Peachtree Special Risk Brokers, LLC
970 Lake Carillon Drive, Suite 106
St. Petersburg, FL 33716
(727)299-1140 Fax: (727)299-1141
Wholesale Insurance Brokers

DATE: 04/13/2026

TO: Dave Turgeon
King Risk Partners LLC - Gainesville
643 SW 4th Ave
Ste 210
Gainesville, FL 32601

Agency Code: 91252

FROM: Trina Millsap for Don Yuhasz
TMillsap@bridgespecialty.com

RE: Village at Haile Condominium Association Inc, The **Renewal Date:** 05/03/26
Renewal of Policy #: 4WA3CM0002634-00

RENEWAL PRIMARY $10M X-WIND QUOTE

We are pleased to offer the following quotation. Please review this quotation carefully, as the terms and conditions offered may be different than requested. **PROPERTY DISCLAIMER: Client ultimately selects insured values**. You must contact us in writing to bind coverage, as your office holds no binding authority.

Policy Term: 05/03/2026 - 05/03/2027

Quotation Premium

Excluding TRIA		**Including TRIA**	
Premium:	$34,102.00	**Premium:**	$34,102.00
Policy Fee	$1,300.00	Policy Fee	$1,300.00
Provider Fee	$125.00	Provider Fee	$125.00
		TRIA:	$3,239.00
FL SL Tax(4.94%)	$1,755.03	FL SL Tax(4.94%)	$1,915.04
Stamping Fee(0.06%)	$21.32	Stamping Fee(0.06%)	$23.26
EMPA Fee	$4.00	EMPA Fee	$4.00
Total:	**$37,307.35**	**Total:**	**$40,708.30**

Peachtree Special Risk Brokers, LLC is responsible for collecting and filing the Surplus Lines taxes.

Commission: 12 %

Minimum Earned Percentage: 25.00 %; ***Subject to the Carrier(s) Minimum Earned Premium Clause/Endorsement.**

Note: Fees are fully earned

Policy Type: Occurrence

Carrier(s):

Princeton Excess & Surplus Lines Insurance Company Non-Admitted
Please be sure to check the Carrier's current A.M. Best rating to satisfy you and your client's interests.

Locations: Per Schedule on file with the Company.

Endorsements/Exclusions: (Standard Company or ISO Exclusions are applicable including, but not limited to the following terms, conditions and exclusions. The state specific forms vary per state and may not be listed on this proposal. It is your responsibility as agent of the insured to check coverage and terms.)

- Please see attached Company Quotation for Endorsements and Exclusions.

Terms and Conditions:

- Standard Company or ISO Exclusions are applicable including, but not limited to the attached terms, conditions and exclusions as noted on the Carrier quote attached. The state specific forms vary per state and may not be listed. Carrier, State, and/or ISO forms are available upon request.
- If there are terms/conditions that are inconsistent with the coverage bound, please note that your binder/policy prevails and any changes to terms/conditions, etc. must be made by endorsement request and are subject to carrier approval.
- The company(ies) reserves the right to inspect the locations to develop information necessary to adequately underwrite your business. When conducting these surveys recommendations may be delivered to the insured. Compliance with the recommendations is mandatory and must be completed within the time period stated. Notice of Cancellation will be issued if compliance is not met within the allotted time frame.
- NOC: Thirty (30) Days, Except Ten (10) Days Notice for Non-Payment of Premium. Subject to State Requirements.

Binding Subjectivities: (As Applicable)

Signed Applications (due at binding):

- ACORD Apps (Signed by both Insured & Producer) – As Applicable
- TRIA Form (as applicable)
- Supp App(s) (as applicable)
- SOV - Terms are based on the attached SOV. It is your responsibility to review this SOV for accuracy and notify us immediately if there are any discrepancies. Any changes may affect the terms and pricing offered. PROPERTY DISCLAIMER: Client ultimately selects insured values.

State Tax documents (as applicable)
Carrier Subjectivities – as noted on the Carrier Quote attached

Please Send The Above Items To: Trina Millsap - tmillsap@bridgespecialty.com

If PSR has not received a response from you by the expiration date of this quote, we will consider this quotation closed. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of PSR. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Thank you for this opportunity!

Best Regards,

Don Yuhasz

FROM: **WKFC Underwriting Managers**

On behalf of The Princeton Excess & Surplus Lines Insurance Company, WKFC is proud to present the following quote:

Renewal Business Quotation

Property, Valid for Thirty (30) days

Named Insured: The Village at Haile Condominium Association, Inc.

PROPOSED EFFECTIVE DATE	05/03/2026	**PROPOSED EXPIRATION DATE**	05/03/2027
POLICY LIMIT	$10,000,000 Primary, Per Occurrence, Per Schedule	**TIV**	$20,630,829
SUB LIMITS	Ord/Law Cov A: Include; Cov B&C 10% of Building Limit, as Sublimit (Max $250,000),		
COVERING	Building, BPP, Equipment Breakdown, Miscellaneous Property		
PERILS INSURED	Special - Excluding Flood, EQ, Wind/Hail		
AOP DEDUCTIBLE	$10,000 Per Occurrence		
OTHER DEDUCTIBLES			
POLICY FORM	ISO		
VALUATION	RC -	**CO-INSURANCE**	NIL -
CONDITIONS	THIS AUTHORIZATION IS AUTOMATICALLY SUSPENDED IF A NAMED STORM IS WITHIN 250 MILES OF THE UNITED STATES OF AMERICA, ITS TERRITORIES OR POSSESSIONS., Subject to no more than 10% exposure to HUD/Section 8/Student/Senior/Subsidized housing., Quote is valid only if occupancy is greater than 70%. , Quote is valid only if there are no current or planned renovations., Quote is valid only if risk is not a new purchase., Updated Signed and Dated Acord Application (Acord 125/Acord 140 or Acord 125/SOV) with complete COPE information reflecting coverages, values and terms offered required within 30 days of binding. Signed Acord 63 is also required within 30 days, unless the Signed Acord 125 is 2013 or newer version., Quote and continued coverage are subject to a completed inspection and favorable loss control results within 30 to 45 days from the effective date of this policy, ACV Roof Endorsement applies - see form for details., Inspection Contact information required at binding, Quote is not valid if any of the following are present at insured location(s): Fuses, Aluminum Wiring, Knob & Tube, Pigtailed Wiring, Federal Pacific Circuit Breakers, Stab-Lok, Zinsco panels, Split Bus electrical panels, Surplus Lines Tax Filing Information is due within 15 days of binding - required to issue policy., The policy will be issued with carrier mandated forms and form editions in use by the carrier at the time of binding., Confirmation of accepting or rejecting TRIA required at binding. Signed TRIA Terrorism Disclosure due within 30 days of binding.		
WARRANTIES	Battery Operated Smoke Detectors – Operational & Maintained Existing Damage Exclusion to apply No Aluminum Wiring (Exclusion Endorsement) Vacant and unoccupied units Locked & Secured		
PROPERTY PREMIUM *No Flat Cancellation Permitted*	Non-Terrorism Premium: $32,390.00 Equipment Breakdown Premium: $1,712.00 Cyber Premium: Declined	**TRIA PREMIUM** Terrorism Premium: $3,239.00	
FEES (If allowed by law)	$125.00 MGA Service Fee		

MINIMUM EARNED PREMIUM	25.00% of total written premium

FORMS	
Common Policy Declarations	PESCL2000 (06/14)
Commercial Property Coverage Part Declarations Page	PESPR2000a (01/96)
Schedule of Forms	Forms
U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders	IL P 001 01 04
Location Schedule	Locsched (F1 8/95)
Common Policy Conditions	IL 00 17 11 98
Causes of Loss - Special Form	CP 10 30 10 12
Commercial Property Conditions	CP 00 90 07 88
Building and Personal Property Coverage Form	CP 00 10 10 12
Business Income (And Extra Expense) Coverage Form	CP 00 30 10 12
Service of Process Endorsement	SLSOP 10 14
Actual Cash Value for Roof Surfacing (Windstorm or Hail)	CF 00 27 12 25
Aluminum Wiring Exclusion	CF 10 05 07 20
Assignment of Benefits Prohibited	PR ES 99 10 11 22
Cancellation Changes	CP 02 99 06 07
Equipment Breakdown Coverage Part Declarations	CF DS 00 21 10 24
Equipment Breakdown Coverage Part	CF 00 20 01 25
Amendatory Endorsement	VLCW71 12 10
Cyber Incident Exclusion	CP 10 75 12 20
Cap On Losses From Certified Acts Of Terrorism	IL 09 52 01 15
Cyber Incident Exclusion Endorsement Advisory Notice to Policyholders	CP P 020 12 20
Exclusion of Loss Due to Virus or Bacteria	CP 01 40 07 06
Existing Damage Exclusion	CF 00 29 12 25
Florida Changes	CP 01 25 02 12
Exclusion of Certified Acts of Terrorism	IL 09 53 01 15
Loss Limit of Insurance	CF 12 02 07 20
Minimum Earned Premium	WK 10 02 05 12
Nuclear Energy Liability Exclusion Endorsement	IL 00 23 07 02
Protective Safeguards	CP 04 11 10 12
Windstorm or Hail Exclusion	CP 10 54 06 07
Absolute Asbestos Exclusion Endorsement	CF 00 25 11 24

ADDITIONAL COMMENTS

-Ten (10) days notice of cancellation for Non Payment of Premium.
-Asbestos, Pollution Exclusion, Exclusion of Certain Computer Related Losses, Aluminum Wiring Exclusion Endorsement.
-Subject to Inspection and Receipt of signed Acord application.
-Indicate whether Terrorism is selected upon binding. If Terrorism is rejected, we will need a signed rejection by the insured
-Updated Accord Application required upon renewal
-Mold & Mildew is Excluded
-Occurrence Limit of Liability Endorsement
-THIS AUTHORIZATION IS AUTOMATICALLY SUSPENDED IF A NAMED STORM IS WITHIN 250 MILES OF THE UNITED STATES OF AMERICA, ITS TERRITORIES OR POSSESSIONS.
-RSG Underwriting Managers LLC is acting as the Program Administrator/Manager for the insurance company providing this coverage and receives compensation from the insurance company for its services. The compensation may vary depending on the profitability of the insurance contracts which it sells. You may obtain more information about the compensation expected to be received by the Program Administrator/Manager by requesting such information from the Program Administrator/Manager.

IMPORTANT NOTE: The Home State of the Named Insured shall be determined in accordance with the provisions of the Non-admitted and Reinsurance Act of 2010, 15. U.S.C. §8201, *etc*. ("NRRA"), and the applicable law of the Home State governing cancellation or non-renewal of insurance shall apply to this Policy.

Please note that this is a quote only, and the carrier reserves the right to amend or withdraw the quote, if new, corrected or updated information creating a material difference from the previously provided underwriting material is received.

A written request must be received in order to bind coverage. Any amendments to coverage must be specifically requested in writing.

Named Insured: The Village at Haile Condominium Association, Inc.

Policy No. or Type of Policy: **Effective Date: 5/3/2026**

Insurance Company: The Princeton Excess & Surplus Lines Insurance Company

STANDARD FIRE POLICY (SFP) STATE POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you now 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.

In addition, you should also know that some or all of the locations covered under your policy may be located in a Standard Fire Policy (SFP) state. With certain exceptions as described in the Note below, SFP states require that fire insurance coverage meet or exceed the provisions of the Standard Fire Policy and do not permit the exclusion of terrorism, even if coverage under the Act is rejected. Those legal requirements cannot be waived and are not preempted by the Act; therefore a business cannot voluntarily waive this statutorily mandated coverage. Even if you reject the coverage under the Act as offered below, if a Terrorist Activity occurs in an SFP state and results in fire, we will pay

for the loss or damage in such SFP state caused by that fire. This exception does not apply to time element coverages, including but not limited to business interruption or extra expense.

Note: There are some states which have adopted the Standard Fire Policy, but which also permit the exclusion of terrorism, including fire following, in such a policy under certain defined circumstances. In these states, apart from coverage under the Act, as amended, (if such coverage is elected hereunder), we will not provide terrorism coverage beyond the minimum requirements of the SFP laws and regulations. As of the date of this policy, SFP states that permit absolute or limited terrorism exclusion include: Arizona, Connecticut, Idaho, Louisiana, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New Jersey, North Dakota, Oklahoma, Pennsylvania, Rhode Island and Virginia. If your policy covers locations in one or more of these states, you will not have coverage for terrorism under the SFP laws for those locations.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

_____ I hereby elect to purchase Terrorism coverage as defined in the Terrorism Risk Insurance Act, as amended, for a prospective premium of $3,239.

__X__ I understand that I will have no coverage for losses arising from certified acts of terrorism as defined in the exclusion and in the Terrorism Risk Insurance Act, as amended, except as described above for locations in SFP states.

_____
Policyholder/Applicant's Signature

_____
Print Name

_____
Date

TERRORISM RISK INSURANCE ACT

The following is a partial summary of the Terrorism Risk Insurance Act, as amended, (hereinafter referred to as the Act). Only the provisions of the Act determine the scope of the insurance protection available for the losses covered under the Act. The Act has been extended through December 31, 2027.

The Act provides coverage for property and casualty insurance for "insured losses" as a result of an "act of terrorism." As stated in the Act:

A. "Insured loss" means any loss resulting from an "act of terrorism" (including an act of war, in the case of worker's compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if such loss:
   1. Occurs within the United States; or
   2. Occurs to an air carrier (as defined in section 40102 of title 49, United States Code), to a United States flag vessel (or a vessel based principally in the United States, on which US income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs, or at the premises of any United States mission.

B. "Act of terrorism" means any act or acts that are certified by the Secretary of Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States:
   1. To be an act of terrorism;
   2. To be a violent act or an act that is dangerous to:
      a. Human life;
      b. Property; or
      c. Infrastructure;
   3. To have resulted in damage within the United States, or outside of the United States in the case of:
      a. An air carrier or vessel described in paragraph (5)(B) of Section 102 of the Act; or
      b. The premises of a United States mission; and
   4. To have been committed by an individual or individuals, as part of an effort to coerce the civilian populations of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

C. Section 102 (1)(B) of the Act states “no act shall be certified by the Secretary as an act of terrorism if:
   1. The act is committed as part of the course of a war declared by the Congress, except that this clause shall not apply with respect to any coverage for workers' compensation; or
   2. Property and casualty insurance losses resulting from the acts, in the aggregate, do not exceed $5,000,000.”

D. The Act also contains a “program trigger” in Section 103(e)(1)(B), pursuant to which the federal government does not pay compensation for losses resulting from a certified act occurring after December 31, 2007, unless aggregate industry insured losses from such a certified act exceed a certain amount, or “trigger.” For insured

losses occurring in 2008 and for all additional calendar years, the program trigger is $100,000,000 through 2015, $120,000,000 beginning on January 1, 2016, $140,000,000 beginning on January 1, 2017, $160,000,000 beginning on January 1, 2018, $180,000,000 beginning on January 1, 2019, $200,000,000 beginning on January 1, 2020, of aggregate industry insured losses.

E. The Act does not apply to: crop or livestock insurance; private mortgage insurance or title insurance; financial guaranty insurance issued by monoline financial guaranty insurance corporations; insurance for medical malpractice; health or life insurance; flood insurance provided under the National Flood Insurance Act of 1968; commercial automobile insurance; burglary and theft insurance; surety insurance; professional liability insurance (except Directors and Officers Liability); or farm owners multiple peril insurance.

F. Under the Act for calendar years through December 31, 2027, the federal government will reimburse the insurance company for 80% beginning on January 1, 2020 of its insured losses in excess of a deductible, until aggregate “insured losses” in any calendar year exceed $100 billion. Each insurer's deductible will be 20% of its direct earned premium for property and casualty insurance (as reported on Page 14 of the company's Annual Statement), over the immediately preceding calendar year.

   For the purposes of determining such deductibles, direct earned premium means only the premiums earned on the commercial lines property and casualty insurance covered by the Act for U.S. risks or vessels, aircraft and foreign missions outside the U.S. covered by the Act.

   Neither the insurance company (having met its statutorily mandated share as described above) nor the federal government will be liable for payment of any portion of “insured losses” under the Act that exceeds $100 billion in the aggregate during any calendar year.

AGENCY CUSTOMER ID: _____

ACORD

FRAUD STATEMENTS

PRODUCER		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

Applicable in AL, AR, 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 CA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 DC: 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.

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, 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.

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.

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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.

Applicable in NY: Applicable to all applications and claim forms for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

_____ _____

APPLICANT'S SIGNATURE DATE (MM/DD/YYYY)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ASSIGNMENT OF BENEFITS PROHIBITED

This endorsement modifies insurance provided under the following:

COMMON POLICY CONDITIONS
ALL APPLICABLE COVERAGE FORMS

The Assignment Condition in the Policy to which this endorsement is attached is replaced by the following:

Assignment
Interest, rights or post-loss insurance benefits under this Policy may not be assigned to a third party under any assignment agreement. As used in this condition, assignment agreement means any instrument by which interest, rights or post-loss benefits under this Policy are assigned or transferred, or acquired in any manner, in whole or in part, to or from a person, company or entity.

Surplus Lines Disclosure and Acknowledgement

At my direction, King Risk Partners LLC - Gainesville (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 coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer. Additionally, I understand surplus lines insurers' policy rates and forms are not approved by any Florida regulatory agency.

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.

Village at Haile Condominium Association Inc, The

Named Insured

By:

Signature of Named Insured Date

Printed Name and Title of Person Signing

Princeton Excess & Surplus Lines Insurance Company

Name of Excess and Surplus Lines Carrier

Commercial Property

Type of Insurance

05/03/26

Effective Date of Coverage

COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 04/17/2026

AGENCY	CARRIER	NAIC CODE
King Risk Partners, LLC 643 SW 4th Suite 210 Gainesville FL 32601	Princeton Excess & Surplus Lines Insurance Company	
	COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE
	POLICY NUMBER: 4WA3CM0002634-00	
CONTACT NAME: Melinda Robertson PHONE (A/C, No, Ext): (352) 377-0420 FAX (A/C, No): E-MAIL ADDRESS: melinda.robertson@king-insurance.com	UNDERWRITER	UNDERWRITER OFFICE
CODE: SUBCODE: AGENCY CUSTOMER ID: 00293126	STATUS OF TRANSACTION: ☐ QUOTE ☐ ISSUE POLICY ☒ RENEW; ☐ BOUND (Give Date and/or Attach Copy); ☐ CHANGE DATE 05/03/2026 TIME 12:01 ☒ AM ☐ PM; ☐ CANCEL	

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
☐ BOILER & MACHINERY	$	☐ CYBER AND PRIVACY	$	☐ YACHT	$
☐ BUSINESS AUTO	$	☐ FIDUCIARY LIABILITY	$		$
☐ BUSINESS OWNERS	$	☐ GARAGE AND DEALERS	$		$
☐ COMMERCIAL GENERAL LIABILITY	$	☐ LIQUOR LIABILITY	$		$
☐ COMMERCIAL INLAND MARINE	$	☐ MOTOR CARRIER	$		$
☒ COMMERCIAL PROPERTY	$ 37,307.35	☐ 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	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
05/03/2026	05/03/2027	☐ DIRECT ☒ AGENCY				$	$	$ 37,307.35

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
The Village at Haile Condominium Association, Inc. 5201 SW 91st Dr Gainesville FL 32608	BUSINESS PHONE #: WEBSITE ADDRESS			

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ ☐ PARTNERSHIP ☐ TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #: WEBSITE ADDRESS			

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ ☐ PARTNERSHIP ☐ TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #: WEBSITE ADDRESS			

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ ☐ PARTNERSHIP ☐ TRUST

AGENCY CUSTOMER ID: 00293126

CONTACT INFORMATION

CONTACT TYPE:	**CONTACT TYPE:**
CONTACT NAME:	**CONTACT NAME:**
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / **SECONDARY PHONE #** ☐ HOME ☐ BUS ☐ CELL	**PRIMARY PHONE #** ☐ HOME ☐ BUS ☐ CELL / **SECONDARY PHONE #** ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:	**PRIMARY E-MAIL ADDRESS:**
SECONDARY E-MAIL ADDRESS:	**SECONDARY E-MAIL ADDRESS:**

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	**STREET** 5201 SW 91st Dr		**CITY LIMITS** ☐ INSIDE ☐ OUTSIDE	**INTEREST** ☐ OWNER ☐ TENANT	**# FULL TIME EMPL**	**ANNUAL REVENUES: $**	
						OCCUPIED AREA:	SQ FT
BLD #	**CITY:** Gainesville	**STATE:** FL			**# PART TIME EMPL**	**OPEN TO PUBLIC AREA:**	SQ FT
	COUNTY:	**ZIP:** 32608				**TOTAL BUILDING AREA:**	SQ FT
DESCRIPTION OF OPERATIONS:						**ANY AREA LEASED TO OTHERS? Y / N**	
LOC # 2	**STREET** 9177 SW 52nd Ave, Bldg E		**CITY LIMITS** ☐ INSIDE ☐ OUTSIDE	**INTEREST** ☐ OWNER ☐ TENANT	**# FULL TIME EMPL**	**ANNUAL REVENUES: $**	
						OCCUPIED AREA:	SQ FT
BLD #	**CITY:** Gainesville	**STATE:** FL			**# PART TIME EMPL**	**OPEN TO PUBLIC AREA:**	SQ FT
	COUNTY:	**ZIP:** 32608				**TOTAL BUILDING AREA:**	SQ FT
DESCRIPTION OF OPERATIONS:						**ANY AREA LEASED TO OTHERS? Y / N**	
LOC # 3	**STREET** 9172 SW 52nd Rd, Bldg F		**CITY LIMITS** ☐ INSIDE ☐ OUTSIDE	**INTEREST** ☐ OWNER ☐ TENANT	**# FULL TIME EMPL**	**ANNUAL REVENUES: $**	
						OCCUPIED AREA:	SQ FT
BLD #	**CITY:** Gainesville	**STATE:** FL			**# PART TIME EMPL**	**OPEN TO PUBLIC AREA:**	SQ FT
	COUNTY:	**ZIP:** 32608				**TOTAL BUILDING AREA:**	SQ FT
DESCRIPTION OF OPERATIONS:						**ANY AREA LEASED TO OTHERS? Y / N**	
LOC # 4	**STREET** 5133 SW 91 Ct, Bldg G		**CITY LIMITS** ☐ INSIDE ☐ OUTSIDE	**INTEREST** ☐ OWNER ☐ TENANT	**# FULL TIME EMPL**	**ANNUAL REVENUES: $**	
						OCCUPIED AREA:	SQ FT
BLD #	**CITY:** Gainesville	**STATE:** FL			**# PART TIME EMPL**	**OPEN TO PUBLIC AREA:**	SQ FT
	COUNTY:	**ZIP:** 32608				**TOTAL BUILDING AREA:**	SQ FT
DESCRIPTION OF OPERATIONS:						**ANY AREA LEASED TO OTHERS? Y / N**	

NATURE OF BUSINESS

											DATE BUSINESS STARTED (MM/DD/YYYY)
☐	APARTMENTS	☐	CONTRACTOR	☐	MANUFACTURING	☐	RESTAURANT	☐	SERVICE	☐	
☐	CONDOMINIUMS	☐	INSTITUTIONAL	☐	OFFICE	☐	RETAIL	☐	WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS

Residential / Commercial Condominium Association

	INSTALLATION, SERVICE OR REPAIR WORK	**OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK**
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL 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

INTEREST				**NAME AND ADDRESS** **RANK:**	**EVIDENCE:** ☐ **CERTIFICATE** ☐ **POLICY** ☐ **SEND BILL**	**INTEREST IN ITEM NUMBER**	
☐	ADDITIONAL INSURED	☐	LIENHOLDER			**LOCATION:**	**BUILDING:**
☐	BREACH OF WARRANTY	☐	LOSS PAYEE			**VEHICLE:**	**BOAT:**
☐	CO-OWNER	☐	MORTGAGEE			**AIRPORT:**	**AIRCRAFT:**
☐	EMPLOYEE AS LESSOR	☐	OWNER			**ITEM CLASS:**	**ITEM:**
☐	LEASEBACK OWNER	☐	REGISTRANT			**ITEM DESCRIPTION**	
☐	LENDER'S LOSS PAYABLE	☐	TRUSTEE	**REFERENCE / LOAN #:**	**INTEREST END DATE:**		
☐				**LIEN AMOUNT:**	**PHONE (A/C, No, Ext):**	**FAX (A/C, No):**	
REASON FOR INTEREST:					**E-MAIL ADDRESS:**		

AGENCY CUSTOMER ID: 00293126

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? — N

PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? — N

SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED

2. IS A FORMAL SAFETY PROGRAM IN OPERATION? — N

☐ SAFETY MANUAL ☐ SAFETY POSITION ☐ MONTHLY MEETINGS ☐ OSHA ☐

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? — N

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) — N

LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER

5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? **(Missouri Applicants - Do not answer this question)** — N

☐ NON-PAYMENT ☐ AGENT NO LONGER REPRESENTS CARRIER ☐
☐ NON-RENEWAL ☐ UNDERWRITING ☐ 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

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? — N

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? — N

OCCUR DATE	EXPLANATION	RESOLUTION	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)

PRIOR CARRIER INFORMATION

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

AGENCY CUSTOMER ID: 00293126

PRIOR CARRIER INFORMATION (continued)

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: $

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

SIGNATURE

☐ 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	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
	Dave Turgeon	P100362

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION SCHEDULE

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AGENCY	CARRIER	NAIC CODE
King Risk Partners, LLC	Princeton Excess & Surplus Lines Insurance Company	

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
4WA3CM0002634-00	05/03/2026	The Village at Haile Condominium Association, Inc.

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
5	5025 SW 91 Ct, Bldg H	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
6	5141 SW 91st Way, Bldg I	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
7	9158 SW 51st Rd, Bldg J	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
8	5040 SW 91st Terrace, Bldg K	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
9	9149 SW 49th Pl, Bldg L	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
10	5318 SW 91st Terrace	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
11	5218 SW 91st Dr	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
12	5212 SW 91st Terrace	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
13	9150 SW 49th Pl	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
14	5213 SW 91st Dr	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION SCHEDULE

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AGENCY	CARRIER	NAIC CODE
King Risk Partners, LLC	Princeton Excess & Surplus Lines Insurance Company	

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
4WA3CM0002634-00	05/03/2026	The Village at Haile Condominium Association, Inc.

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
15	5206 SW 91st Terrace	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
16	5030 SW 91 Ct	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
17	5323 SW 91st Terrace, Bakery	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
18	9127 SW 52nd Ave, Bldg D	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
19	9124 SW 51st Rd, Bldg B	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
20	9119 SW 52nd Ave, Bldg C	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
21	5347 SW 91st Terrace	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
22	5341 SW 1st Terrace	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
23	5330 SW 91st Terrace, Pet Bakery	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
24	5300 SW 91st Terrace	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

AGENCY CUSTOMER ID: 00293126

ACORD®

ADDITIONAL PREMISES INFORMATION SCHEDULE

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AGENCY		CARRIER	NAIC CODE
King Risk Partners, LLC		Princeton Excess & Surplus Lines Insurance Company	
POLICY NUMBER: 4WA3CM0002634-00	EFFECTIVE DATE: 05/03/2026	NAMED INSURED(S): The Village at Haile Condominium Association, Inc.	

PREMISES INFORMATION

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
25	9116 SW Rd, Bldg A		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Gainesville	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 32608				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

AGENCY CUSTOMER ID: 00293126

PROPERTY SECTION

DATE (MM/DD/YYYY): 04/17/2026

AGENCY NAME	CARRIER	NAIC CODE
King Risk Partners, LLC	Princeton Excess & Surplus Lines Insurance Company	

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
4WA3CM0002634-00	05/03/2026	The Village at Haile Condominium Association, Inc.

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 5201 SW 91st Dr

BUILDING #: BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	528,901		RC	Special form		10,000			X-Wind

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 $ | DEDUCTIBLE $ | REFRIG MAINT AGREEMENT (Y / N) ☐ | OPTIONS: ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS: ☐ WIRING, YR: ☐ PLUMBING, YR: ☐ ROOFING, YR: ☐ HEATING, YR: ☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS: ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES

☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____

MANUFACTURER:

PRIMARY HEAT: ☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT: ☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | ☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | ☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | ☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST: ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE

NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER

LOCATION: BUILDING:

ITEM CLASS: ITEM:

ITEM DESCRIPTION

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 2	STREET ADDRESS: 9177 SW 52nd Ave, Bldg E
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	834,591		RC	Special form		10,000			X-Wind

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 $ | DEDUCTIBLE $ | REFRIG MAINT AGREEMENT (Y / N) ☐ | OPTIONS ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES
☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | ☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | ☐ CLOCK HOURLY ☐

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | ☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST
☐ LENDER'S LOSS PAYABLE
☐ LOSS PAYEE
☐ MORTGAGEE
☐

NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER
LOCATION: BUILDING:
ITEM CLASS: ITEM:
ITEM DESCRIPTION

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

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)	STATE PRODUCER LICENSE NO (Required in Florida)
	Dave Turgeon	P100362

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 3	STREET ADDRESS: 9172 SW 52nd Rd, Bldg F
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	984,803		RC	Special form		10,000			X-Wind

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 $ | DEDUCTIBLE $ | REFRIG MAINT AGREEMENT (Y / N) ☐ | OPTIONS ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES
☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | ☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | ☐ CLOCK HOURLY ☐

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | ☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST
☐ LENDER'S LOSS PAYABLE
☐ LOSS PAYEE
☐ MORTGAGEE
☐

NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER
LOCATION: BUILDING:
ITEM CLASS: ITEM:
ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 4	STREET ADDRESS: 5133 SW 91 Ct, Bldg G
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,380,000		RC	Special form		10,000			X-Wind

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 $ | DEDUCTIBLE $ | REFRIG MAINT AGREEMENT (Y / N) ☐ | OPTIONS ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES
☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | ☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | ☐ CLOCK HOURLY ☐

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | ☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST
☐ LENDER'S LOSS PAYABLE
☐ LOSS PAYEE
☐ MORTGAGEE
☐

NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER
LOCATION: BUILDING:
ITEM CLASS: ITEM:
ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 5	STREET ADDRESS: 5025 SW 91 Ct, Bldg H
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,464,946		RC	Special form		10,000			X-Wind

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 $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
☐			☐	☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES

☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 6	STREET ADDRESS: 5141 SW 91st Way, Bldg I
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,464,946		RC	Special form		10,000			X-Wind

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 $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
☐			☐	☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
☐ WIRING, YR: ☐ PLUMBING, YR: ☐ ROOFING, YR: ☐ HEATING, YR: ☐ OTHER: YR:	WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE			☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____ MANUFACTURER:

PRIMARY HEAT	SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N	☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 7	STREET ADDRESS: 9158 SW 51st Rd, Bldg J
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,026,000		RC	Special form		10,000			X-Wind

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 $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
☐			☐	☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
☐ WIRING, YR: ☐ PLUMBING, YR: ☐ ROOFING, YR: ☐ HEATING, YR: ☐ OTHER: YR:	WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE			☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____ MANUFACTURER:

PRIMARY HEAT	SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N	☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 8	STREET ADDRESS: 5040 SW 91st Terrace, Bldg K
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	822,463		RC	Special form		10,000			X-Wind

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 $ | DEDUCTIBLE $ | REFRIG MAINT AGREEMENT (Y / N) ☐ | OPTIONS ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES
☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | ☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | ☐ CLOCK HOURLY ☐

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | ☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST
☐ LENDER'S LOSS PAYABLE
☐ LOSS PAYEE
☐ MORTGAGEE
☐

NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER
LOCATION: BUILDING:
ITEM CLASS: ITEM:
ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 9	STREET ADDRESS: 9149 SW 49th Pl, Bldg L
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	822,463		RC	Special form		10,000			X-Wind

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 $ | DEDUCTIBLE $ | REFRIG MAINT AGREEMENT (Y / N) ☐ | OPTIONS: ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS: ☐ WIRING, YR: ☐ PLUMBING, YR: ☐ ROOFING, YR: ☐ HEATING, YR: ☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES

WIND CLASS: ☐ RESISTIVE ☐ SEMI- RESISTIVE

☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____ MANUFACTURER:

PRIMARY HEAT: ☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT: ☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 10	STREET ADDRESS: 5318 SW 91st Terrace
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	539,464		RC	Special form		10,000			X-Wind

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 $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
☐			☐	☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES
☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 11	STREET ADDRESS: 5218 SW 91st Dr
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	539,814		RC	Special form		10,000			X-Wind

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 $ | DEDUCTIBLE $ | REFRIG MAINT AGREEMENT (Y / N) ☐ | OPTIONS ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES
☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | ☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | ☐ CLOCK HOURLY ☐

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | ☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST
☐ LENDER'S LOSS PAYABLE
☐ LOSS PAYEE
☐ MORTGAGEE
☐

NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER
LOCATION: BUILDING:
ITEM CLASS: ITEM:
ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 12	STREET ADDRESS: 5212 SW 91st Terrace
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	493,437		RC	Special form		10,000			X-Wind

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 $ | DEDUCTIBLE $ | REFRIG MAINT AGREEMENT (Y / N) ☐ | OPTIONS ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES
☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 13	STREET ADDRESS: 9150 SW 49th Pl
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,083,000		RC	Special form		10,000			X-Wind

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 $ | DEDUCTIBLE $ | REFRIG MAINT AGREEMENT (Y / N) ☐ | OPTIONS ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES
☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST
☐ LENDER'S LOSS PAYABLE
☐ LOSS PAYEE
☐ MORTGAGEE
☐

NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER
LOCATION: BUILDING:
ITEM CLASS: ITEM:
ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 14	STREET ADDRESS: 5213 SW 91st Dr
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	457,502		RC	Special form		10,000			X-Wind

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 $ | DEDUCTIBLE $ | REFRIG MAINT AGREEMENT (Y / N) ☐ | OPTIONS ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS: ☐ WIRING, YR: ☐ PLUMBING, YR: ☐ ROOFING, YR: ☐ HEATING, YR: ☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____ MANUFACTURER:

PRIMARY HEAT: ☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT: ☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | ☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | ☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | ☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 15	STREET ADDRESS: 5206 SW 91st Terrace
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	523,299		RC	Special form		10,000			X-Wind

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 $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
☐			☐	☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES
☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 16	STREET ADDRESS: 5030 SW 91 Ct
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	361,107		RC	Special form		10,000			X-Wind
Business Personal Property	21,742		RC	Special form					X-Wind

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 $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
☐			☐	☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES
☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 17	STREET ADDRESS: 5323 SW 91st Terrace, Bakery
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	742,233		RC	Special form		10,000			X-Wind

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 $ | DEDUCTIBLE $ | REFRIG MAINT AGREEMENT (Y / N) ☐ | OPTIONS ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES
☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | ☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | ☐ CLOCK HOURLY ☐

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | ☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST
☐ LENDER'S LOSS PAYABLE
☐ LOSS PAYEE
☐ MORTGAGEE
☐

NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER
LOCATION: BUILDING:
ITEM CLASS: ITEM:
ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 18	STREET ADDRESS: 9127 SW 52nd Ave, Bldg D
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,154,331		RC	Special form		10,000			X-Wind

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 $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
☐			☐	☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
☐ WIRING, YR: ☐ PLUMBING, YR: ☐ ROOFING, YR: ☐ HEATING, YR: ☐ OTHER: YR:	WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE			☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____ MANUFACTURER:

PRIMARY HEAT	SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N	☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 19	STREET ADDRESS: 9124 SW 51st Rd, Bldg B
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,154,331		RC	Special form		10,000			X-Wind

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 $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
☐			☐	☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES
☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 20	STREET ADDRESS: 9119 SW 52nd Ave, Bldg C
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,154,331		RC	Special form		10,000			X-Wind

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 $ | DEDUCTIBLE $ | REFRIG MAINT AGREEMENT (Y / N) ☐ | OPTIONS ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS: ☐ WIRING, YR: ☐ PLUMBING, YR: ☐ ROOFING, YR: ☐ HEATING, YR: ☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____ MANUFACTURER:

PRIMARY HEAT: ☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT: ☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | ☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | ☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | ☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 21 | STREET ADDRESS: 5347 SW 91st Terrace
BUILDING #: | BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	333,794		RC	Special form		10,000			X-Wind

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 $ | DEDUCTIBLE $ | REFRIG MAINT AGREEMENT (Y / N) ☐ | OPTIONS: ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS: ☐ WIRING, YR: ☐ PLUMBING, YR: ☐ ROOFING, YR: ☐ HEATING, YR: ☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES

WIND CLASS: ☐ RESISTIVE ☐ SEMI- RESISTIVE

☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____ MANUFACTURER:

PRIMARY HEAT: ☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT: ☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | ☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | ☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | ☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST: ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐

NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER

LOCATION: | BUILDING:
ITEM CLASS: | ITEM:
ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 22	STREET ADDRESS: 5341 SW 1st Terrace
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	597,360		RC	Special form		10,000			X-Wind

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 $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
☐			☐	☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES
☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 23 | STREET ADDRESS: 5330 SW 91st Terrace, Pet Bakery
BUILDING #: | BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	250,877		RC	Special form		10,000			X-Wind

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 $ | DEDUCTIBLE $ | REFRIG MAINT AGREEMENT (Y / N) | OPTIONS: BREAKDOWN OR CONTAMINATION; POWER OUTAGE; 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 (FT)	FIRE STAT (MI)	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS: WIRING, YR: | PLUMBING, YR: | ROOFING, YR: | HEATING, YR: | OTHER: | YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES

WIND CLASS: RESISTIVE | SEMI- RESISTIVE

HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT | DATE INSTALLED: | MANUFACTURER:

PRIMARY HEAT: BOILER | SOLID FUEL | IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y / N

SECONDARY HEAT: BOILER | SOLID FUEL | IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | CENTRAL STATION | LOCAL GONG | WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | CENTRAL STATION | LOCAL GONG

ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST: LENDER'S LOSS PAYABLE | LOSS PAYEE | MORTGAGEE

NAME AND ADDRESS | RANK: | EVIDENCE: | CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER

LOCATION: | BUILDING:

ITEM CLASS: | ITEM:

ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 24	STREET ADDRESS: 5300 SW 91st Terrace
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	539,167		RC	Special form		10,000			X-Wind

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 $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
☐			☐	☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES

☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: 00293126

ADDITIONAL PREMISES INFORMATION

PREMISES #: 25	STREET ADDRESS: 9116 SW Rd, Bldg A
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,154,331		RC	Special form		10,000			X-Wind
Pools and waterfalls	148,600		RC	Special form		10,000			X-Wind

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 $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
☐			☐	☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ 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 FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES
☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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