



Community Underwriters  
2385 NW Executive Center Drive  
Suite 100  
Boca Raton, FL 33431

Name of Insured: The Village of Kings Creek Condominium Association Inc.

Date: February 8, 2023

Physical Location Address: 7711 Camino Real

City Miami State FL Zip 33143

Mailing Address: 7711 Camino Real

City Miami State FL Zip 33143

Contact at Location: Mireya Villaverde

Phone: (305) 279-3411 Email: mireya@vkcmiami.com

Agency: HUB International Producer Elizabeth Fiegehen

Mailing Address: 10368 W. State Road 84 Suite 201

City Davie State FL Zip 33324

Phone: (954) 924-3048 Email: karlene.lawrence@hubinternational.com

Type of Risk Condominium Number of Units 1067

Year Built: 1971 FEIN: 59-1437869

Has Insured been involved in any UNINSURED lawsuit in the past 5 years? No  
Have any complaints been filed in the past 5 years against insured with any state/county/city or governmental agency? No  
Have you had any uninsured claims in the past 3 years? No

**Required Insurance**

You are required to be insured for Commercial General Liability including Hired and Non-Owned Auto Liability, Property Insurance including windstorm, and Workers' Compensation and coverage must be in place and active at time of claim.

You are required to have in place and active Directors and Officers insurance at time of claim.

I AGREE True

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 (IN FLORIDA, A PERSON IS GUILTY OF THE THIRD DEGREE).

The undersigned states that he/she is an authorized representative of the applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this application (and any attachments submitted with this application) are true and complete and may be relied upon by Company in quoting and issuing the policy. If any or the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

**THIS APPLICATION WILL BECOME PART OF THE POLICY**

I AGREE True

Name Maryam Sedghy  
Signature: \_\_\_\_\_

Date: 3/13/23

Print: Maryam Sedghy

Title: President