATIONAL LIABILIT	Y EXPOS	SURE	SUPPLEME	NT		VEHICLE S	SCHEDU	ILE				
CONDO	CONDO ASSN BYLAWS (for D&O Coverage only)  INTERNAT				NTERNATIONAL PROPER	RTY EXP	OSUF	RE SUPPLEM	ENT									
CONTRA	CONTRACTORS SUPPLEMENT LOSS				OSS SUMMARY													
COVER					PEN CARGO SECTION													
DEALER	RS SECTION					P	REMIUM PAYMENT SUP	PLEMEN	T									
DRIVER	RINFORMATI	ION SCH	IEDULE			P	ROFESSIONAL LIABILIT	/ SUPPL	EME	NT								
ELECTF	RONIC DATA	PROCE	SSING SECT	TION		R	ESTAURANT / TAVERN	SUPPLEM	/ENT									
POLICY I											_				МІ	NIMUM		
PROPOSED E				E	BILLING PLA	AN	PAYMENT PLAN	ME	ТНОЕ	OF PAYMEN	NT /	AUDIT	DEPO	SIT	PR	EMIUM		LICY PREMIUM
03/15/2	2023	03/1	15/2024		DIRECT X	AGEN	ICY						\$		\$		\$ 3	30,711.00
APPLICA	NT INFO	RMAT	ION															
Village Of	Kings Cr				(including ZIP+	4)		GL CO			sic <b>653</b>	1		NAICS				R SOC SEC # 92280
7711 Cami Miami, FL								BUSIN	ESS	PHONE #: <b>(3</b>	05) 2	279-3	411					
a, . ∟	33143							WEBS	ITE A	DDRESS								
CORPO INDIVID	PRATION PUAL	$\vdash$	OINT VENTU LC NO. OF LC AND MA	IRE MEMBE ANAGER	ERS		NOT FOR PROFIT OR PARTNERSHIP	3	_	SUBCHAPTER RUST	R "S" C	ORPOR.	ATION	X	Cond	do Ass	ociat	ion
NAME (Other	Named Insu	red) ANI			S (including ZIP-	+4)		GL CO	DE		SIC			NAICS			FEIN OF	R SOC SEC#
								BUSIN	ESS	PHONE #:								
								WEBS	ITE A	DDRESS								
	RATION	$\vdash$	OINT VENTU	IRE MEMBE ANAGER	:RS		NOT FOR PROFIT OR	3	_	SUBCHAPTER	R "S" C	ORPOR	ATION					
NAME (Other					RS: ———— S (including ZIP-	+4)	PARTNERSHIP	GL CO		RUST	SIC			NAICS			FEIN OF	R SOC SEC#
								BUSIN	ESS	PHONE #:								
								WEBS	ITE A	DDRESS								
CORPO	RATION	J.J.	OINT VENTU	IRE			NOT FOR PROFIT OR	3	S	SUBCHAPTER	R "S" C	ORPOR	ATION					
INDIVID		$\vdash$		MEMBE ANAGER	RS		PARTNERSHIP		_	RUST	,				1			
ACORD 1	25 (2016	/03)	, 10 1017			-	Page 1	of 4		© 199	3-20	15 AC	ORD C	ORPO	RATIO	N. All	rights	reserved.

CONT	ACT INFORM	MATION					,	AGI	ENCY (	CUSTON	MER ID:	KINGC	RE-04		KLAWF	RENCE1
	T TYPE: Inspe		act				CONTACT TYPE: Accounting Contact									
CONTAC	T NAME: Mirey	a Villaverd	е				CONTACT NAME: Mireya Villaverde									
PRIMARY PHONE #	☐ HOME 279-3411	X BUS C	ELL SECONDA PHONE #		us 2	X CELL		RIM/ PHON 305	ARY NE #		E X BUS	GELL	SECONDARY PHONE # (305) 725-09		BUS	X CELL
PRIMARY	Y E-MAIL ADDRES	ss: mireya@v	kcmiami.com				P	RIMA	ARY E-MA	AIL ADDRE	ss: mir	eya@vkcı	miami.com			
	ARY E-MAIL ADD						PRIMARY E-MAIL ADDRESS: mireya@vkcmiami.com  SECONDARY E-MAIL ADDRESS:									
PREM	ISES INFORI	MATION (A	ttach ACORD	823 for Addition	nal P	remise	es)									
LOC#	<b>STREET</b> 7730-32 Са	mino Bool			CIT	TY LIMITS	s I	INTE	EREST		# FULL	TIME EMPL	ANNUAL REVENUE	ES: \$		
6	1130-32 Ca	IIIIIIO Real			X	INSIDE	E [	X	OWNER				OCCUPIED AREA:		10	00 SQFT
BLD#	сіту:Міаті			STATE: FL		OUTSI	IDE		TENANT		# PART	TIME EMPL	OPEN TO PUBLIC	AREA:		SQ FT
1	county:Miar			ZIP: 33143									TOTAL BUILDING	AREA:	82,28	<b>34</b> SQ FT
DESCRI		тюмs: <b>Resid</b>	ential Condo	ominium - 4 sto	ries	w/76-l	Unit	ts					ANY AREA LEASE	р то отн	ERS? Y / N	N
LOC#	7740 Camii	no Real			CIT	TY LIMITS	s I	INTE	EREST		# FULL	TIME EMPL	ANNUAL REVENUE	ES: \$		
7	7740 Oaiiii	iio iteai			Х	INSIDE	E	X	OWNER				OCCUPIED AREA:		10	00 SQ FT
BLD#	сіту:Міаті			STATE: FL		OUTSI	IDE		TENANT	.	# PART	TIME EMPL	OPEN TO PUBLIC	AREA:		SQ FT
1	COUNTY: Miai			ZIP: 33143									TOTAL BUILDING	AREA:	50,38	38 <sub>SQ FT</sub>
DESCRI		TIONS: Resid	ential Condo	ominium - 4 sto	ries	w/44-l	Unit	ts					ANY AREA LEASE	р то отн	ERS? Y / N	N
LOC#	7800-05 Ca	mino Real			CIT	TY LIMITS	s I	INTE	EREST		# FULL	TIME EMPL	ANNUAL REVENUE	ES: \$		
8	7000-03 Ca	IIIIIIO INGAI			Х	INSIDE	E [	X	OWNER				OCCUPIED AREA:		10	00 SQFT
BLD#	сіту:Міаті			STATE: FL		OUTSI	IDE		TENANT		# PART	TIME EMPL	OPEN TO PUBLIC	AREA:		SQ FT
1	COUNTY: Miai			ZIP: 33143									TOTAL BUILDING	AREA:	82,48	34 <sub>SQ FT</sub>
DESCRI	PTION OF OPERA	TIONS: Resid	ential Condo	ominium - 4 sto	ries	w/78-l	Unit	ts					ANY AREA LEASE	р то отн	ERS? Y / N	N
LOC#	STREET				CIT	TY LIMITS	s I	INTE	EREST		# FULL	TIME EMPL	ANNUAL REVENUE	ES: \$		
9	7810-15 Ca	ımıno Reai			X	INSIDE	E	X	OWNER				OCCUPIED AREA:		10	00 SQFT
BLD#	сіту: <b>Міаті</b>			STATE: FL		OUTSI	IDE		TENANT		# PART	TIME EMPL	OPEN TO PUBLIC	AREA:		SQ FT
1	COUNTY: Miai	mi Dade		ZIP: 33143									TOTAL BUILDING	AREA:	79,33	36 SQ FT
DESCRI	TION OF OPERA	тюмs: <b>Resid</b>	ential Condo	minium - 4 sto	ries	w/70-l	Unit	ts					ANY AREA LEASE	р то отн	ERS? Y / N	N
NATU	RE OF BUSI	NESS														
	ARTMENTS	CONTRA	CTOR N	MANUFACTURING		RESTAU	RANT	г	SI	ERVICE					BUSINESS ED (MM/DD/	YYYY)
X cor	NDOMINIUMS	INSTITUT	TIONAL	OFFICE		RETAIL			W	HOLESAL	E				<u>01/11/19</u>	
RETAIL S	DESCRIPTION OF PRIMARY OPERATIONS  INSTALLATION, SERVICE OR REPAIR WORK  RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:    INSTALLATION, SERVICE OR REPAIR WORK   OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK   %															
			R NAMED INSURED ngs, 1067-un	its, Clubhouse	, Off	fice, 2	Cal	ban	na/Gyn	ns and	4 pool	s.				
ADDIT	IONAL INTE	REST (Not a	all fields apply	y to all scenario	s - pı	rovide	only	y th	ne nece	essary	data) A	ttach AC	ORD 45 for mo	ore Add	litional In	iterests
INTERES			NAME AND ADDR			ENCE:			TIFICATE		OLICY	SEND BI			EM NUMBER	
INS	DITIONAL URED	LIENHOLDER											LOCATION:	!	BUILDING:	
BRI	EACH OF RRANTY	LOSS PAYEE											VEHICLE:		BOAT:	
	OWNER	MORTGAGEE											AIRPORT:		AIRCRAFT:	
AS	PLOYEE LESSOR ASEBACK	OWNER											ITEM CLASS:		TEM:	
ow	NER DER'S	REGISTRANT											ITEM DESCRIPT	ION		
Los	S PAYABLE	TRUSTEE	REFERENCE / LO	AN #:					T END DA							
DE 100:	500 INT=====		LIEN AMOUNT:						A/C, No, E	xt):			FAX (A/C, No):			
REASON	FOR INTEREST:						⊨-MA	AL A	DDRESS:							

N

N

N

RESOLVE DATE

EXP	LAIN ALL "YES" RESPONSES				Y/N
1a.	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?				N
	PARENT COMPANY NAME	RELAT	TIONSHIP DESCRIPTION	% OWNED	
1b.	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	I			N
	SUBSIDIARY COMPANY NAME	RELAT	TIONSHIP DESCRIPTION	% OWNED	
2.	IS A FORMAL SAFETY PROGRAM IN OPERATION?  SAFETY MANUAL SAFETY POSITION MONTHLY MEETINGS	OSHA			N
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 DU OPERATIONS? (Missouri Applicants - Do not answer this question)  NON-PAYMENT  AGENT NO LONGER REPRESENTS CARRIER  NON-RENEWAL  UNDERWRITING  CONDITION CORRECTED		(3) YEARS FOR ANY PREMISES OF	R	N
6.	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTAT	,	RIMINATION OR NEGLIGENT HIRIN	NG?	N
7	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDIC		OF ANY DECREE OF THE CRIME	OF ERALID	N

9.	HAS APPLICAN	IT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BAN	KRUPTCY DURING THE LAST FIVE (5) YEARS	?	N
	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10.	HAS APPLICAN	IT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?			
	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
					N
11.	HAS BUSINESS	S BEEN PLACED IN A TRUST? NAME OF TRUST:			N
12.	ANY FOREIGN (If "YES", attach	OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	SOLD / DISTRIBUTED IN FOREIGN COUNTRIE	ES?	N
13.	DOES APPLICA	ANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQ	UESTED?		N

RESOLUTION

(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).

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

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

PRIOR CARRIER INFORMATION

8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?

14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)

15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)

OCCUR DATE EXPLANATION

KINGCRE-04

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		INFORMATION	(Acadimused)
<b>FRIUR</b>	CARRIER		(CONLINUEU)

**GENERAL LIABILITY** 

	AUTOMOBILE	PROPERTY	OTHER:	
	·			
\$		\$	\$	
		and the manufacture of the second sec		
_				

LOSS HISTOR	lY	_					
ENTER ALL CLAIMS FOR THE LAST	TOTAL LOSSES: \$						
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N
	,						

#### **SIGNATURE**

YEAR

CATEGORY

CARRIER POLICY NUMBER PREMIUM EFFECTIVE DATE EXPIRATION DATE

POLICY NUMBER PREMIUM EFFECTIVE DATE **EXPIRATION DATE** 

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.)

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)

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 Maryam Sedghy		S 3	123	NATIONAL PRODUCER NUMBER 19390456

AGENCY CUSTOMER ID: KINGCRE-04

KLAWRENCE1

# ADDITIONAL PREMISES INFORMATION SCHEDULE

Page 1 of 1

AGENCY		CARRIER	NAIC CODE				
Hub International Florida		American Coastal Insurance Company 12					
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)					
TBD -BLDGS F-J 03/15/2023		Village Of Kings Creek Condominium					

PREM	ISES INFORMATION								
LOC#	STREET 7820-25 Camino Real		CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
10	7020 20 04111110 11041		X	INSIDE	X	OWNER		OCCUPIED AREA:	<b>00</b> SQ FT
BLD#	CITY: Miami	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Miami Dade	ZIP: 33143						TOTAL BUILDING AREA: 82,48	<b>84</b> SQ FT
DESCRI	PTION OF OPERATIONS: Residential Condo	minium - 4 stor	ies	w/76-Ur	iits			ANY AREA LEASED TO OTHERS? Y / N:	i
LOC#	STREET		CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:						TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:						•	ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:				]		TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:						•	ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:				]		TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:						•	ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:				]		TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:						•	ANY AREA LEASED TO OTHERS? Y / N:	:
LOC#	STREET		CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:		1				TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:						•	ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:		1		1		TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:		•				1	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.



# DRODERTY SECTION

AGENCY CUSTOMER ID: \_\_\_\_\_

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

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AGENC Hub I	AGENCY NAME Hub International Florida POLICY NUMBER EFFECTIVE								1	ARRI neri		oast	al Insu	ırance	Co	mpany	•			uc co <b>968</b>	DE	
	NUMBER BLDGS F-J								VE DATE /2023			NSURED		Creek	c Cond	om	inium			·		
BLAN	IKET SUMMARY																					
BLKT#	AMOUNT				TYP	PΕ				BL	KT#		AMOU	INT				TYPE				
			DDEMIS	SES #: 6		TDEET	ADDDE	se. 77	730-32	Cam	nino	Real.	Miar	mi, FL :	33143							
DDEM	IISES INFORMATION		BUILDIN						Condo													
	SUBJECT OF INSURANCE			AMOUNT			VALU- ATION		SES OF L	088	IN	FLATION JARD %		DED	DED	BL	(T EODW	S AND C	ONDI.	TIONS TO	ADDI	
	ing F - 76 Units			10,310,5		100	R		ial (Incl			JARD %		0,000	TYPE	#	5% Hurr Occurre	icane			JAFFL	<u>.</u> '
ADDITIO	ONAL INFORMATION	BU	SINESS	INCOME / E	EXTRA	EXPENS	SE - Atta	ch ACC	ORD 810			\	/ALUE	REPORT	ING INFO	RMA	ION - Attach A	CORD 81	1			
	TIONAL COVERAGE	ES, OP	<u> FIONS</u>	, RESTR	ICTIC	NS, E	NDOR	RSEM	ENTS A	AND	RA	TING IN	NFOF	RMATIC	N							
SPOIL		PROPER	RTY COV	VERED							LII	MIT			REFRIG							
(Y / I											\$				AGREI (Y	EMEN 'N)	T BRE/	AKDOWN	OR C			
	7										DE	EDUCTIB	LE		`_	ń.	POW	ER OUTA	AGE		ELLIN	G
											\$											
SINKHO	DLE COVERAGE (Require	d in Florid	da)						ACCEPT	COVE	RAG	E	R	EJECT C	OVERAGI	<u> </u>	LIMIT: \$					
MINE S	UBSIDENCE COVERAGE	(Required	d in IL, I	N, KY and V	NV)				ACCEPT	COVE	RAG	E	R	EJECT C	OVERAGE	•	LIMIT: \$					
PR	ROPERTY HAS BEEN DES	IGNATED	AN HIS	TORICAL L	ANDMA	ARK											# OF OPEN S	IDES ON	STRU	CTURE:		_
CONST	RUCTION TYPE		T 1	DISTANCE 1	то		FIR	RE DIST	FRICT			ODE NUN	/RED	PROT	CI #ST	ORIF	S # BASM'TS	YR BU	ΙΙΤ	TOTAL	ARFA	
	Resistive/Superio	r	HYD	RANT FIF 300 <sub>FT</sub>	RE STA	т Міа⊩	mi-Da		111101		"	130		4	-   "	4		197		82.48		
	NG IMPROVEMENTS			JUL FILL	BLDG	CODE	TAX		ROOF	TYPE				R OCCU	PANCIES					<u>,</u>	_	
	RING, YR: <b>2002</b> X	7		<sub>2</sub> 2002	99	ADE			Poure													
	OOFING, YR: <b>2012</b>	1. 201112			WIND	CLASS		C.F	MI DECK	CTIVE				HEATING	SOURCE	INCL	WOODBURNIN	NG D	ATE			
	THER:	HEATIN ,	YR:	ŀ		RESISTI	ve	_	MI- RESIS <b>ther</b>	SIIVE				STOVE O UFACTUR		ACE I	NSERT	11	NSTA	LED:		
	RY HEAT		IIX.			(LOIOTT	VL			SEC	COND	ARY HE		31713131								
	DILER SOLID	FUFI									1	ILER		SOLIE	FUEL							
	BOILER, IS INSURANCE F		SEWE	HERE?	Y/N								⊥ INSI	URANCE		L.SE\	VHERE?	Y/N				
	EXPOSURE & DISTANCE			LEFT EXP			ANCE			FRC				ISTANCE			REAR EXPO		DIST	ANCE		
BURGL	AR ALARM TYPE					CERTI	IFICATE	#								Е	XPIRATION DA	TE	CEN	TRAL		LOCAL
																				TION H KEYS		GONG
BURGI	AR ALARM INSTALLED AI	ND SERVI	CFD BY							FXT	ΓENT			GR	ADE	#	GUARDS / WAT	CHMEN	VVII	CLOC	K HOU	RI Y
																"				1		
PREMIS	SES FIRE PROTECTION (S	prinklers,	Standp	ipes, CO2 /	Chemic	cal Syste	ems)		% SPI	RNK	FIR	E ALARN	I MAN	UFACTUR	RER					CENTI	RAL ST	TATION
																			X	LOCAL		
ADDI.	TIONAL INTEREST	r	ACOF	RD 45 att	tache	d for a	additi	onal	names													
INTERE				ADDRESS		<u> </u>	EVIDE			RTIFIC	CATE							NTEREST	IN IT	EM NUM	BER	
LO	SS PAYEE											_					LOCATION:			BUILDIN		
	ORTGAGEE																ITEM CLASS:			TEM:		
																	ITEM DESC	RIPTION				
		REFF	RENCE	/ LOAN #:																		

AGENCY CUSTOMER ID:

ADDITIONAL	PREMI																	
PREMISES INFORMATION	BUILDI	NG #: 1				Condo												
SUBJECT OF INSURANCE	,	AMOUNT	COINS	WALU-	CAU	SES OF LOSS	IN G	LATION	N	DED		DED TYPE	BLKT #		IS AND C	-		O APPLY
Building G - 44 Units		6,296,000	100	R	Spec theft)	ial (Includin	g			10,0	nn Pe	er		5% Hurr Occurre		Dec	Per	
		0,200,000												Occurre	1100			
ADDITIONAL INFORMATION	BUSINESS	S INCOME / EXT		ISF - Atta	ch ACC	ORD 810			VΔI	IIE REE	ORTIN	IG INFOR	ΜΔΤΙΩ	N - Attach A	CORD 81	1		
ADDITIONAL COVERAGES							DRΔ	LING						/		•		
SPOILAGE DESCRIPTION OF PR	•	•	,		· ·	LITTO AITE		MIT		O1 (1117)		REFRIG N	MAINT	OPTIONS				
COVERAGE	101 21111 00	VENED					\$	••••				AGREEN			AKDOWN		ОМТАМ	ΙΝΔΤΙΩΝ
(Y / N)							<u> </u>	DUCTI	BI E			(Y / N	1)		ER OUT		S	SELLING
							\$							H	LICOUIT	TOL	F	PRICE
SINKHOLE COVERAGE (Required in	Elorida)					ACCEPT COV		_		DE IE	T COV	/ERAGE		LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Re		IN KV and MAA				ACCEPT COV						/ERAGE						
,	•		NAADK		L .	ACCEPT COV	ERAG	-		KEJE	51 00	ZERAGE		LIMIT: \$	NDEC ON	CTDI	ICTURE	
PROPERTY HAS BEEN DESIGN	NATED AN FIR	STORICAL LAINL	JIVIARK										•	FOF OPEN S	SIDE2 ON	ISIK	CIUKE	· ——
CONSTRUCTION TYPE	нуг	DISTANCE TO DRANT FIRE S	STAT	FII	RE DIST	RICT	С	ODE NU	ЈМВЕ	ER PI	ROT CI	# STO	RIES	# BASM'TS	YR BU	ILT	TOTAL	AREA
Fire Resistive/Superior		300 <sub>FT</sub>	2 <sub>MI</sub> Mi	ami-D	ade			13	0		4	4	.		197	5	50,36	8
BUILDING IMPROVEMENTS			DG CODE	TAX	CODE	ROOF TYP	E		ОТ	THER O	CCUPA	NCIES						
X WIRING, YR: 2002 X P	LUMBING, YF					Poured												
V 0040	EATING, YR:	WI	ND CLAS	s	SE	MI- RESISTIV	E			HEAT STO	TING S /E OR	OURCE IN	NCL W	OODBURNII ERT	NG [	DATE NSTAI	LED:	
OTHER:	YR:		RESIS	TIVE	X O1	her			MA	ANUFAC								
PRIMARY HEAT						SE	CONE	ARY HE	EAT			_						
BOILER SOLID FU	JEL						во	LER		s	OLID F	UEL						
IF BOILER, IS INSURANCE PLA	CED ELSEW	HERE? Y	/ N				IF E	OILER,	IS II	NSURAN	NCE PL	ACED EL	SEWH	ERE?	Y/N			
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSU	IRE & DIS	TANCE		FF	RONT	XPOSU	JRE 8	& DISTA	NCE			REAR EXP	OSURE &	DIST	ANCE	
BURGLAR ALARM TYPE			CER	TIFICATE	#								EXP	IRATION DA	TE		TRAL TION	LOCAL GONG
																WIT	H KEYS	
BURGLAR ALARM INSTALLED AND	SERVICED BY	1				E	CTENT				GRAI	DE	# GL	JARDS / WA	TCHMEN		CLOC	K HOURLY
PREMISES FIRE PROTECTION (Sprin	nklers, Standp	oipes, CO2 / Che	mical Sys	tems)		% SPRNK	FIR	E ALAR	M M	ANUFA	CTURE	R					CENT	RAL STATION
																X	LOCA	L GONG
ADDITIONAL INTEREST	ACO	RD 45 attac	hed for	additi	onal	names												
INTEREST	NAME AND A	ADDRESS RAM	IK:	EVIDE	NCE:	CERTIF	ICATE								NTEREST	IN IT	EM NUM	BER
LOSS PAYEE														LOCATION	1		BUILDIN	G:
MORTGAGEE														ITEM CLASS:			TEM:	
														ITEM DESC	RIPTION			
						_												
	REFERENCE	/ LOAN #:																
REMARKS (ACORD 101,		I Remarks	<u>Schedu</u>	ıle, ma	y be	attached i	if mo	re sp	ace	is re	quire	ed)						
SEE ATTACHED ACORD	101																	



	DATE (MM/DD/
PROPERTY SECTION	03/09/20

														03/09/2023	
agency NAME Hub International Florida								RRIER		astal Ins	urance C	om	pany	NAIC CODE 12968	
	Y NUMBER -BLDGS F-J					03/15/2		MED INSI		<sub>s)</sub> ngs Cree	k Condo	min	ium	·	
BI AN	NKET SUMMARY														
BLKT #				TYPE			BL	KT#	А	MOUNT			TYPE		
		L .				=	2 2 2			<u></u>	20112				
			PREMISES #: 8					nino R	eal, I	∕liami, FL	33143				
PRE	MISES INFORMATIO	N	BUILDING #: 1			IPTION: CO	ndo								
- ;	SUBJECT OF INSURANCE		AMOUNT	COINS 9	VALI	U- CAUSE	S OF LOSS	INFLA GUAR	TION	DED	DED E	BLKT #	FORMS AND O	CONDITIONS TO APPLY	
	ling H - 78 Units				R		l (Including		(D %			#	5% Hurricane		
	<b>3</b>		10,310,5	500 100		theft)	. (	1		5,000	Per		Occurrence		
ADDITI	IONAL INFORMATION	В	USINESS INCOME / E	EXTRA EXPEN	ISE - A	ttach ACOR	D 810		V	ALUE REPOR	TING INFORM	MATIC	ON - Attach ACORD 81	11	
V D D I.	ITIONAL COVERACE	e on	TIONS DESTR	ICTIONS	ENDO	DOEME	NITC AND	DATIN							
SPOIL	ITIONAL COVERAGE		-	ICTIONS,	ENDC	JKSEWE	N I S AND			FURMATI			T		
COVER	DECOMM NON OF	PROPE	RTY COVERED					LIMIT			REFRIG N		OPTIONS		
(Y /								\$			AGREEM (Y/N		BREAKDOWN	N OR CONTAMINATION	
								DEDU	ICTIBL	E		ĺ	POWER OUT	AGE SELLING PRICE	
								\$						11102	
SINKH	IOLE COVERAGE (Required	in Flor	ida)			AC	CEPT COVE			REJECT	OVERAGE		LIMIT: \$		
	· · · · · · · · · · · · · · · · · · ·			MA A			CEPT COVE								
	SUBSIDENCE COVERAGE (I					AC	CEPT COVE	RAGE		REJECT	OVERAGE		LIMIT: \$		
PF	PROPERTY HAS BEEN DESIG	GNATE	D AN HISTORICAL L	ANDMARK								;	# OF OPEN SIDES OF	N STRUCTURE:	
			DIOTANOE:					_							
	TRUCTION TYPE		DISTANCE T HYDRANT FIF	RE STAT		FIRE DISTRI	СТ		E NUM	BER PROT	CL #STO	RIES	# BASM'TS YR BU		
Fire I	Resistive/Superior		300 <sub>FT</sub>	2 <sub>MI</sub> Mia	ami-[	Dade			130	4	4		197	75 82,484	
BUILDI														•	
<b>X</b>	ING IMPROVEMENTS			BLDG CODE	TA		ROOF TYPE		(	OTHER OCCU	PANCIES				
		]	NNO VD 2002	GRADE	TA	X CODE	ROOF TYPE		(	OTHER OCCU	PANCIES				
Y	VIRING, YR: <b>2002</b> X	PLUM	BING, YR: <b>2002</b>	GRADE 99	'	X CODE	Poured		(			ICL W	OODBURNING I	DATE	
X		PLUME HEATI	BING, YR: <b>2002</b> NG, YR:	GRADE	'	X CODE F	Poured - RESISTIVE			HEATING STOVE (	SOURCE IN OR FIREPLAC	ICL W		DATE INSTALLED:	
X R	VIRING, YR: <b>2002</b> X	PLUMI HEATI	BING, YR: <b>2002</b> NG, YR: YR:	GRADE 99	5	X CODE	Poured - RESISTIVE			HEATING	SOURCE IN OR FIREPLAC	ICL W	OODBURNING I		
X R0	WIRING, YR: <b>2002</b> X ROOFING, YR: <b>2012</b>	PLUMI HEATI	ING, YR:	99 WIND CLASS	5	X CODE F	Poured - RESISTIVE IET		1	HEATING STOVE O MANUFACTU	SOURCE IN OR FIREPLAC	ICL W	OODBURNING I SERT I		
X RO	WIRING, YR: 2002 ROOFING, YR: 2012 OTHER:	HEATI	ING, YR:	99 WIND CLASS	5	X CODE F	Poured - RESISTIVE IET	<u> </u>	Y HEA	HEATING STOVE ( MANUFACTU	SOURCE IN OR FIREPLAC	ICL W	/OODBURNING I SERT I		
X RO	VIRING, YR: 2002 X COOFING, YR: 2012 OTHER: URY HEAT	HEATI	NG, YR: YR:	99 WIND CLASS	5	X CODE F	Poured - RESISTIVE IET	CONDAR BOILER	Y HEA	HEATING STOVE ( MANUFACTU	S SOURCE IN DR FIREPLAC RER: D FUEL	CE INS	SERT		
X RO O' PRIMAI BO IF	VIRING, YR: 2002 ROOFING, YR: 2012 OTHER: INTY HEAT FOILER SOLID F	HEATI	NG, YR: YR:  ELSEWHERE?	GRADE 99 WIND CLASS RESIST	S TIVE	X CODE F	Poured - RESISTIVE - RESISTIVE - SEC	CONDAR BOILER	Y HEAT	HEATING STOVE ( MANUFACTU  T SOLI	S SOURCE IN DR FIREPLAC RER: D FUEL [ PLACED ELS	CE INS	HERE? Y/N	NSTALLED:	
X RO O' PRIMAI BO IF	VIRING, YR: 2002 ROOFING, YR: 2012 OTHER: URY HEAT ROILER SOLID R	HEATI	NG, YR: YR:  ELSEWHERE?	GRADE 99 WIND CLASS RESIST	S TIVE	X CODE F	Poured - RESISTIVE - RESISTIVE - SEC	CONDAR BOILER	Y HEAT	HEATING STOVE (MANUFACTU	S SOURCE IN DR FIREPLAC RER: D FUEL [ PLACED ELS	CE INS	SERT	NSTALLED:	
X RO O' PRIMAI BO IF RIGHT	VIRING, YR: 2002  COOFING, YR: 2012  OTHER:  INTY HEAT  COLLER  SOLID IF  F BOILER, IS INSURANCE PL  F EXPOSURE & DISTANCE	HEATI	NG, YR: YR:  ELSEWHERE?	GRADE 99 WIND CLASS RESIST	TANCE	SEMI X Oth	Poured - RESISTIVE - RESISTIVE - SEC	CONDAR BOILER	Y HEAT	HEATING STOVE ( MANUFACTU  T SOLI	S SOURCE IN DR FIREPLAC RER: D FUEL [ PLACED ELS	SEWH	HERE? Y/N	NSTALLED:	
X RO O' PRIMAI BO IF RIGHT	VIRING, YR: 2002 ROOFING, YR: 2012 OTHER: INTY HEAT FOILER SOLID F	HEATI	NG, YR: YR:  ELSEWHERE?	GRADE 99 WIND CLASS RESIST	S TIVE	SEMI X Oth	Poured - RESISTIVE - RESISTIVE - SEC	CONDAR BOILER	Y HEAT	HEATING STOVE ( MANUFACTU  T SOLI	S SOURCE IN DR FIREPLAC RER: D FUEL [ PLACED ELS	SEWH	HERE? Y/N	NSTALLED:	CAL
X RO O' PRIMAI BO IF RIGHT	VIRING, YR: 2002  COOFING, YR: 2012  OTHER:  INTY HEAT  COLLER  SOLID IF  F BOILER, IS INSURANCE PL  F EXPOSURE & DISTANCE	HEATI	NG, YR: YR:  ELSEWHERE?	GRADE 99 WIND CLASS RESIST	TANCE	SEMI X Oth	Poured - RESISTIVE - RESISTIVE - SEC	CONDAR BOILER	Y HEAT	HEATING STOVE ( MANUFACTU  T SOLI	S SOURCE IN DR FIREPLAC RER: D FUEL [ PLACED ELS	SEWH	HERE? Y/N	A DISTANCE	
PRIMAI  BURGL	VIRING, YR: 2002  COOFING, YR: 2012  OTHER:  INTY HEAT  COLLER  SOLID IF  F BOILER, IS INSURANCE PL  F EXPOSURE & DISTANCE	FUEL LACED	NG, YR: YR:  ELSEWHERE?  LEFT EXPO	GRADE 99 WIND CLASS RESIST	TANCE	SEMI X Oth	Poured - RESISTIVE IEF SEC	CONDAR BOILER	Y HEAT	HEATING STOVE (MANUFACTURE)  T SOLI INSURANCE  E & DISTANCE	S SOURCE IN DR FIREPLAC RER: D FUEL [ PLACED ELS	SEWH	HERE? Y/N	A DISTANCE  CENTRAL LOG STATION GO WITH KEYS	NG
PRIMAI  BURGL	VIRING, YR: 2002 ROOFING, YR: 2012 DTHER: RY HEAT ROILER SOLID R E BOILER, IS INSURANCE PL E EXPOSURE & DISTANCE LAR ALARM TYPE	FUEL LACED	NG, YR: YR:  ELSEWHERE?  LEFT EXPO	GRADE 99 WIND CLASS RESIST	TANCE	SEMI X Oth	Poured - RESISTIVE IEF SEC	CONDAR BOILEF IF BOIL	Y HEAT	HEATING STOVE (MANUFACTURE)  T SOLI INSURANCE  E & DISTANCE	S SOURCE IN OR FIREPLACE RER:  D FUEL  PLACED ELS	SEWH	HERE? Y/N REAR EXPOSURE 8	& DISTANCE  CENTRAL LOG STATION GO WITH KEYS	NG
PRIMAI BURGL BURGL	VIRING, YR: 2002 ROOFING, YR: 2012 DTHER: RY HEAT ROILER SOLID R F BOILER, IS INSURANCE PL F EXPOSURE & DISTANCE LAR ALARM TYPE LAR ALARM INSTALLED AN	FUEL _ACED	NG, YR: YR:  ELSEWHERE?  LEFT EXPO	GRADE 99 WIND CLASS RESIST  Y/N DSURE & DIS	TANCE	SEMI X Oth	Poured - RESISTIVE INC. SEC. FRC	CONDAR BOILEF IF BOIL DNT EXP	Y HEA R LER, IS OSURI	HEATING STOVE GMANUFACTU	G SOURCE IN OR FIREPLACE RER:  D FUEL  PLACED ELS  E	SEWH	HERE? Y/N REAR EXPOSURE 8	CENTRAL LOC STATION GO WITH KEYS	NG Y
PRIMAI BURGL BURGL	VIRING, YR: 2002 ROOFING, YR: 2012 DTHER: RY HEAT ROILER SOLID R E BOILER, IS INSURANCE PL E EXPOSURE & DISTANCE LAR ALARM TYPE	FUEL _ACED	NG, YR: YR:  ELSEWHERE?  LEFT EXPO	GRADE 99 WIND CLASS RESIST  Y/N DSURE & DIS	TANCE	SEMI X Oth	Poured - RESISTIVE IEF SEC	CONDAR BOILEF IF BOIL DNT EXP	Y HEA R LER, IS OSURI	HEATING STOVE (MANUFACTURE)  T SOLI INSURANCE  E & DISTANCE	G SOURCE IN OR FIREPLACE RER:  D FUEL  PLACED ELS  E	SEWH	HERE? Y/N REAR EXPOSURE 8	CENTRAL LOCK HOURLY CENTRAL STAT	NG Y
PRIMAI BURGL BURGL	VIRING, YR: 2002 ROOFING, YR: 2012 DTHER: RY HEAT ROILER SOLID R F BOILER, IS INSURANCE PL F EXPOSURE & DISTANCE LAR ALARM TYPE LAR ALARM INSTALLED AN	FUEL _ACED	NG, YR: YR:  ELSEWHERE?  LEFT EXPO	GRADE 99 WIND CLASS RESIST  Y/N DSURE & DIS	TANCE	SEMI X Oth	Poured - RESISTIVE INC. SEC. FRC	CONDAR BOILEF IF BOIL DNT EXP	Y HEA R LER, IS OSURI	HEATING STOVE GMANUFACTU	G SOURCE IN OR FIREPLACE RER:  D FUEL  PLACED ELS  E	SEWH	HERE? Y/N REAR EXPOSURE 8	CENTRAL LOC STATION GO WITH KEYS	NG Y
RIGHT BURGL BURGL	VIRING, YR: 2002 ROOFING, YR: 2012 DTHER: RY HEAT ROILER SOLID R F BOILER, IS INSURANCE PL F EXPOSURE & DISTANCE LAR ALARM TYPE LAR ALARM INSTALLED AN	HEATI FUEL _ACED   D SERV	NG, YR: YR:  ELSEWHERE?  LEFT EXPO	GRADE 99 WIND CLASS RESIST  Y/N  OSURE & DIS'  CER'	TANCE TIFICA	SEMI X Oth	Poured - RESISTIVE	CONDAR BOILEF IF BOIL DNT EXP	Y HEA R LER, IS OSURI	HEATING STOVE GMANUFACTU	G SOURCE IN OR FIREPLACE RER:  D FUEL  PLACED ELS  E	SEWH	HERE? Y/N REAR EXPOSURE 8	CENTRAL LOCK HOURLY CENTRAL STAT	NG Y
RIGHT BURGL BURGL	VIRING, YR: 2002  ROOFING, YR: 2012  OTHER:  RY HEAT  FOILER SOLID IF  EXPOSURE & DISTANCE  LAR ALARM TYPE  LAR ALARM INSTALLED AND  ISES FIRE PROTECTION (Sp.	HEATI FUEL ACED D SERV	NG, YR: YR:  ELSEWHERE?  LEFT EXPO	WIND CLASS WIND CLASS RESIST  Y/N DSURE & DIS  CER  Chemical Sys	TANCE TIFICA*	SEMI X Oth	Poured - RESISTIVE	BOILEF IF BOIL DNT EXP	Y HEA R LER, IS OSURI	HEATING STOVE GMANUFACTU	G SOURCE IN OR FIREPLACE RER:  D FUEL  PLACED ELS  E	SEWH	HERE? Y/N REAR EXPOSURE 8 PIRATION DATE UARDS / WATCHMEN	CENTRAL LOCK HOURLY CENTRAL STAT	NG Y
X ROOM OF THE PRINCE OF THE PR	VIRING, YR: 2002  ROOFING, YR: 2012  OTHER:  RY HEAT  FOILER SOLID IF  EXPOSURE & DISTANCE  LAR ALARM TYPE  LAR ALARM INSTALLED AND  ISES FIRE PROTECTION (Sp.	HEATI FUEL ACED D SERV	NG, YR: YR:  ELSEWHERE?  LEFT EXPO	WIND CLASS WIND CLASS RESIST  Y/N DSURE & DIS  CER  Chemical Sys	TANCE TIFICA*	SEMI X Oth	Poured - RESISTIVE	BOILEF IF BOIL DNT EXP	Y HEA R LER, IS OSURI	HEATING STOVE GMANUFACTU	G SOURCE IN OR FIREPLACE RER:  D FUEL  PLACED ELS  E	SEWH	HERE? Y/N REAR EXPOSURE 8 PIRATION DATE UARDS / WATCHMEN	CENTRAL LOC STATION GO WITH KEYS CLOCK HOURLY CENTRAL STAT X LOCAL GONG	NG Y
X R R R R R R R R R R R R R R R R R R R	VIRING, YR: 2002  ROOFING, YR: 2012  DTHER:  RY HEAT  FOILER SOLID R  F BOILER, IS INSURANCE PL  F EXPOSURE & DISTANCE  LAR ALARM TYPE  LAR ALARM INSTALLED AND SISES FIRE PROTECTION (SP  ITIONAL INTEREST  EST  OSS PAYEE	HEATI FUEL ACED D SERV	NG, YR: YR:  ELSEWHERE?  LEFT EXPO	WIND CLASS WIND CLASS RESIST  Y/N DSURE & DIS  CER  Chemical Sys	TANCE TIFICA*	SEMI X Oth	Poured - RESISTIVE	BOILEF IF BOIL DNT EXP	Y HEA R LER, IS OSURI	HEATING STOVE GMANUFACTU	G SOURCE IN OR FIREPLACE RER:  D FUEL  PLACED ELS  E	SEWH	HERE? Y/N REAR EXPOSURE 8 PIRATION DATE UARDS / WATCHMEN INTERES* LOCATION:	CENTRAL LOCK HOURLY CENTRAL STAT CLOCK HOURLY CENTRAL STAT X COCAL GONG T IN ITEM NUMBER BUILDING:	NG Y
X R R R R R R R R R R R R R R R R R R R	VIRING, YR: 2002  ROOFING, YR: 2012  DTHER:  RY HEAT  FOILER SOLID IF  EXPOSURE & DISTANCE  LAR ALARM TYPE  LAR ALARM INSTALLED AND  ISES FIRE PROTECTION (Sp.  ITIONAL INTEREST  EST	HEATI FUEL ACED D SERV	NG, YR: YR:  ELSEWHERE?  LEFT EXPO	WIND CLASS WIND CLASS RESIST  Y/N DSURE & DIS  CER  Chemical Sys	TANCE TIFICA*	SEMI X Oth	Poured - RESISTIVE	BOILEF IF BOIL DNT EXP	Y HEA R LER, IS OSURI	HEATING STOVE GMANUFACTU	G SOURCE IN OR FIREPLACE RER:  D FUEL  PLACED ELS  E	SEWH	HERE? Y/N REAR EXPOSURE 8 PIRATION DATE UARDS / WATCHMEN  INTERES' LOCATION: ITEM CLASS:	CENTRAL LOCK HOURLY CENTRAL STAT CLOCK HOURLY CENTRAL STAT X CENTRAL STAT X LOCAL GONG T IN ITEM NUMBER BUILDING: ITEM:	NG Y
X R R R R R R R R R R R R R R R R R R R	VIRING, YR: 2002  ROOFING, YR: 2012  DTHER:  RY HEAT  FOILER SOLID R  F BOILER, IS INSURANCE PL  F EXPOSURE & DISTANCE  LAR ALARM TYPE  LAR ALARM INSTALLED AND SISES FIRE PROTECTION (SP  ITIONAL INTEREST  EST  OSS PAYEE	HEATI FUEL ACED D SERV	NG, YR: YR:  ELSEWHERE?  LEFT EXPO	WIND CLASS WIND CLASS RESIST  Y/N DSURE & DIS  CER  Chemical Sys	TANCE TIFICA*	SEMI X Oth	Poured - RESISTIVE	BOILEF IF BOIL DNT EXP	Y HEA R LER, IS OSURI	HEATING STOVE GMANUFACTU	G SOURCE IN OR FIREPLACE RER:  D FUEL  PLACED ELS  E	SEWH	HERE? Y/N REAR EXPOSURE 8 PIRATION DATE UARDS / WATCHMEN INTERES* LOCATION:	CENTRAL LOCK HOURLY CENTRAL STAT CLOCK HOURLY CENTRAL STAT X CENTRAL STAT X LOCAL GONG T IN ITEM NUMBER BUILDING: ITEM:	NG Y
X R R R R R R R R R R R R R R R R R R R	VIRING, YR: 2002  ROOFING, YR: 2012  DTHER:  RY HEAT  FOILER SOLID R  F BOILER, IS INSURANCE PL  F EXPOSURE & DISTANCE  LAR ALARM TYPE  LAR ALARM INSTALLED AND SISES FIRE PROTECTION (SP  ITIONAL INTEREST  EST  OSS PAYEE	HEATI FUEL ACED D SERV	NG, YR: YR:  ELSEWHERE?  LEFT EXPO	WIND CLASS WIND CLASS RESIST  Y/N DSURE & DIS  CER  Chemical Sys	TANCE TIFICA*	SEMI X Oth	Poured - RESISTIVE	BOILEF IF BOIL DNT EXP	Y HEA R LER, IS OSURI	HEATING STOVE GMANUFACTU	G SOURCE IN OR FIREPLACE RER:  D FUEL  PLACED ELS  E	SEWH	HERE? Y/N REAR EXPOSURE 8 PIRATION DATE UARDS / WATCHMEN  INTERES' LOCATION: ITEM CLASS:	CENTRAL LOCK HOURLY CENTRAL STAT CLOCK HOURLY CENTRAL STAT X CENTRAL STAT X LOCAL GONG T IN ITEM NUMBER BUILDING: ITEM:	NG Y

AGENCY	<b>CUSTOMER I</b>	D:
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AD	DITIONAL		PREMISES #: 9																	
PR	EMISES INFORMATIO	N E	BUILDING #: 1			ESCRIP		: Co	ndo											
	SUBJECT OF INSURANCE		AMOUNT	cc	NS %	VALU- ATION	С		S OF LOSS	INF	LATION JARD %		DED	DED TYPE	BI	LKT #				TIONS TO APPLY
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ADD	ITIONAL INFORMATION	BU	JSINESS INCOME / I	EXTRA E	XPENS	SE - Atta	ach A	COR	D 810		,	VAL	UE REPOR	TING INF	ORM	ATIO	N - Attach AC	ORD 811		
AD	DITIONAL COVERAGES	6, OP1	ΓΙΟΝS, RESTR	ICTIO	NS, E	.NDOI	RSE	MEI	NTS AND	RA	TING II	NF	ORMATIO	NC						
	DILAGE DESCRIPTION OF P	ROPER	RTY COVERED								MIT				RIG MA					
	//N)									\$					Y/N)	IN I	BREA	KDOWN	OR C	ONTAMINATION SELLING
										DE	DUCTIE	BLE					POWE	ER OUTA	GE	PRICE
L										\$				l						
SINK	HOLE COVERAGE (Required i	in Floric	da)					AC	CEPT COVE	RAG	E		REJECT C	OVERA	GE		LIMIT: \$			
MINE	SUBSIDENCE COVERAGE (R	equired	d in IL, IN, KY and V	NV)				AC	CEPT COVE	RAG	E		REJECT C	OVERA	GE	- 1	LIMIT: \$			
	PROPERTY HAS BEEN DESIG	NATED	AN HISTORICAL L	.ANDMAF	₹K												# OF OPEN SI	DES ON	STRU	JCTURE:
,																				
										_										
	STRUCTION TYPE Resistive/Superior		HYDRANT FII	RE STAT	Mia	FII mi-Da		ISTRI	СТ	C	ode nui 130		R PROT	CL #	STORI 4	IES	# BASM'TS	YR BUIL <b>1975</b>		79,336
-	DING IMPROVEMENTS WIRING, YR: 2002 X		BING, YR: <b>2002</b>	BLDG ( GRA		TAX	COD		ROOF TYPE			ОТ	HER OCCU	PANCIE	s				,	
	1111110, 111.		SING, YR: ZOOZ	WIND C	20 12								HEATING	SOUR	CE INC	L W	OODBURNIN	G DA	ATE	
^		HEATIN	· ·					SEM! Oth	- RESISTIVE					R FIRE	PLACE	INS	ERT	IN		LED:
	OTHER:		YR:	R	ESISTI	VE   4	^	Othi					ANUFACTU	RER:						
PRIN	IARY HEAT								SEC		ARY HE	AT 								
	BOILER SOLID FI	UEL		7						BOI	LER		SOLI	D FUEL	L					
	IF BOILER, IS INSURANCE PLA	ACED E	:LSEWHERE?	Y/N						IF B	OILER, I	IS IN	NSURANCE	PLACE	DELSE	EWH	ERE?	Y/N		
RIGH	IT EXPOSURE & DISTANCE		LEFT EXP	OSURE 8	& DIST	ANCE			FRO	NT E	XPOSU	RE 8	& DISTANCE	<b></b>			REAR EXPO	SURE & [	DIST	ANCE
BUR	GLAR ALARM TYPE				CERT	IFICATE	#									EXP	IRATION DAT	E		TRAL LOCAL GONG
																			WIT	H KEYS
BUR	GLAR ALARM INSTALLED AND	SERVI	CED BY						EXT	ENT			GF	RADE		# Gl	JARDS / WATO	CHMEN		CLOCK HOURLY
PRE	MISES FIRE PROTECTION (Spri	inklers,	Standpipes, CO2 /	Chemica	al Syste	ems)			% SPRNK	FIR	E ALARN	и м	ANUFACTU	RER						CENTRAL STATION
																			X	LOCAL GONG
AD	DITIONAL INTEREST		ACORD 45 att	tached	l for	additi	ion	al na	ames											
	REST		E AND ADDRESS		1101	EVIDE			CERTIFIC	ATE							IN	TEDEST	NI ITI	EM NUMBER
	LOSS PAYEE			-							_					ı		IERESI		
	MORTGAGEE															Ì	ITEM CLASS:			BUILDING:
	MORTOAGEE															ŀ	CLASS: ITEM DESCR	PIDTION		TEM:
																	II LIWI DEGGI			
			RENCE / LOAN #:										_							
RE	MARKS (ACORD 101,	Addi	tional Remark	<u>ks Sch</u>	<u>ıedul</u>	<u>e, ma</u>	ıy b	e at	<u>tached if</u>	<u>mo</u>	re spa	<u>ice</u>	is requ	ired)						



# **PROPERTY SECTION**

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

				=												03/0	3/20	23
AGENCY NAME Hub International Florida							CARRIER American Coastal Insurance Company  NAIC CODE 12968											
	LICY NUMBER D -BLDGS F-J					FFECTIVE DATE 03/15/2023		D INSURED Ge Of Ki		eek C	ondo	mini	ium					
BL	ANKET SUMMARY																	
	KT# AMOUNT			ГҮРЕ			BLKT	#	AMOUNT					TYPE				
			SES #: 10			SS: 7820-25	Camir	no Real	Miami F	-1 331	43							
			-					io ixeai,	iviiaiiii, i	L 001	70							
PR	REMISES INFORMATIO	N BUILDI	NG #: 1	BLDG DI	ESCRIP	TION: Condo		INITI ATION	1		FD   F	LVT						
	SUBJECT OF INSURANCE	- 1	AMOUNT	COINS %	ATION	CAUSES OF	LOSS	INFLATION GUARD %	DED	T	ED E	BLKT #		S AND C	-		ГО АР	PLY
Bui	ilding J - 78 Units		10,310,500	100	R	Special (Inc theft)	luding		10,00	00 Per			5% Hurri Occurrei		Ded	Per		
ADE	DITIONAL INFORMATION	BUSINESS	S INCOME / EXT	RA EXPENS	SE - Att	ach ACORD 810		\ \	ALUE REP	ORTING	INFORM	MATIO	N - Attach AC	ORD 81	1			
AD	DITIONAL COVERAGES	S. OPTIONS	S. RESTRIC	IONS. E	NDO	RSEMENTS	AND R	ATING IN	NFORMA	TION								
	POILAGE DESCRIPTION OF F	PROPERTY CO	VERED					LIMIT		RE	FRIG M	AINT	OPTIONS					
	VERAGE (Y / N)							\$			GREEM		BREA	KDOWN	OR C	IATAO	JINAT	ION
'	(1714)						-	DEDUCTIB			(Y / N)	)		ER OUTA			SELL	
									LE				POWE	ER OUTA	IGE	Ш	PRIC	E
								\$										
SIN	KHOLE COVERAGE (Required	in Florida)				ACCEPT	COVER	AGE	REJEC	T COVE	RAGE	L	LIMIT: \$					
MIN	IE SUBSIDENCE COVERAGE (F	Required in IL,	IN, KY and WV)			ACCEPT	COVER	AGE	REJEC	T COVE	RAGE	L	LIMIT: \$					
	PROPERTY HAS BEEN DESIG	SNATED AN HIS	STORICAL LAND	MARK								#	FOF OPEN S	DES ON	STRU	CTUR	≣:	
	NSTRUCTION TYPE	нүг	DISTANCE TO DRANT FIRE S	TAT		RE DISTRICT		CODE NUM		OT CL	# STOF	RIES	# BASM'TS	YR BUI		TOTA		Α
Fir	e Resistive/Superior			2 <sub>MI</sub> Mia	mi-D	ade		130		4	4			197	5	82,4	84	
BUI	ILDING IMPROVEMENTS			DG CODE GRADE	TAX	CODE ROOF	TYPE		OTHER OC	CUPAN	CIES							
X	WIRING, YR: <b>2002</b> X	PLUMBING, YE	<sub>R</sub> .2002 99			Pour	ed											
Χ	ROOFING, YR: 2012			ND CLASS		SEMI- RES	ISTIVE						OODBURNIN		ATE	LED		
	OTHER:	YR:		RESISTI	VE	X Other	IOTIVE		MANUFAC	'E OR FII	KEPLAU	E INS	EKI	ır	NS I AL	LED: _		
DDII	MARY HEAT	II.		RESISTI	VE		SECO	NDARY HEA		TOTALIA								
FKI										O. ID E.I	Г							
	BOILER SOLID F							BOILER		OLID FU								
	IF BOILER, IS INSURANCE PL	ACED ELSEW		/ N			- 1	F BOILER, I	S INSURAN	ICE PLAC	CED ELS	SEWH	ERE?	Y/N				
RIG	HT EXPOSURE & DISTANCE		LEFT EXPOSU	RE & DIST	ANCE		FRON	T EXPOSUR	RE & DISTAI	NCE			REAR EXPO	SURE &	DISTA	NCE		
														_	CEN	TRAL		LOCAL
BUF	RGLAR ALARM TYPE			CERT	IFICATE	= #						EXP	IRATION DAT	-	STAT	TION		GONG
							_								WITH	KEYS	3	
BUF	RGLAR ALARM INSTALLED AND	SERVICED BY	1				EXTE	NT		GRADE		# GU	IARDS / WAT	CHMEN		CLO	CK HO	DURLY
						0, 0	RNK F	IDE AL ADM	MANUFAC	TURFR	l					CEN	TRAI	STATION
PRE	EMISES FIRE PROTECTION (Spr	inklers, Standr	nipes, CO2 / Che	mical Svste	ems)	1 % SI									1		/\L	
PRE	EMISES FIRE PROTECTION (Spr	rinklers, Standp	pipes, CO2 / Che	mical Syste	ems)	% SF		IKE ALAKIV	i ilizitoi zo						Y	1	NI 00	INIC'
		· · ·						TRE ALAKW	- IIIAITOI AG						X	1	AL GC	JNG
AD	DDITIONAL INTEREST	ACO	RD 45 attac	ned for	addit	ional names	5		i iliAttor Ac						X	1	AL GC	JNG
AD		ACO		ned for	addit	ional names							IN	TEREST		LOC		
AD	DDITIONAL INTEREST	ACO	RD 45 attac	ned for	addit	ional names	5						LOCATION:	TEREST	IN ITE	LOC	ИBER	
AD	DDITIONAL INTEREST EREST	ACO	RD 45 attac	ned for	addit	ional names	5					-		TEREST	IN ITE	LOC.	ИBER	
AD	DDITIONAL INTEREST EREST LOSS PAYEE	ACO	RD 45 attac	ned for	addit	ional names	5					-	LOCATION:		IN ITE	LOC.	ИBER	
AD	DDITIONAL INTEREST EREST LOSS PAYEE	ACO	RD 45 attac	ned for	addit	ional names	5					-	LOCATION: ITEM CLASS:		IN ITE	LOC.	ИBER	

AGENCY	CUSTOMER	ID:

ADDITIONAL	PREMISES #:	STREET	ADDRES	SS:											
PREMISES INFORMATION	BUILDING #:	BLDG DESCRIPTION:													
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF	Loss	INFLATION GUARD %	DED	)   I	DED E	BLKT #	FORM	S AND C	ONDI	TIONS TO	APPLY
ADDITIONAL INFORMATION	BUSINESS INCOME /	EXTRA EXPENS	SE - Atta	ch ACORD 810		ı v	ALUE RE	PORTING	INFORM	MATIO	N - Attach A	ORD 81	1		
ADDITIONAL COVERAGES,	OPTIONS, RESTR	ICTIONS, E	NDOR	SEMENTS .	AND	RATING IN	IFORM.	ATION			Т				
SPOILAGE DESCRIPTION OF PR	OPERTY COVERED					LIMIT			EFRIG M		OPTIONS				
COVERAGE (Y / N)						\$			AGREEM (Y/N)		BREA	KDOWN	OR C	ONTAMIN	IATION ELLING
						DEDUCTIB	LE				POW	ER OUTA	AGE		RICE
						\$				J					
SINKHOLE COVERAGE (Required in	·			ACCEPT				ECT COVI			LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Red	• • • • • • • • • • • • • • • • • • • •			ACCEPT	COVE	RAGE	REJE	CT COVI	ERAGE		LIMIT: \$				
PROPERTY HAS BEEN DESIGN.	ATED AN HISTORICAL L	ANDMARK								#	# OF OPEN S	IDES ON	STRU	ICTURE:	
CONSTRUCTION TYPE	DISTANCE HYDRANT FI	TO RE STAT	FIR	E DISTRICT		CODE NUN	IBER F	PROT CL	# STOF	RIES	# BASM'TS	YR BU	ILT	TOTAL A	REA
	FT	MI BLDG CODE			->/										
WIRING, YR: PI	LUMBING, YR:	GRADE	TAX	ODE ROOF	TYPE		OTHER C	OCCUPAN	ICIES						
	EATING, YR:	WIND CLASS		SEMI- RESI	STIVE		HEA	ATING SO	URCE IN	ICL W	OODBURNIN	G D	ATE	LED:	
OTHER:	YR:	RESISTI	VE				MANUFA			L IIVO	LIXI	"	NOTAL	.LLD. ——	
PRIMARY HEAT					SEC	ONDARY HEA	λT								
BOILER SOLID FUI	EL					BOILER		SOLID FU	JEL						
IF BOILER, IS INSURANCE PLAC	CED ELSEWHERE?	Y/N				IF BOILER, IS	S INSURA	ANCE PLA	CED ELS	SEWH	ERE?	Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST	ANCE		FRO	NT EXPOSUR	E & DIST	ANCE			REAR EXPO	SURE &	DIST	ANCE	
BURGLAR ALARM TYPE		CERTI	IFICATE	#						FYD	IRATION DAT	·		TRAL	LOCAL
DONOLAN ALANM TITE		OLKII	IIIOAIL	ır						LAI	INATION DAT	-		TION L	GONG
BURGLAR ALARM INSTALLED AND S	SERVICED BY				EXT	ENT		GRADI	 E	# GL	JARDS / WAT	CHMEN	VVIII	CLOCK	HOURLY
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2 /	Chemical Syste	ems)	% SP	RNK	FIRE ALARM	MANUFA	ACTURER						CENTR	AL STATION
														LOCAL	
ADDITIONAL INTEREST	ACORD 45 at	ached for a	additio	onal names											
	NAME AND ADDRESS		EVIDE		RTIFIC	ATE					IN	TEREST	IN ITE	M NUMB	FR
LOSS PAYEE											LOCATION:			BUILDING	
MORTGAGEE											ITEM CLASS:			TEM:	
											ITEM DESC	RIPTION	, -		
	REFERENCE / LOAN #:														
REMARKS (ACORD 101, A	Additional Remark	ks Schedul	e, may	y be attach	ed if	more spa	ce is re	equired	<u>(k</u>						

#### 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

APPLICANT'S SIGNATURE

AMaryam Sedghy

PRODUCER'S NAME (Please Print) Elizabeth Fiegehen STATE PRODUCER LICENSE NO (Required in Florida) W621972

NATIONAL PRODUCER NUMBER
19390456

\_\_\_\_\_

LOC #:



# ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Hub International Florida		NAMED INSURED Village Of Kings Creek Condominium 7711 Camino Real
POLICY NUMBER TBD -BLDGS F-J		Miami, FL 33143
CARRIER	NAIC CODE	
American Coastal Insurance Company	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.I) 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



# 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.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium provided in the Commercial Property Quote.							
×	I hereby elect to have coverage for acts of terrorism excluded from m policy. I understand that I will have no coverage for losses arising from acts of terrorism.							
Marya	n Sedghy	American Coastal Insurance Company						
Policyholde	er/Applicant's Signature	Company						
t	Print Name	Policy Number						
3	5 13 23 Date							

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, ELC disclaim any responsibility for your failure to reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.



# **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.

Contact Name Maryam Sedghy					
Title President		Email Addre	ss maryam66@comcast.net		
Office Number	Cell Number	305-510-7979	Fax Number		
red Contact 2			•		
Contact Name					
Title		Email Addre	ss		
Office Number	Cell Number		Fax Number		
gement Company (if applicable)			•		
Company Name	anaged				
Contact Name Mireya Villaverde		Email Addre	ss mireya@vkcmiami.com		
Office Number 305-279-3411	Cell Number 3	05-725-0958	Fax Number 305-271-5952		
I Agent					
Company Name HUB Internationa	 				
Contact Name Karlene Lawrence		Email Addre Karlene.Lav	ss vrence@HubInternational.com		
Office Number 954-924-3048	Cell Number		Fax Number 954-206-2071		
esaler (if applicable)					
Company Name AmWINS					
Contact Name Lisa Motherway		Email Addre	ss lisa.motherway@amwins.com		
Office Number 561-455-8017	Cell Number		Fax Number		

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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.



# **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 t	erm 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

Date

3/13/22

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# **American Coastal Insurance Company**

Election Not To Buy Separate Flood Insurance

I, <u>The Village of Kings Creek Condominium Association</u>, 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

Mary Lan Sadd

Date

lizabeth Fisgehen
Agent's Signature

Elizabeth Fiegehen

Printed Name

3/9/2023

Date

AC FW01 06 07

Print Name

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 Re	BI/ ents	Total Value	Num Units		ISO Constr
1	7730/32 CAMINO REAL MIAMI FL 33143	MIAMI-DADE	1	1975	\$10,310,500	\$0	\$0	<b>\$</b> 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	<b>\$</b> O	\$0	\$47,144,500			

Account ID: 1054752

Insured:

The Village of Kings Creek Condominium Association

# Schedule of Values / Detail

Bldg Num	Prot Class		ACIC Class	ACIC Occupancy	Location	EC_Zone	Terrain	Group2 Constr	Roof Cover	Roof Shape	Roof Wall Attach	Roof Deck Attach		Open Prot		Wind	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.

Applcant Printed Name	Title	Producer Printed Name	Title
Maryan Sedghy	Phisidest	Clizabeth Fiegehen	Agent
Applicant Signature Maryam Sedghy	Date 3/13/23	Producer Signature	Date
		Elizabeth Fiegehen	3/9/2023