

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 | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL | PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL | PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL | | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL | |
| (305) 279-3411 | | (305) 725-0958 | | (305) 279-3411 | | (305) 725-0958 | |
| PRIMARY E-MAIL ADDRESS: 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 7711 Camino Real | | CITY LIMITS <input checked="" type="checkbox"/> INSIDE | INTEREST <input checked="" type="checkbox"/> OWNER | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| BLD # 1 | CITY: Miami | STATE: FL | OUTSIDE | TENANT | # PART TIME EMPL | OCCUPIED AREA: SQ FT |
| | COUNTY: Miami Dade | ZIP: 33143 | | | | OPEN TO PUBLIC AREA: SQ FT |
| | | | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | | ANY AREA LEASED TO OTHERS? Y / N N |

NATURE OF BUSINESS

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

DESCRIPTION OF PRIMARY OPERATIONS

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

| | | |
|---|--|---|
| RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: | INSTALLATION, SERVICE OR REPAIR WORK % | OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK % |
|---|--|---|

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

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

| | | | | | | |
|--|---|-----------------------|---|---------------------------------|------------------------------------|-------------------------|
| INTEREST | NAME AND ADDRESS RANK: | EVIDENCE: | CERTIFICATE <input checked="" type="checkbox"/> | POLICY <input type="checkbox"/> | SEND BILL <input type="checkbox"/> | INTEREST IN ITEM NUMBER |
| <input type="checkbox"/> ADDITIONAL INSURED | First Insurance Funding Corp. 450 Skokie Blvd, Suite #1000 Northbrook, IL 60062-7917 | | | | | LOCATION: BUILDING: |
| <input type="checkbox"/> BREACH OF WARRANTY | | | | | | VEHICLE: BOAT: |
| <input type="checkbox"/> CO-OWNER | | | | | | AIRPORT: AIRCRAFT: |
| <input type="checkbox"/> EMPLOYEE AS LESSOR | | | | | | ITEM CLASS: ITEM: |
| <input type="checkbox"/> LEASEBACK OWNER | | | | | | ITEM DESCRIPTION |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | REFERENCE / LOAN #: 900-93898658 | INTEREST END DATE: | | | | |
| | LIEN AMOUNT: | PHONE (A/C, No, Ext): | | FAX (A/C, No): | | |
| REASON FOR INTEREST: | | | | E-MAIL ADDRESS: | | |

GENERAL INFORMATION

| | | | | |
|---|---|---|--|--------------|
| EXPLAIN ALL "YES" RESPONSES | | | | Y / N |
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? | | | | N |
| <input type="text" value="PARENT COMPANY NAME"/> | <input type="text" value="RELATIONSHIP DESCRIPTION"/> | <input type="text" value="% OWNED"/> | | |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | | | | N |
| <input type="text" value="SUBSIDIARY COMPANY NAME"/> | <input type="text" value="RELATIONSHIP DESCRIPTION"/> | <input type="text" value="% OWNED"/> | | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | | | | N |
| <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/> | | | | |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | | | | N |
| 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | | | | N |
| <input type="text" value="LINE OF BUSINESS"/> | <input type="text" value="POLICY NUMBER"/> | <input type="text" value="LINE OF BUSINESS"/> | <input type="text" value="POLICY NUMBER"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) | | | | N |
| <input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> | | | | |
| <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe): | | | | |
| 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | | | | N |
| 7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). | | | | N |
| 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? | | | | N |
| <input type="text" value="OCCUR DATE"/> | <input type="text" value="EXPLANATION"/> | <input type="text" value="RESOLUTION"/> | <input type="text" value="RESOLVE DATE"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? | | | | N |
| <input type="text" value="OCCUR DATE"/> | <input type="text" value="EXPLANATION"/> | <input type="text" value="RESOLUTION"/> | <input type="text" value="RESOLVE DATE"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? | | | | N |
| <input type="text" value="OCCUR DATE"/> | <input type="text" value="EXPLANATION"/> | <input type="text" value="RESOLUTION"/> | <input type="text" value="RESOLVE DATE"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: | | | | N |
| 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) | | | | N |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? | | | | N |
| 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) | | | | N |
| 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) | | | | N |

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

PRIOR CARRIER INFORMATION

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

Th / PL

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 |



AGENCY CUSTOMER ID: KINGCRE-04

KLAWRENCE1

PROPERTY SECTION

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

| | | | | | |
|---|--|--|---|--|---------------------------|
| AGENCY NAME Hub International Florida | | CARRIER Vantage Risk Specialty Insurance Company | | | NAIC CODE 16275 |
| POLICY NUMBER TBD | | EFFECTIVE DATE 03/15/2023 | NAMED INSURED(S) Village Of Kings Creek Condominium | | |

BLANKET SUMMARY

| BLKT # | AMOUNT | TYPE | BLKT # | AMOUNT | TYPE |
|--------|--------|------|--------|--------|------|
| | | | | | |

| PREMISES INFORMATION | | PREMISES #: 1 | STREET ADDRESS: 7711 Camino Real, Miami, FL 33143 | | | | | | |
|---------------------------------|----------------|----------------------|--|----------------------------------|-------------------|--------------|----------|--------|--|
| | | BUILDING #: 1 | BLDG DESCRIPTION: PARKING LOT LIGHTS | | | | | | |
| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSES OF LOSS | INFLATION GUARD % | DED | DED TYPE | BLKT # | FORMS AND CONDITIONS TO APPLY |
| Parking Lot Lights (180) | 327,550 | | R | Special (Including theft) | | 5,000 | | | 10% WIND/HAIL · 10% SINKHOLE/AGREED VALUE |

| | | |
|------------------------|--|--|
| ADDITIONAL INFORMATION | BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 | VALUE REPORTING INFORMATION - Attach ACORD 811 |
|------------------------|--|--|

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

| | | | | |
|--------------------------|---------------------------------|---------------|------------------------------|---|
| SPOILAGE COVERAGE (Y/N) | DESCRIPTION OF PROPERTY COVERED | LIMIT \$ | REFRIG MAINT AGREEMENT (Y/N) | OPTIONS |
| <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE |
| | | DEDUCTIBLE \$ | | |

| | | | |
|---|-----------------|-----------------|-----------|
| SINKHOLE COVERAGE (Required in Florida) | ACCEPT COVERAGE | REJECT COVERAGE | LIMIT: \$ |
|---|-----------------|-----------------|-----------|

| | | | |
|--|-----------------|-----------------|-----------|
| MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) | ACCEPT COVERAGE | REJECT COVERAGE | LIMIT: \$ |
|--|-----------------|-----------------|-----------|

| | |
|--|-------------------------------------|
| <input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK | # OF OPEN SIDES ON STRUCTURE: _____ |
|--|-------------------------------------|

| | | | | | | | | | |
|---|--------------------------------------|--------------------------|------------------------------------|---------------------------|---------------------|-----------------------|-----------|-------------------------|----------------------------|
| CONSTRUCTION TYPE Joisted Masonry | DISTANCE TO HYDRANT 300 FT | FIRE STAT 2 MI | FIRE DISTRICT Miami-Dade | CODE NUMBER 130 | PROT CL 4 | # STORIES 2 | # BASM'TS | YR BUILT 1975 | TOTAL AREA 3,775 |
|---|--------------------------------------|--------------------------|------------------------------------|---------------------------|---------------------|-----------------------|-----------|-------------------------|----------------------------|

| | | | | |
|---|------------------------------|-------------------------------------|---------------------------|---|
| BUILDING IMPROVEMENTS | BLDG CODE GRADE 99 | TAX CODE | ROOF TYPE Other | OTHER OCCUPANCIES |
| <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> | WIND CLASS | | SEMI-RESISTIVE | HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ |
| <input checked="" type="checkbox"/> ROOFING, YR: 1998 <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> | RESISTIVE | <input checked="" type="checkbox"/> | Other | MANUFACTURER: _____ |
| OTHER: YR: _____ | | | | |

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

| | | | |
|---------------------------|--------------------------|---------------------------|--------------------------|
| RIGHT EXPOSURE & DISTANCE | LEFT EXPOSURE & DISTANCE | FRONT EXPOSURE & DISTANCE | REAR EXPOSURE & DISTANCE |
|---------------------------|--------------------------|---------------------------|--------------------------|

| | | | |
|---|---------------|-----------------|--|
| BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> |
| BURGLAR ALARM INSTALLED AND SERVICED BY | | EXTENT | GRADE |

| | |
|---------------------|---------------------------------------|
| # GUARDS / WATCHMEN | CLOCK HOURLY <input type="checkbox"/> |
|---------------------|---------------------------------------|

| | | | |
|---|---------|-------------------------|--|
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> |
|---|---------|-------------------------|--|

ADDITIONAL INTEREST

| | |
|--|--|
| ACORD 45 attached for additional names | |
| INTEREST | NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ |
| <input type="checkbox"/> LOSS PAYEE | |
| <input type="checkbox"/> MORTGAGEE | |
| | INTEREST IN ITEM NUMBER |
| | LOCATION: _____ BUILDING: _____ |
| | ITEM CLASS: _____ ITEM: _____ |
| | ITEM DESCRIPTION |
| REFERENCE / LOAN #: | |

ADDITIONAL PREMISES INFORMATION

| PREMISES #: | | STREET ADDRESS: | | | | | | | |
|----------------------|--------|-------------------|-----------|----------------|-------------------|-----|----------|--------|-------------------------------|
| BUILDING #: | | BLDG DESCRIPTION: | | | | | | | |
| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSES OF LOSS | INFLATION GUARD % | DED | DED TYPE | BLKT # | FORMS AND CONDITIONS TO APPLY |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

| | | | | |
|---|---------------------------------|---------------|--|---|
| SPOILAGE COVERAGE (Y/N) <input type="checkbox"/> | DESCRIPTION OF PROPERTY COVERED | LIMIT \$ | REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/> | OPTIONS |
| | | DEDUCTIBLE \$ | | <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE |

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

| CONSTRUCTION TYPE | DISTANCE TO HYDRANT | FIRE STAT | FIRE DISTRICT | CODE NUMBER | PROT CL | # STORIES | # BASM'TS | YR BUILT | TOTAL AREA |
|-------------------|---------------------|-----------|---------------|-------------|---------|-----------|-----------|----------|------------|
| | FT | MI | | | | | | | |

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

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

| | | | |
|---------------------------|--------------------------|---------------------------|--------------------------|
| RIGHT EXPOSURE & DISTANCE | LEFT EXPOSURE & DISTANCE | FRONT EXPOSURE & DISTANCE | REAR EXPOSURE & DISTANCE |
| | | | |

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

| | | | | |
|---|--------|-------|---------------------|---------------------------------------|
| BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | CLOCK HOURLY <input type="checkbox"/> |
| | | | | |

| | | | |
|---|---------|-------------------------|--|
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> |
| | | | |

ADDITIONAL INTEREST ACORD 45 attached for additional names

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

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

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

* Code FORGE; Description Forgery or Alteration; Limit 1 \$10,000; Deductible \$1,000;

* Code VALUA; Description Valuable Papers & Records; Limit 1 \$10,000; Deductible \$1,000;



Tower Hill[®] Insurance

SURPLUS LINES DISCLOSURE

You are agreeing to place coverage in the surplus lines market. Coverage may be available in the admitted market. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

The Village of Kings Creek Condominium Association, Inc

Named Insured

Maryam Sedghy

3/13/23

Signature of Insured's Authorized Representative

Date

Vantage Risk Specialty

Name of Excess and Surplus Lines Carrier

Property _ Parking Lot Lihts

Type of Insurance

HUB International

Agency Name

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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 or acts that are 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.

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 TERRORISM RISK INSURANCE ACT, AS AMENDED, 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

I hereby elect to purchase Terrorism coverage as defined in the Act for a prospective premium of \$ 1% .

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

President

Title

Policy Number