



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

KLAWRENCE1

DATE (MM/DD/YYYY)
01/03/2023

AGENCY Hub International Florida 10368 W. State Road 84 Suite 201 Davie, FL 33324	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">CARRIER Berkley Specialty</td> <td style="width: 20%;">NAIC CODE</td> </tr> <tr> <td>COMPANY POLICY OR PROGRAM NAME</td> <td>PROGRAM CODE</td> </tr> <tr> <td colspan="2">POLICY NUMBER</td> </tr> </table>	CARRIER Berkley Specialty	NAIC CODE	COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE	POLICY NUMBER	
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CONTACT NAME: Karlene Lawrence PHONE (A/C, No, Ext): (954) 924-3048 FAX (A/C, No): (954) 206-2071 E-MAIL ADDRESS: Karlene.Lawrence@HubInternational.com CODE: 801878 SUBCODE:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">UNDERWRITER</td> <td style="width: 50%;">UNDERWRITER OFFICE</td> </tr> <tr> <td rowspan="4">STATUS OF TRANSACTION</td> <td> <input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> CANCEL <input type="checkbox"/> PM </td> </tr> </table>	UNDERWRITER	UNDERWRITER OFFICE	STATUS OF TRANSACTION	<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> CANCEL <input type="checkbox"/> PM		
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	AGENCY CUSTOMER ID: KINGCRE-04						

LINES OF BUSINESS

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

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 03/15/2013	PROPOSED EXP DATE 03/15/2014	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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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 checked="" 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	
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: Accounting Contact		CONTACT TYPE: Inspection Contact	
CONTACT NAME: Mireya Villaverde		CONTACT NAME: Mireya Villaverde	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (305) 279-3411	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (305) 725-0958	PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (305) 279-3411	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (305) 725-0958
PRIMARY E-MAIL ADDRESS: mireyavillaverdevkc@atlanticbb.net		PRIMARY E-MAIL ADDRESS: mireyavillaverdevkc@atlanticbb.net	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 7701-03 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	OUTSIDE <input type="checkbox"/>	TENANT <input type="checkbox"/>	OCUPIED AREA: 100 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/78-Units					ANY AREA LEASED TO OTHERS? Y / N N
LOC # 2	STREET 7705-07 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	OUTSIDE <input type="checkbox"/>	TENANT <input type="checkbox"/>	OCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium with 70-units					ANY AREA LEASED TO OTHERS? Y / N N
LOC # 3	STREET 8101-03 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	OUTSIDE <input type="checkbox"/>	TENANT <input type="checkbox"/>	OCUPIED AREA: 100 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/78-Units					ANY AREA LEASED TO OTHERS? Y / N N
LOC # 4	STREET 7700 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	OUTSIDE <input type="checkbox"/>	TENANT <input type="checkbox"/>	OCUPIED AREA: 100 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/44-Units					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 INSURED

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

GL

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: KINGCRE-04

KLAWRENCE1

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: \$	SUBROGATION Y/N	CLAIM OPEN Y/N
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED			

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		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE 03/15/2013	NAMED INSURED(S) Village Of Kings Creek Condominium	

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
5	7720-22 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 100 SQ FT
BLD #	CITY: Miami	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: 82,484 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/76-Units					ANY AREA LEASED TO OTHERS? Y / N:
6	7730-32 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 100 SQ FT
BLD #	CITY: Miami	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: 82,284 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/76-Units					ANY AREA LEASED TO OTHERS? Y / N:
7	7740 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 100 SQ FT
BLD #	CITY: Miami	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: 50,388 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/44-Units					ANY AREA LEASED TO OTHERS? Y / N:
8	7800-05 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 100 SQ FT
BLD #	CITY: Miami	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: 82,484 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/78-Units					ANY AREA LEASED TO OTHERS? Y / N:
9	7810-15 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 100 SQ FT
BLD #	CITY: Miami	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: 79,336 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/70-Units					ANY AREA LEASED TO OTHERS? Y / N:
10	7820-25 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 100 SQ FT
BLD #	CITY: Miami	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: 82,484 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/76-Units					ANY AREA LEASED TO OTHERS? Y / N:
11	7830 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 100 SQ FT
BLD #	CITY: Miami	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: 50,368 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/47-Units					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.

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ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Hub International Florida		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE 03/15/2013	NAMED INSURED(S) Village Of Kings Creek Condominium	

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
12	7860-65 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 100 SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: 82,484 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/78-Units					ANY AREA LEASED TO OTHERS? Y / N:
13	7920 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 100 SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: 50,368 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/47-Units					ANY AREA LEASED TO OTHERS? Y / N:
14	7910-15 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 100 SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: 82,484 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/78-Units					ANY AREA LEASED TO OTHERS? Y / N:
15	7845-50 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 100 SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: 82,484 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/78-Units					ANY AREA LEASED TO OTHERS? Y / N:
16	7840 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: 100 SQ FT
1	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: 50,368 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condominium - 4 stories w/47-Units					ANY AREA LEASED TO OTHERS? Y / N:
17	7900 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 100 SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: 3,775 SQ FT
DESCRIPTION OF OPERATIONS: Main Clubhouse - 2-stories w/Olympic Size pool					ANY AREA LEASED TO OTHERS? Y / N:
17	7900 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

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ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Hub International Florida		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE 03/15/2013	NAMED INSURED(S) Village Of Kings Creek Condominium	

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
18	7711 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCUPIED AREA: 100 SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: 3,775 SQ FT
DESCRIPTION OF OPERATIONS: Clubhouse/Property Management Office - 2-stories w/pool					ANY AREA LEASED TO OTHERS? Y / N:
18	7711 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
19	7818 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCUPIED AREA: 100 SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: 992 SQ FT
DESCRIPTION OF OPERATIONS: Cabana/Gym Building - one story with pool					ANY AREA LEASED TO OTHERS? Y / N:
19	7818 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
20	7750 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCUPIED AREA: 100 SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: 992 SQ FT
DESCRIPTION OF OPERATIONS: Cabana/Gym Building - one story w/pool					ANY AREA LEASED TO OTHERS? Y / N:
20	7750 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
20	7750 Camino Real	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
3	COUNTY: Miami Dade	ZIP: 33143			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

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AGENCY Hub International Florida		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE 03/15/2013	NAMED INSURED(S) Village Of Kings Creek Condominium	

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
21	7711 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: Guard building					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: 200 SQ FT
					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		OCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					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		OCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					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		OCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					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		OCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					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		OCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:

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COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
01/03/2023

AGENCY Hub International Florida	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 03/15/2013	APPLICANT / FIRST NAMED INSURED Village Of Kings Creek Condominium

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES

LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$	2,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION			PREMISES/OPERATIONS
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:			PRODUCTS
	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	2,000,000	OTHER
	PERSONAL & ADVERTISING INJURY	\$	1,000,000	TOTAL
	EACH OCCURRENCE	\$	1,000,000	
	DAMAGE TO RENTED PREMISES (each occurrence)	\$	50,000	
	MEDICAL EXPENSE (Any one person)	\$		
	EMPLOYEE BENEFITS	\$		
	HIRED NON OWNED AUTO	\$	1,000,000	

DEDUCTIBLES

<input type="checkbox"/> PROPERTY DAMAGE	\$		
<input type="checkbox"/> BODILY INJURY	\$		
<input checked="" type="checkbox"/> EAOC	\$	5,000.00	<input checked="" type="checkbox"/> PER CLAIM PER OCCURRENCE

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Condo Units / Composite Rate	62003	U	1067					
17	1	Pools	48925		4					
17	2	Clubhouse - Civic, Service or Social	41667	A	0					

RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
(S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS

AGENCY CUSTOMER ID: **KINGCRE-04**

KLAWRENCE1

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					N
8. PRODUCTS UNDER LABEL OF OTHERS?					N
9. VENDORS COVERAGE REQUIRED?					N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N																		
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		N																		
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		N																		
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		N																		
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?		N																		
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		N																		
<table border="1"> <thead> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </tbody> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT								
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6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		N																		
7. ANY PARKING FACILITIES OWNED/RENTED?		Y																		
8. IS A FEE CHARGED FOR PARKING?		N																		
9. RECREATION FACILITIES PROVIDED?		N																		
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):		N																		
<table border="1"> <thead> <tr> <th># APTS</th> <th>TOTAL APT AREA Sq. Ft.</th> <th>DESCRIBE OTHER LODGING OPERATIONS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																
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11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		Y																		
<input checked="" type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input checked="" type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																				
12. ARE SOCIAL EVENTS SPONSORED?		N																		
13. ARE ATHLETIC TEAMS SPONSORED?		N																		
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EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:																	
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		N																		
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		N																		

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: KINGCRE-04

KLAWRENCE1

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y/N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

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

--

SIGNATURE

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

- f. Type of roofing: Asphalt Composition Wood shake/shingle Other: Poured
- g. Sprinkler system (X all applicable): Common areas Trash chutes All units
- h. Central station fire alarm? Yes No
- i. Working standpipes on every floor? Yes No
- j. Does applicant own or have maintenance responsibility for any streets or roads? Yes No
If yes, # of miles: 1
- k. Are any streets and/or roads used by public as through streets? Yes No
If yes, maximum posted speed limit: mph
- l. Does applicant own or operate any of the following:
- | | | | |
|-------------------|---|---------------------------------------|---|
| Electric utility? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Water utility? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Gas utility? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Refuse or garbage dump (or landfill)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Sewer utility? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Garbage or refuse collection? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
- Other: _____
- m. Does applicant own, operate or lease any commercial operations?
- | | | | |
|-------------------------|--|----------------------------|-----------------------|
| Laundry / Dry Cleaning? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Sq. Footage: _____ | or Gross Sales: _____ |
| Convenience Store? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Sq. Footage: _____ | or Gross Sales: _____ |
| Other? _____ | | Sq. Footage: _____ | or Gross Sales: _____ |

9. Recreational Facilities

- a. Are there lakes on the property? Yes No If yes, provide total acreage: _____
 Boat ramps? Yes No If yes, provide receipts: _____
 Boat docks/slips? Yes No If yes, # of slips: _____
 Boat rentals? Yes No If yes, # of boats: _____ Receipts: _____
 Powered boats allowed on lake? Yes No Personal watercraft? Yes No
 Diving platforms (permanent or floating)? Yes No
 Provide details of all boat rentals: _____
- b. Any dams? Yes No
If yes, provide inspection report and pictures of dam (include downstream exposure).
- c. Any bike paths? Yes No If yes, # of miles: _____
- d. Any motorcycle or ATV trails? Yes No If yes, # of miles: _____
- e. Any club houses? Yes No If yes, total square footage: 3,776
- f. Any exercise or weight rooms? Yes No If yes, # of rooms: 2
- g. Any picnic areas? Yes No If yes, # of areas: _____
- h. Any golf courses and/or driving range? Yes No If yes, provide details: _____
-
- i. Any horse: Pasturing? Yes No Rental? Yes No
 Stables? Yes No Riding Ring? Yes No
 Trails? Yes No If yes, miles of riding trails: _____
- j. Are there any swimming pools? Yes No **(If yes, answer the remaining questions in 8.k.)**
 How many pools? 4
 Diving boards? Yes No If yes, provide height: _____
 Slides? Yes No
 Underwater lighting? Yes No
 Steps into shallow end with handrails? Yes No
 Is pool area completely surrounded by walls or fencing with self-closing / self-latching gate? Yes No
 If yes, provide height of wall and/or fence: 6'8"

Do any doors open directly into the pool area? Yes No

Are depth markings clearly shown? Yes No

Do drain covers meet or exceed all codes, Acts or regulations? Yes No

Are warning signs and rules posted in accordance with local statutes and clearly visible? Yes No

Is rescue equipment, including a ring buoy and 12 foot shepherd's hook, available at poolside? Yes No

Pool maintained by: Applicant Outside Contractor

Lifeguards provided by: Applicant Pool Management Company Other N/A

Does applicant sponsor: Swim teams? Yes No If yes, how many? _____
Swim contest? Yes No If yes, provide total # of days: _____

k. Number of: Basketball Courts: _____ Racquetball Courts: _____ Squash Courts: _____
Handball court rooms: _____ Playgrounds or parks: _____ Saunas: _____ Spas: _____

l. Are any of the previous recreational facilities (a. through i.) available to the public? Yes No
If yes, provide explanation and include receipts: _____

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Village of King Creek Condo Assn.

Maryam Sedghy
Applicant Name

Maryam Sedghy
Applicant Signature

3/13/23
Date

Elizabeth Fiegehen
Producer Name

Elizabeth Fiegehen
Producer Signature

3/9/2023
Date

Hired Auto & Non-Owned Auto Supplemental Questionnaire

- 1) Applicant Name: The Village of Kings Creek Condominium Association, Inc
- 2) Why is hired auto coverage being requested? if any basis - agency standard
- 3) Number of autos to be scheduled on the policy: None
- 4) Give description of operation: _____
- 5) Estimated cost of hired autos: This year: \$ 0 Last year: \$ 0
- 6) Is the Insured involved in any arrangements for the borrowing or bartering for the use of autos? Yes No
If yes, please describe: _____
- 7) Does any agent, independent contractor or employee lease autos in the Insured's name? Yes No
If yes, please describe: _____
- 8) Types of autos hired: None - if any basis
- 9) What is gross vehicle weight of commercial autos? _____
- 10) What is passenger capacity of public autos? _____
- 11) What is the average term of lease? _____
- 12) Are the same autos leased or does it vary? Same autos Varies
If the same, explain why the autos cannot be scheduled on the policy: _____
- 13) What percentage of the hired autos revenue is paid to owners on the policy? 0 %
- 14) Are drivers to be provided by the Insured to operate hired autos? N/A - if any basis Yes No
If no, will the drivers be required to provide Certificates of Insurance? Yes No
- 15) What are the minimum liability limits required by the lessee (Named Insured)? N/A - if any basis
- 16) Will the Insured be named as an Additional Insured on the lessor's policy? Yes No
- 17) Does the Insured lease, hire, rent or borrow any auto, other than a private passenger type auto, owned or leased by the Insured's employees, partners or members of their household? Yes No
If yes, give details and how many: _____
- 18) Does the Insured own or control any subsidiary or is it affiliated with any other corporation? Yes No
If yes, are vehicles leased from the subsidiary or affiliate? _____
- 19) What is the business of the subsidiary or affiliate? _____
- 20) Does the Insured have an ICC Broker's Authority or provide a Brokerage Service? Yes No
- 21) Is the premium financed? Yes No
- 22) Why is non-owned liability coverage being requested? agency standard - if any basis
- 23) What types of non-owned autos will be used in the Insured's business? if any basis - ppt
How will they be used? _____
- 24) Are all drivers required to have at least 5 years of acceptable driving experience? yes - if any basis
- 25) Maximum distance which a non-owned auto may be driven from the Insured's premises: Miles: 0-5 - if any basis
- 26) Total number of non-owned autos used in the Insured's business: _____
- 27) Total number of employees: 15 Total number of company drivers: 0
- 28) How often are non-owned autos used in the Insured's business?if any Daily Weekly Monthly
Estimated number of hours per month: 0-10 - if any
- 29) Do your employees lease autos on Insured's behalf? Yes No
If yes, under whose name are autos leased? Employees Insured
- 30) Maximum distance which a non-owned auto may be driven from the Insured's premises: Miles: _____
- 31) Do you require employees to have their own insurance? Yes No
If yes, what are the minimum limits required? _____
What is passenger capacity of public autos? _____
- 32) Will you use non-owned autos other than those owned by your employees? Yes No
If yes, describe relationship: _____
- 33) Does the Insured understand that we intend to audit his records regarding the cost of hired and/or non-owned exposures? Yes No
- 34) Are current MVR's reviewed regularly for every employee with minimum standards in place? coverage is if any basis - agency standard Yes No

IF HIRED AUTO COVERAGE IS PROVIDED, IT IS SUBJECT TO AUDIT.

IF NON-OWNED AUTO COVERAGE IS PROVIDED, IT IS SUBJECT TO AUDIT.

Any person who knowingly and with the 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 shall also be subject to a civil penalty.

I hereby apply for a policy of insurance as set forth in the application and I warrant and certify that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

Signature of Applicant Maryam Sedghy Title: President Date: 3/13/23

I hereby warrant and certify that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency Elizabeth Fiegehen

Signature of Producing Agent Elizabeth Fiegehen Date 3/9/23

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY

**POLICYHOLDER NOTICE
ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act"), you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. 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 certain air carriers or vessels 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. Coverage under your policy may be affected as follows:

IF YOU ARE PURCHASING COMMERCIAL PROPERTY COVERAGE IN THE STATES OF CALIFORNIA, GEORGIA, HAWAII, ILLINOIS, IOWA, MAINE, MISSOURI, NEW JERSEY, NEW YORK, NORTH CAROLINA, OREGON, RHODE ISLAND, WASHINGTON, WISCONSIN OR WEST VIRGINIA; AND/OR PURCHASING COMMERCIAL INLAND MARINE COVERAGE IN THE STATES OF CALIFORNIA, MAINE, MISSOURI, OREGON OR WISCONSIN THERE ARE STATE STATUTORY EXCEPTIONS COVERING CERTAIN FIRE LOSSES IF YOU DECLINE COVERAGE FOR "ACTS OF TERRORISM" DEFINED UNDER THE ACT. IF AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT RESULTS IN FIRE, WE ARE REQUIRED TO PAY FOR THE LOSS OR DAMAGE CAUSED BY THAT FIRE. SUCH COVERAGE FOR FIRE APPLIES ONLY TO DIRECT LOSS OR DAMAGE BY FIRE TO COVERED PROPERTY AND IS SUBJECT TO ANY LIMITATIONS OF ANY TERRORISM EXCLUSION, OR INAPPLICABILITY OR OMISSION OF A TERRORISM EXCLUSION. THIS NOTICE DOES NOT SERVE TO CREATE COVERAGE FOR ANY LOSS WHICH WOULD OTHERWISE BE EXCLUDED UNDER YOUR POLICY.

THE PORTION OF YOUR PREMIUM THAT IS ATTRIBUTABLE TO COVERAGE FOR DIRECT LOSS OR DAMAGE THAT IS CAUSED BY AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT AND WHERE FIRE ENSUES IS \$25, AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSSES COVERED BY THE UNITED STATES GOVERNMENT UNDER THE ACT. NOTE – THIS PREMIUM IS APPLIED TO YOUR POLICY REGARDLESS IF YOU ACCEPT OR DECLINE COVERAGE FOR "ACTS OF TERRORISM" BELOW.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT 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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, CONTAINS A \$100 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 \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of \$125.00 , plus the following taxes and fees:									
	<table> <tr> <td>Surplus Lines Tax</td> <td>\$ 6.18</td> <td>\$ _____</td> </tr> <tr> <td>Service Fee</td> <td>\$ 0.08</td> <td>\$ _____</td> </tr> <tr> <td></td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>	Surplus Lines Tax	\$ 6.18	\$ _____	Service Fee	\$ 0.08	\$ _____		\$ _____	\$ _____
Surplus Lines Tax	\$ 6.18	\$ _____								
Service Fee	\$ 0.08	\$ _____								
	\$ _____	\$ _____								
	Total of Premium, taxes and fees is \$131.26 .									
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.									

Maryam Sedghy

 Policyholder/Applicant's Signature

Maryam Sedghy

 Print Name

3/13/23

 Date

Berkley Specialty Insurance Company
 Insurance Company

0185844
 Policy Number

Village Of Kings Creek Condominium
 Named Insured

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction,

HUB INTERNATIONAL

(Name of Insurance Agency)

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

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

THE VILLAGE OF KINGS CREEK CONDOMINIUM ASSOCIATION, INC

Named Insured Maryam Sedghy

By: X
Signature of Named Insured

3/13/23
Date

Maryam Sedghy President
Printed Name and Title of Person Signing

BERKLEY SPECIALTY

Name of Excess and Surplus Lines Carrier

GENERAL LIABILITY

Type of Insurance

3/15/23

Effective Date of Coverage

Issue Date: 10/27/11