

# **COMMERCIAL INSURANCE APPLICATION**

DATE (MM/DD/YYYY)

**KLAWRENCE1** 

					F	<b>IPP</b>	LIC	ANT INFORM	1A	LION	I SECTI	ON						03/09/2	2023	
Hu	ENCY b International 368 W. State Ro								_	ARRIE	R e Risk S <sub>l</sub>	oecia	alty In:	surance	Com	pan	у	NAIC CODE 16275		
	ite 201	au o-							СО	MPANY	POLICY OR	PROG	RAM NA	ME				PROGRA	M CODE	
Da	vie, FL 33324								РО <b>ТВ</b>	LICY N	JMBER									
COI	NTACT Karl	ene I	awrence								UTED				LINDER	WDIT	TR OFFICE			
PHO	DNE C, No, Ext): (954		-3048						UNDERWRITER UNDERWRITER OF							ER OFFICE	FFICE			
FA)	( /05/		-2071										QUOTE			E POLICY	RENEW			
E-M	, 140 <i>)</i> .			ıbln	ternational	con	1			ATUS O			1	(Give Date and/or Attach Copy)					-14244	
COI	JKE33:				SUBCODE:				IK.	ANSAC	IION		CHANG		DATE TIM				AM	
	ENCY CUSTOMER II	: KIN	IGCRE-04						1 —			CANCE						PM		
	NES OF BUSIN																			
IND	ICATE LINES OF BU	ISINES	3	PREI	MIUM				PREMIUM								PREMIUM			
	BOILER & MACHIN	NERY		\$			CYBER AND PRIVACY			\$				YACHT				\$		
	BUSINESS AUTO			\$			FIDUC	CIARY LIABILITY	\$									\$		
	BUSINESS OWNERS \$				GARA	AGE AND DEALERS	\$									\$				
	COMMERCIAL GE	COMMERCIAL GENERAL LIABILITY \$				LIQUOR LIABILITY			\$								\$			
	COMMERCIAL INL	COMMERCIAL INLAND MARINE \$					мотс	OR CARRIER	\$									\$		
X	COMMERCIAL PR	OPERT	Y	\$ 8	3,929.00		TRUC	CKERS			\$							\$		
	CRIME \$						UMBF	RELLA			\$							\$		
AT	TACHMENTS																			
	ACCOUNTS RECE	IVABLE	/ VALUABLE F	PAPER	RS		GLAS	S AND SIGN SECTION						STATEMENT / SCHEDULE OF VALUES						
	ADDITIONAL INTEREST SCHEDULE						HOTE	L / MOTEL SUPPLEM						STATE SU						
	ADDITIONAL PREMISES INFORMATION SCHEDULE							ALLATION / BUILDERS						VACANT E			PLEMENT			
	APARTMENT BUILDING SUPPLEMENT							RNATIONAL LIABILITY						VEHICLE S	SCHEDL	JLE				
	CONDO ASSN BYLAWS (for D&O Coverage only)							RNATIONAL PROPERT	TYE	XPOSU	RE SUPPLEI	MENT								
	CONTRACTORS SUPPLEMENT							SUMMARY												
	COVERAGES SCH							N CARGO SECTION												
	DEALERS SECTION		OLIEDUI E					MIUM PAYMENT SUPP			NT									
	DRIVER INFORMA			TION				FESSIONAL LIABILITY FAURANT / TAVERN SI												
	LICY INFORM			11011			IXLOT	AONAINT TAVERNO	011	LLIVILIA										
	POSED EFF DATE			re .	BILLING P	ΙΔN		PAYMENT PLAN	T	METHO	D OF PAYME	NT	AUDIT	DEPO	SIT		MINIMUM	POLIC	Y PREMIUM	
	03/15/2023		3/15/2024			7			METHOD OF PAYMENT AU				AUDII	\$ \$			PREMIUM	\$ 8,929		
	03/13/2023	03	0/10/2024		X DIRECT	AGE	NCY	FINANCED						•				+ 0,5	23.00	
AF	PLICANT INF	ORMA	ATION									1								
	ME (First Named Ins age Of Kings C				SS (including ZIF	+4)			GL	CODE		653			NAICS			FEIN OR SO 8 <b>6-3092</b>		
	1 Camino Real		Condomin	uiii										<i>1</i> 11				00-3092	200	
Mia	mi, FL 33143								BUSINESS PHONE #: (305) 27				213-3	411						
									VVE	BOILE	ADDRESS									
X	CORPORATION		JOINT VENTU	IRE			NI-	OT FOR PROFIT ORG			SUBCHAPTE	B "C"	COPPOR	ΔΤΙΩΝ						
_	INDIVIDUAL		LLC NO. OF	MEN	MBERS			OT FOR PROFIT ORG ARTNERSHIP			TRUST	K S	CORPOR	ATION	L	_				
NAI	ME (Other Named In	sured) /	AND W.			P+4)		-	GL	CODE		sıc			NAICS			FEIN OR S	DC SEC#	
									BU	SINESS	PHONE #:									
										ADDRESS										
									•••	-DOILE	ADDITEGO									
	CORPORATION		JOINT VENTU	MEN	MBERS			OT FOR PROFIT ORG	i		SUBCHAPTE TRUST	R "S"	CORPOR	ATION						
NAI	NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)							GL	CODE		sıc			NAICS			FEIN OR S	DC SEC #		
								ŀ	BII	SINESS	PHONE #:									
								ŀ			ADDRESS									
	CORPORATION					OT FOR PROFIT ORG			SUBCHAPTE	R "S"	CORPOR	ATION								
	INDIVIDUAL		LLC NO. OF	MEN	MBERS		P	ARTNERSHIP			TRUST					-				

CONT	ONTACT INFORMATION							AGENCY CUSTOMER ID: KINGCRE-04 KLAWREN									
	ONTACT INFORMATION  ONTACT TYPE: Accounting Contact							CONTACT TYPE: Inspection Contact									
	T NAME: Mireya									NAME:MIT							
PRIMAR	_			NDARY F			_						SECONDARY				
PHONE #	<sub>£</sub> ∐HOME	X BUS C	PHON	NDARY IE # ) 725-09	_HOME ∐B	US D		PHO	MARY ONE#	∟ ног 9-3411	ME X BU	IS CELL			BUS X CELL		
	279-3411	mirovovil									mi	rovovillov	(305) 725-09				
	Y E-MAIL ADDRES		iaveiuevko	watianti	CDD.Het			PRIMARY E-MAIL ADDRESS: mireyavillaverdevkc@atlanticbb.net									
	ARY E-MAIL ADDF							SECONDARY E-MAIL ADDRESS:									
	ISES INFORM	MATION (A	ttach ACO	RD 823	for Addition	nal P	remises)	)									
LOC#	STREET 7711 Camin	o Real					TY LIMITS		TEREST	•	# FULL	TIME EMPL	ANNUAL REVENUE	:S: \$			
1					X			X	OWN	ER			OCCUPIED AREA:		SQ F		
BLD#					ATE: FL		OUTSIDE		TENA	ANT	# PART	TIME EMPL	OPEN TO PUBLIC	AREA:	SQ F		
1	COUNTY: Mian			ZIP	33143								TOTAL BUILDING	AREA:	SQ F		
DESCRI	PTION OF OPERAT	TIONS:											ANY AREA LEASEI	то от с	IERS?Y/N N		
LOC#	STREET					CIT	TY LIMITS	INT	TEREST	-	# FULL	TIME EMPL	ANNUAL REVENUE	ES: \$			
							INSIDE		OWN	ER			OCCUPIED AREA:		SQ F		
BLD#	CITY:			STA	ATE:		OUTSIDE	E TENANT #		# PART	TIME EMPL	OPEN TO PUBLIC	AREA:	SQ F			
	COUNTY:			ZIP									TOTAL BUILDING	AREA:	SQ F		
DESCRI	TION OF OPERAT	TIONS:											ANY AREA LEASEI	то от	IERS? Y / N		
LOC#	STREET					СІТ	TY LIMITS	INT	TERES1	-	# FULL	TIME EMPL	ANNUAL REVENUE	ES: \$			
							INSIDE		OWN	ER		T TIME EMPL	OCCUPIED AREA:		SQ F		
BLD#	CITY:			STA	ATE:		OUTSIDE		TENA	ANT	# PART		OPEN TO PUBLIC	AREA:	SQ F		
	COUNTY:			ZIP	:								TOTAL BUILDING	AREA:	SQ F		
DESCRI	PTION OF OPERAT	TIONS:											ANY AREA LEASEI	о то отн	IERS? Y / N		
LOC#	STREET					СІТ	TY LIMITS	INT	TEREST		# FULL	TIME EMPL	ANNUAL REVENUE	ES: \$			
							INSIDE		OWN	ER			OCCUPIED AREA:		SQ F		
BLD#	CITY:			STA	ATE:		OUTSIDE		TENA	ANT	# PART	TIME EMPL	OPEN TO PUBLIC	AREA:	SQ F		
	COUNTY:		ZIP	ZIP:								TOTAL BUILDING	AREA:	SQ F			
DESCRIPTION OF OPERATIONS:  ANY AREA LEASED TO OTHERS? Y / N										IERS? Y / N							
NATU	RE OF BUSIN	IESS															
APA	ARTMENTS	CONTRA	ACTOR	MANUF	ACTURING	ı	RESTAURAI	NT		SERVICE	Х	Со		DATE I	BUSINESS ED (MM/DD/YYYY)		
CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL						RETAIL			WHOLESA	ALE	_			01/11/1980			
DETAIL 6	STORES OF SERVICE	ICE OPERATION	NS % OF TOTAL	I CALES.	INSTAI	LLATIC	DN, SERVICI	E OR	REPAII	R WORK		OFF PREMIS	SES INSTALLATION, S	SERVICE	OR REPAIR WORK		
(ETAIL )	STORES OR SERVI	ICE OPERATIO	NS % OF TOTAL	L SALES:				%						%			
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																	
INTERES	ST .		NAME AND A	DDRESS	RANK:	EVIDE	ENCE:	CEI	RTIFIC	ATE X	POLICY	SEND B	ILL INTERI	EST IN IT	EM NUMBER		
ADI INS	DITIONAL URED	LIENHOLDER			nding Corp.								LOCATION:		BUILDING:		
BRE	EVCH OE	LOSS PAYEE	450 Skokie Northbrook										VEHICLE:		BOAT:		
co-	OWNER	MORTGAGEE	.40. (110100)	., iL 000	VE-1311								AIRPORT:		AIRCRAFT:		
	PLOYEE LESSOR	OWNER											ITEM CLASS:		ITEM:		
LEA	SERACK	REGISTRANT											ITEM DESCRIPTION				
LEN	DER'S	TRUSTEE	REFERENCE	/ LOAN #:	900-938986	558	INT	ERES	ST END	DATE:							
			LIEN AMOUN	Т:			PH	ONE (	(A/C, N	o, Ext):			FAX (A/C, No):				
REASON	SON FOR INTEREST:							E-MAIL ADDRESS:									

EXPLAIN ALL "YES" RESPONSES Y/M									Y/N			
1a.	IS THE APPLIC	ANT A SUB	SIDIARY OF ANOTHER ENTITY?							N		
	PARENT COMPA	ANY NAME				RELATIONSHIP D	ESCRIPTION		% OWNED			
1b.	DOES THE APF	PLICANT HA	AVE ANY SUBSIDIARIES?							N		
	SUBSIDIARY CO	MPANY NAN	<b>NE</b>			RELATIONSHIP D	% OWNED					
2.	IS A FORMAL S	Г	OGRAM IN OPERATION?	NTHLY MEETINGS	OSHA					N		
-			MABLES, EXPLOSIVES, CHEMICA		USHA					N		
3.	ANT EXPOSOR	E TO FLAW	INIABLES, EXPLOSIVES, OREWIO	ALO!								
4.	ANY OTHER IN	ISURANCE	WITH THIS COMPANY? (List pol	icy numbers)						N		
	LINE OF BUSINE	ESS	POLICY NUMBER		LINE OF BUSINES	s	POLICY NUMBER					
5.	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)											
	OPERATIONS? (Missouri Applicants - Do not answer this question)  NON-PAYMENT  AGENT NO LONGER REPRESENTS CARRIER											
	NON-RENE	-		DITION CORRECTED	(Describe):							
6			LAIMS RELATING TO SEXUAL ABI		· ,	IS DISCRIMINATIO	ON OR NEGLIGEN	T HIRING?		N		
0.	71111 17101 200	OLO OK OL	LANGE RELATING TO SEAGAE ABO	JOE OIL MOLLOTA	TION ALLEGATION	io, bioortimity tric	ON ON NEOLIGEN	T TIIIKII VO:				
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).												
8.	ANY UNCORRE	ECTED FIRE	E AND/OR SAFETY CODE VIOLAT	IONS?						N		
	OCCUR DATE	EXPLANAT	ION			RESOLUTION		RE	SOLVE DATE			
9.	HAS APPLICAN	IT HAD A FO	ORECLOSURE, REPOSSESSION,	BANKRUPTCY OR	FILED FOR BANK	RUPTCY DURING	THE LAST FIVE (5)	YEARS?		N		
	OCCUR DATE	EXPLANAT	ION			RESOLUTION		RE	SOLVE DATE			
10.			JDGEMENT OR LIEN DURING THI	E LAST FIVE (5) YE	ARS?							
	OCCUR DATE	EXPLANAT	TON			RESOLUTION		RE	SOLVE DATE			
										N		
			ACED IN A TRUST? NAME OF TRUS		D. 110 DD.C=11===		== ===============================	O. D.T.:-::::		N		
12.			NS, FOREIGN PRODUCTS DISTR 5 for Liability Exposure and/or ACO			SOLD / DISTRIBUT	ED IN FOREIGN C	OUNTRIES?		N		
13.	,		OTHER BUSINESS VENTURES FO		, , ,	ESTED?				N		
14.	DOES APPLICA	ANT OWN /	LEASE / OPERATE ANY DRONES	? (If "YES", describ	e use)					N		
15.	DOES APPLICA	ANT HIRE O	THERS TO OPERATE DRONES?	(If "YES", describe	use)					N		
RE	MARKS / PRO	CESSING	INSTRUCTIONS (ACORD 101	, Additional Rer	narks Schedule,	may be attache	d if more space	is required	d)			
			,		,	•	•	•	•			
PRI	OR CARRIER	RINFORM	MATION	T	Т		Т					
YEA	R CATEGORY		GENERAL LIABILITY	AUTO	MOBILE	PROP	ERTY	OTHER:				
	CARRIER											
	POLICY NUME											
	PREMIUM \$ \$ \$ \$											

EFFECTIVE DATE
EXPIRATION DATE

GENERAL INFORMATION

Th/PL

RIER INFORMATION (continued)

AGENCY CUSTOMER ID: KINGCRE-04

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:	
	CARRIER					
	POLICY NUMBER	l				
	PREMIUM	\$	\$	\$	\$	
	EFFECTIVE DATE					
	EXPIRATION DATE		1			
	CARRIER					
	POLICY NUMBER					
	PREMIUM	\$	s	\$	\$	
	EFFECTIVE DATE					
	EXPIRATION DATE					

Check if none (Attach Loss Summary for Additional Loss Information) LOSS HISTORY ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST TOTAL LOSSES: \$ SUBRO-CL AIM DATE OF GATION OPEN LINE TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM DATE OF CLAIM AMOUNT PAID AMOUNT RESERVED OCCURRENCE

#### **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.)

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.

APPLICANT'S SIGNATURE

Maryam Sedghy

PRODUCER'S NAME (Please Print)
Elizabeth Fiegehen

STATE PRODUCER LICENSE NO (Required in Florida) W621972

3 13 23

NATIONAL PRODUCER NUMBER 19390456

Page 4 of 4



# **PROPERTY SECTION**

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

AGENCY NAME Hub International Florida								CARRIER NAIC CODE Vantage Risk Specialty Insurance Company 16275									: 								
POL <b>TB</b> I		IUMBER									IVE DATE 5/2023			of Ki		Cree	k Co	ndon	nini	um					
BL	ANĶ	KET SUMMARY	<b>′</b>																						
BLK	(T#	AMOUNT					TYP	E				BLK	(T #	P	MOU	NT					TYPE				
				_		ES #: <b>1</b>					711 Ca					FL 331	43								
PR		SES INFORMA		N BU	_	G#: 1					PARKII							I KT	el .						
Dor		BJECT OF INSURAN <b>G Lot Lights (</b>			Al	MOUNT	C	OINS %			USES OF I			ATION ARD %	DED		DE TYF	PE D.	LKT #			AND CONDITIONS TO APPLY			
Гаі	KIIIÇ	g Lot Lights (	100)	<u> </u>	327,550		550		R	Special (II		uaing				5,000			5	10% WIND/HAIL: 10% SINKHOLE/AGREED VALUE			ALUE		
ADE	OITION	NAL INFORMATION		BUSI	INESS	INCOME /	EXTRA	EXPENS	SE - Atta	ch A0	CORD 810			V	ALUE	REPOR	TING II	NFORM	ATION	N - Attach A	CORD 81	1			
ΑD	DITI	ONAL COVERA	AGES	S. OPTI	IONS	. RESTR	RICTIC	NS. E	NDOF	RSEI	WENTS	AND	RAT	ING IN	NFO	RMATI	ON								
SP	OILAC	GE DESCRIPTION											LIM					RIG MA	AINT	OPTIONS					
	VERA Y/N)												\$ AGREEMEI (Y / N)					NT	BREAKDOWN OR CONTAMINATION						
													DEI	DUCTIBL	.E					POW	ER OUTA	AGE		RICE	
SINKHOLE COVERAGE (Required in Florida)  ACCEPT COVERAGE REJECT COVERAGE LIMIT:									IMIT: \$																
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)								ACCEPT	COVE	RAGE		RI	EJECT C	OVER	AGE	LI	IMIT: \$								
	PRO	PERTY HAS BEEN [	DESIG	NATED A															#	OF OPEN S	IDES ON	STRU	CTURE	:	
		JCTION TYPE			HYDI	DISTANCE RANT FI	TO RE STA	Т		FIRE DISTRICT			CODE NUME						IES #	# BASM'TS YR BUIL					
		d Masonry			3	300 FT		II WIIAI		Dade			130		4 2 OTHER OCCUPANCIES		2			197	5	3,775	1		
BUI	LDING	S IMPROVEMENTS						ADE	TAX	CODE	ROOF			'	OTHE	R OCCU	PANCI	IES							
Χ		ING, YR:		PLUMBIN		:	-	CLASS				HEATING SO				SOUF	SOURCE INCL WOODBURNING DATE								
^		OFING, YR: <b>1998</b>		HEATING						SEMI- RESISTIVE  X Other MAR						STOVE OR FIREPLACE INSERT INSTALLED: _ MANUFACTURER:							LED:		
PRII	OTH MARY	HEAT		YF	Κ:			RESISTI	VE   2	.   -	, ti i Ci	SEC	ONDA	RY HEA		31 70 101	XLIX.								
	BOIL		LID F	UEL									BOIL			SOLII	D FUE	L							
	IF BO	OILER, IS INSURANC	CE PLA	ACED ELS	SEWH	ERE?	Y/N						IF BO	OILER, IS	SINSL	JRANCE	PLACI	ED ELSI	EWHE	ERE?	Y/N				
RIG	HT EX	(POSURE & DISTAN	CE			LEFT EXP	OSURE	& DIST	ANCE			FRO	NT E	POSUR	E&D	ISTANCE	Ξ			REAR EXPO	SURE &	DIST	NCE		
																						OFN			
BUF	RGLAF	R ALARM TYPE						CERTI	FICATE	#									EXPIR	RATION DA	TE	STA	TRAL TION KEYS		DCAL DNG
BURGLAR ALARM INSTALLED AND SERVICED BY									EXT	ENT			GR	ADE		# GU/	ARDS / WAT	CHMEN		CLOC	K HOURL	.Υ			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)							ems)		% SP	RNK	FIRE	ALARM	MAN	UFACTU	RER						1	RAL STAT L GONG	ΓΙΟΝ		
ADDITIONAL INTEREST ACORD 45 attached for additional							onal	names																	
	REST					DDRESS			EVIDE			RTIFIC	ATE							IN	TEREST	IN ITE	M NIIM	BER	
		S PAYEE												J						LOCATION:			BUILDIN		
	MOR	RTGAGEE																		ITEM CLASS:			гем:		
																			- 1	ITEM DESC	RIPTION				
REFERENCE / LOAN #:																									

ADDITIONAL	PR	EMISES #:	STREET	ADDRE	SS:												
PREMISES INFORMATION	N BUI	ILDING #:	BLDG DI		PTION:												
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAUSES OF	LOSS	INFLATION GUARD %	DE	D ·	DED TYPE	BLKT #	FORM	S AND C	ONDI	IONS TO	) APPL	Y
														—			
ADDITIONAL INFORMATION	BUSIN	IESS INCOME /	EXTRA EXPEN	SE - Atta	ch ACORD 810		V	ALUE R	EPORTIN	G INFOR	MATIC	N - Attach A	CORD 81	<u>11</u>			
ADDITIONAL COVERAGES	, OPTIC	ONS, REST	RICTIONS, E	ENDOF	RSEMENTS	AND	RATING IN	IFOR	MATION	1		1					
SPOILAGE DESCRIPTION OF PR	ROPERTY	COVERED					LIMIT			REFRIG N		OPTIONS					
COVERAGE (Y / N)							\$			AGREEN (Y/N		BREA	KDOWN	I OR C			
							DEDUCTIBL	.E			í	POW	ER OUT	AGE		ELLING RICE	í
							\$										
SINKHOLE COVERAGE (Required in	n Florida)				ACCEPT	COVE	RAGE	REJ	ECT COV	ERAGE	1	LIMIT: \$					
MINE SUBSIDENCE COVERAGE (Re	equired in	IL, IN, KY and \	NV)		ACCEPT	COVE	RAGE	REJ	ECT COV	ERAGE		LIMIT: \$					
PROPERTY HAS BEEN DESIGN	NATED AN	I HISTORICAL L	ANDMARK								;	FOF OPEN S	IDES ON	I STRI	JCTURE:		
										_							
CONSTRUCTION TYPE		DISTANCE HYDRANT FI	TO RE STAT	FIR	E DISTRICT		CODE NUM	CODE NUMBER PROT CL # STORIES					YR BU	ILT	TOTAL	AREA	
		FT	MI														
BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX	CODE ROOF	TYPE		OTHER	OCCUPA	NCIES							
WIRING, YR:	PLUMBING	G, YR:															
ROOFING, YR:	HEATING,	YR:	WIND CLASS		SEMI- RES	ISTIVE		HE ST	ATING SO	OURCE IN	NCL W	OODBURNIN ERT	G [	DATE NSTAL	LED:		
OTHER:	YR:		RESISTI	VE					ACTURE								
PRIMARY HEAT					•	SEC	ONDARY HEA	T									
BOILER SOLID FL	JEL						BOILER		SOLID F	UEL [							
IF BOILER, IS INSURANCE PLA	CED ELSI	EWHERE?	Y/N				IF BOILER, IS	INSUR	ANCE PL	ACED EL	SEWH	ERE?	Y/N				
RIGHT EXPOSURE & DISTANCE		LEFT EXP	OSURE & DIST	ANCE		FRO	NT EXPOSUR	E & DIS	TANCE			REAR EXPO	SURE 8	DIST	ANCE		
BURGLAR ALARM TYPE			CERT	IFICATE	#						FXP	IRATION DAT	re T	CEN	TRAL	L	OCAL
					-										TION	G	SONG
BURGLAR ALARM INSTALLED AND	SEDVICE	:n BV				EXT	ENT		GRAD	\E	# 61	JARDS / WAT	CHMEN		CLOC	K HOUR	
BUNGLAN ALANWINGTALLED AND	SERVICE	.0 61				LAI	LIVI		GRAL	,L	# 00	JANDS / WAI	CHIVILIN		CLOCI	VIIOUIX	.L1
PREMISES FIRE PROTECTION (Spring	nklare St	andnings CO2/	Chemical Syst	ome)	0/ CE	DNIK	FIDE ALADM	MANIIE	ACTUBE					+	OFNIT		ATION
PREMISES FIRE PROTECTION (Sprii	iikiers, sta	andpipes, GOZ /	Chemical Syst	enis)	% SF	% SPRNK FIRE ALARM MANUFACTURER								-	+	RAL STA	
														$\bot$	LOCAL	L GONG	i
ADDITIONAL INTEREST		CORD 45 at															
INTEREST	NAME A	ND ADDRESS	RANK:	EVIDE	NCE: CE	ERTIFIC	ATE					IN	ITEREST	IN IT	M NUM	3ER	
LOSS PAYEE												LOCATION:		F	BUILDIN	<b>3</b> :	
MORTGAGEE												ITEM CLASS:			TEM:		
												ITEM DESCI	RIPTION				
	REFERE	NCE / LOAN #:															
REMARKS (ACORD 101,	Additio	nal Remar	ks Schedul	le, ma	y be attach	ed if	more spa	ce is r	require	d)							
·					-		-		-	-							

#### 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.

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.

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

Maryam Sedghy

NATIONAL PRODUCER NUMBER 19390456



# **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	3/13/2
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	<del></del> -

# 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 $\frac{$1\%}{.}$									
X	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that have no coverage for losses resulting from certified acts of terrorism.									
	Maryam Sedghy	President								
	Policyholder/Applicant's Signature	Title								
	Maryan Sedshi	Policy Number								
	3/13/23	•								