

Insured Information Section

Proposal or Renewal Date

12/07/2024

Agent Name

**USI Insurance Services,
LLC - Tampa**

Named Insured: Sunshine Villas Homeowners Association, Inc.

Mailing Address:

PO Box 494016
Port Charlotte, FL 33949

Coverage Information Section

Summary of Limits

TRIA Rejected
Platinum Preferred Savings Program No

(Schedule of buildings and locations on following pages)

<u>Location Name</u>	<u>Building(s) Limit</u>	<u>Business Personal Property</u>	<u>Business Income</u>
Sunshine Villas Homeowners Association, Inc.	\$ 11,321,668	\$ 22,000	\$ 0

Coverage

Catastrophic Ground Coverage Collapse (CGCC)

Inflation Guard 2%

Equipment Breakdown

Commercial Cyber Data Breach \$100,000/\$100,000

Co-Insurance 80%

Deductible

Wind Hail 5% per building

AOP \$10,000 per occurrence

Premium Information Section

<u>Premium</u>	<u>Policy Fee</u>	<u>Citizens Fee</u>	<u>FHCF</u>	<u>EMPA</u>	<u>Fire Marshall</u>	<u>FIGA Assessment 10.11.2021 (0.7%)</u>	<u>FIGA Assessment 3.11.2022 (1.3%)</u>	<u>FIGA Assessment 4.10.2023 (1.0%)</u>	<u>Total Premium</u>
\$ 80,245	\$ 25	\$ 0	\$ 0	\$ 4	\$ 80	\$ 0	\$ 0	\$ 802	\$ 81,156

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those you requested. 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 Heritage Insurance.

FORMS SCHEDULE

The following forms will be attached to the policy if coverage is bound.

Name	Edition	Description
CP 03 22	01 06	FLORIDA - MULTIPLE DED FORM
CP P 003	07 06	EXCLUSION OF LOSS DUE TO VIRUS NOTICE TO POLICYHOLDERS
CP 03 21	06 07	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE
HC 00 17	07 23	COMMON POLICY CONDITIONS - CANCELLATION AND RENEWAL
HP 01 12	10 19	FLORIDA CHANGES MEDIATION OR APPRAISAL AND NEUTRAL EVALUATION
IL 09 53	01 15	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
HC 00 10	08 14	EXISTING DAMAGE EXCLUSION
CP 01 25	03 23	FLORIDA CHANGES
IL 02 55	03 24	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
HP 01 75	10 19	FLORIDA CHANGES - LEGAL ACTION AGAINST US
HP 05 01	10 19	FLORIDA CHANGES - ASSIGNMENT OF BENEFITS
CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
HC 00 14	08 14	FLORIDA - CLAIM PAYMENT PROVISION-CONDOMINIUM
IL 09 35	07 02	EXCLUSION OF CERTAIN COMPUTER- RELATED LOSSES
HC 00 01	05 18	PROPERTY ENHANCEMENT ENDORSEMENT
CP 01 40	07 06	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
HC 00 02 TOC	05 18	TABLE OF CONTENTS - CONDOMINIUM ASSOCIATION
HC CDB	06 23	COMMERCIAL CYBER DATA BREACH
CP 10 32	08 08	WATER EXCLUSION ENDORSEMENT
HPC NCPT V75	02 14	NOTICE OF CHANGE IN POLICY TERMS
CP 00 90	07 88	COMMERCIAL PROPERTY CONDITIONS
CP 10 30	06 07	CAUSES OF LOSS - SPECIAL FORM
HC MEP	08 14	EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT
CP 01 91	07 10	FLORIDA CHANGES - CONDOMINIUM
HC 14 20	08 14	ADDITIONAL PROPERTY NOT COVERED

Location Coverage Information Section**1. Structure 1. Bldg A - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage**

Building RC

Contents

Limit

\$ 524,129

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350**1. Structure 2. Bldg B - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage**

Building RC

Contents

Limit

\$ 574,798

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350**1. Structure 3. Bldg C - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage**

Building RC

Contents

Limit

\$ 574,798

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350**1. Structure 4. Bldg D - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage**

Building RC

Contents

Limit

\$ 574,798

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350**1. Structure 5. Bldg E - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage**

Building RC

Contents

Limit

\$ 524,129

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350

Property Quote

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Policy Number

HCP007073

1. Structure 6. Bldg F - 21150 Gertrude Ave, Port Charlotte, FL 33952**Coverage****Limit**

Building RC

\$ 574,798

Contents

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350**1. Structure 7. Bldg G - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage****Limit**

Building RC

\$ 574,798

Contents

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350**1. Structure 8. Bldg H - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage****Limit**

Building RC

\$ 574,798

Contents

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350**1. Structure 9. Bldg I - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage****Limit**

Building RC

\$ 574,798

Contents

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350**1. Structure 10. Bldg J - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage****Limit**

Building RC

\$ 574,798

Contents

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350

Property Quote

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Policy Number

HCP007073

1. Structure 11. Bldg K - 21150 Gertrude Ave, Port Charlotte, FL 33952**Coverage****Limit**

Building RC

\$ 524,129

Contents

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350**1. Structure 12. Bldg L - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage****Limit**

Building RC

\$ 524,129

Contents

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350**1. Structure 13. Bldg M - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage****Limit**

Building RC

\$ 524,129

Contents

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350**1. Structure 14. Bldg N - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage****Limit**

Building RC

\$ 574,798

Contents

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350**1. Structure 15. Bldg O - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage****Limit**

Building RC

\$ 524,129

Contents

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350

Property Quote

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Policy Number

HCP007073

1. Structure 16. Bldg P - 21150 Gertrude Ave, Port Charlotte, FL 33952**Coverage****Limit**

Building RC

\$ 574,798

Contents

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350**1. Structure 17. Bldg Q - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage****Limit**

Building RC

\$ 574,798

Contents

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350**1. Structure 18. Bldg R - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage****Limit**

Building RC

\$ 574,798

Contents

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350**1. Structure 19. Bldg S - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage****Limit**

Building RC

\$ 574,798

Contents

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350**1. Structure 20. Bldg T - 21150 Gertrude Ave, Port Charlotte, FL 33952****Coverage****Limit**

Building RC

\$ 524,129

Contents

Occupancy: CONDOMINIUM**Construction:** Joisted Masonry**Coverage Form:** Condominium Associations**Year Built:** 1977**Square Feet:** 3350

Property Quote

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Policy Number

HCP007073

1. Structure 21. Laundry Building - 21150 Gertrude Ave, Port Charlotte, FL 33952

Coverage

Building RC

Contents

Occupancy: CONDOMINIUM

Coverage Form: Condominium Associations

Square Feet: 3350

Limit

\$ 180,391

\$ 22,000

Construction: Joisted Masonry

Year Built: 1977

Payment Plan Options

You may choose to pay your premium in full or use our semiannual or quarterly premium payment plan.

<u>Payment Plans</u>	<u>Initial Payment</u>	<u>Installment Amount</u>	<u>Due Dates</u>
Full Pay	\$81,156.00	\$81,156.00	December 26, 2024
CRP Semiannual	\$48,737.20	\$48,737.20 \$35,296.52	December 26, 2024 June 07, 2025
CRP 4 Pay	\$36,580.15	\$36,580.15 \$18,187.83 \$17,468.40 \$12,696.62	December 26, 2024 March 07, 2025 June 07, 2025 September 07, 2025

Regarding the interest, this should be 18% of each installment amount. On the semiannual option, this will be on 40% of the net premium total (entire amount of premium paid on installments). On the quarterly, this will be on 55% of the net premium total (entire amount of premium paid on installments).

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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 Signature Cj Wyatt Date 12/06/2024

Applicant Signature Patricia Wiegand Date 12/06/2024

Heritage Property & Casualty Insurance Company**Election Not To Buy Separate Flood Insurance**

I, Sunshine Villas HOA, INC, have elected **NOT** to purchase, separate flood insurance for the property to be insured by Heritage Property & Casualty Insurance Company ("Heritage") and affirm the following:

I UNDERSTAND HERITAGE PROPERTY & CASUALTY INSURANCE COMPANY DOES NOT PROVIDE COVERAGE FOR DAMAGE CAUSED BY OR RESULTING FROM FLOOD, INCLUDING ANY FLOODING AND/OR STORM SURGE ASSOCIATED WITH WINDSTORM EVENTS.

I UNDERSTAND THAT FLOOD INSURANCE CAN BE PURCHASED FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM.

I UNDERSTAND MY APPLICATION FOR HERITAGE PROPERTY & CASUALTY INSURANCE COMPANY COVERAGE MAY BE DENIED IF I DO NOT SIGN THIS FORM.

I UNDERSTAND MY HERITAGE PROPERTY & CASUALTY INSURANCE COMPANY POLICY MAY BE NONRENEWED IN THE FUTURE IF I DO NOT SIGN THIS FORM.

The Florida Department of Financial Services, Office of Insurance Regulation and Heritage Property & Casualty Insurance Company strongly recommend that property owners in "Special Flood Hazard Areas" obtain flood coverage.

I have read and I understand the information above, and I chose **NOT** to purchase flood coverage.

I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

HCP007073

Application/Policy Number:

Policyholder/Applicant's Signature

Patricia Wiegand

Print Name

12/06/2024

Date

Agent's Signature

CJ Wyatt

Print Name

12/06/2024

Date



Certificate of Condition

☒ I know of no pre-existing damages or partially repaired damages that have occurred at the insured location prior to the proposed effective date of this policy. I am unaware of any loss, or any loss in progress, and know of no loss that is substantially certain to occur.

I understand that this policy is not intended, nor do I intend it to provide coverage for any claim or any known damages that have occurred prior to the effective date of the Heritage Property and Casualty Insurance Company policy date.

Association Name: Sunshine Villas Homeowners Association, Inc.

Property Address: PO Box 494016
Port Charlotte, FL 33949

Applicant's Signature: *R. Wiegand* Date: 12/06/2024

Agent's Signature: *Cj Wyatt* Date: 12/06/2024

☒ I am aware of pre-existing damages or partially repaired damages that have occurred at the insured location prior to the proposed effective date of this policy. Please see brief description of damages below:

I understand that this policy is not intended, nor do I intend it to provide coverage for any claim or any known damages that have occurred prior to the effective date of the Heritage Property and Casualty Insurance Company policy date.

Association Name: Sunshine Villas HOA, INC

Property Address: PO Box 494016
Port Charlotte, FL 33949

Applicant's Signature: *R. Wiegand* Date: 12/06/2024

Agent's Signature: *Cj Wyatt* Date: 12/06/2024

CONTACT INFORMATION

CONTACT TYPE: Inspection Contact		CONTACT TYPE: Accounting Contact	
CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> 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, if applicable)

LOC #	STREET	21150 Gertrude Ave	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	Port Charlotte	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	Charlotte	ZIP: 33952			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	21150 Gertrude Ave	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	Port Charlotte	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY:	Charlotte	ZIP: 33952			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	21150 Gertrude Ave	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	Port Charlotte	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
3	COUNTY:	Charlotte	ZIP: 33952			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	21150 Gertrude Ave	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	Port Charlotte	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
4	COUNTY:	Charlotte	ZIP: 33952			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential						ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS:		LOC #: Location Number	# FULL TIME EMPL: Number Full Time Employees	SQ FT: Square Feet		
		BLD #: Building Number	# PART TIME EMPL: Number Part Time Employees			

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 04/27/1977
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK	
		%		%	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

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

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
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
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
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
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)

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PRIOR CARRIER INFORMATION

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

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

SIGNATURE

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.

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE <i>CJ Wyatt</i>	PRODUCER'S NAME (Please Print) CJ Wyatt	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE <i>Roseann Waggoner</i>	DATE 12/06/2024	NATIONAL PRODUCER NUMBER



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY USI Insurance Services, LLC		CARRIER Marketing Application Only		NAIC CODE 9999
POLICY NUMBER APP18931083	EFFECTIVE DATE 12/07/2024	NAMED INSURED(S) SUNSHINE VILLAS		

PREMISES INFORMATION

LOC # 1	STREET 21150 Gertrude Ave	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 5	CITY: Port Charlotte COUNTY: Charlotte	STATE: FL ZIP:33952	OUTSIDE TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 21150 Gertrude Ave	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 6	CITY: Port Charlotte COUNTY: Charlotte	STATE: FL ZIP:33952	OUTSIDE TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 21150 Gertrude Ave	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 7	CITY: Port Charlotte COUNTY: Charlotte	STATE: FL ZIP:33952	OUTSIDE TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 21150 Gertrude Ave	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 8	CITY: Port Charlotte COUNTY: Charlotte	STATE: FL ZIP:33952	OUTSIDE TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 21150 Gertrude Ave	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 9	CITY: Port Charlotte COUNTY: Charlotte	STATE: FL ZIP:33952	OUTSIDE TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 21150 Gertrude Ave	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 10	CITY: Port Charlotte COUNTY: Charlotte	STATE: FL ZIP:33952	OUTSIDE TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 21150 Gertrude Ave	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 11	CITY: Port Charlotte COUNTY: Charlotte	STATE: FL ZIP:33952	OUTSIDE TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 21150 Gertrude Ave	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 12	CITY: Port Charlotte COUNTY: Charlotte	STATE: FL ZIP:33952	OUTSIDE TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 21150 Gertrude Ave	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 13	CITY: Port Charlotte COUNTY: Charlotte	STATE: FL ZIP:33952	OUTSIDE TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 21150 Gertrude Ave	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 14	CITY: Port Charlotte COUNTY: Charlotte	STATE: FL ZIP:33952	OUTSIDE TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential					ANY AREA LEASED TO OTHERS? Y / N:



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY USI Insurance Services, LLC			CARRIER Marketing Application Only		NAIC CODE 9999
POLICY NUMBER APP18931083		EFFECTIVE DATE 12/07/2024	NAMED INSURED(S) SUNSHINE VILLAS		

PREMISES INFORMATION

LOC # 1	STREET 21150 Gertrude Ave		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 15	CITY: Port Charlotte	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: Charlotte	ZIP:33952				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential						ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 21150 Gertrude Ave		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 16	CITY: Port Charlotte	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: Charlotte	ZIP:33952				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential						ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 21150 Gertrude Ave		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 17	CITY: Port Charlotte	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: Charlotte	ZIP:33952				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential						ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 21150 Gertrude Ave		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 18	CITY: Port Charlotte	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: Charlotte	ZIP:33952				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential						ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 21150 Gertrude Ave		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 19	CITY: Port Charlotte	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: Charlotte	ZIP:33952				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential						ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 21150 Gertrude Ave		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 20	CITY: Port Charlotte	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: Charlotte	ZIP:33952				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condo Residential						ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 21150 Gertrude Ave		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 21	CITY: Port Charlotte	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: Charlotte	ZIP:33952				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Mixed-Use						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:



AGENCY CUSTOMER ID: SUNSHVIL4

PROPERTY SECTION

DATE (MM/DD/YYYY)

12/06/2024

AGENCY NAME USI Insurance Services LLC		CARRIER Marketing Application Only		NAIC CODE 9999
POLICY NUMBER APP18931083		EFFECTIVE DATE 12/07/2024	NAMED INSURED(S) SUNSHINE VILLAS	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 1 BLDG DESCRIPTION: Condo Residential

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	419,303	80	R	Special (Including Theft)		25,000			

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

OF OPEN SIDES ON STRUCTURE: ____

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL PP2	# STORIES 1	# BASM'TS	YR BUILT 1977	TOTAL AREA	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE O	OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2023 <input type="checkbox"/> HEATING, YR: OTHER: YR:		WIND CLASS RESISTIVE		SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____		
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	
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
<input type="checkbox"/> LENDER'S LOSS PAYABLE				LOCATION: _____
<input type="checkbox"/> LOSS PAYEE				BUILDING: _____
<input type="checkbox"/> MORTGAGEE				ITEM CLASS: _____
<input type="checkbox"/>				ITEM: _____
REFERENCE / LOAN #: _____				ITEM DESCRIPTION

ACORD 140 (2016/03)

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ADDITIONAL PREMISES INFORMATION

PREMISES #: 1		STREET ADDRESS: 21150 Gertrude Ave						
BUILDING #: 2		BLDG DESCRIPTION: Condo Residential						
AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
459,838	80	R	Special (Including Theft)		25,000			
BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811				

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED				LIMIT \$		REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS			
					DEDUCTIBLE \$			<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> SELLING PRICE		
								<input type="checkbox"/> POWER OUTAGE			
SINKHOLE COVERAGE (Required in Florida)					ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)					ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$		
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: ____											
CONSTRUCTION TYPE Joisted Masonry		DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT		CODE NUMBER	PROT CL PP2	# STORIES 1	# BASM'TS	YR BUILT 1977	TOTAL AREA
BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX CODE	ROOF TYPE O	OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2023 <input type="checkbox"/> HEATING, YR:			WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT			DATE INSTALLED: _____			
OTHER: YR:			RESISTIVE		MANUFACTURER:						
PRIMARY HEAT					SECONDARY HEAT						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE			FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE				CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION	<input type="checkbox"/> LOCAL GONG
										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
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INTEREST		NAME AND ADDRESS RANK: _____			EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	LENDER'S LOSS PAYABLE					LOCATION:		BUILDING:
<input type="checkbox"/>	LOSS PAYEE					ITEM CLASS:		ITEM:
<input type="checkbox"/>	MORTGAGEE					ITEM DESCRIPTION		
<input type="checkbox"/>								
		REFERENCE / LOAN #:						

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 <i>CJ Wyatt</i>	PRODUCER'S NAME (Please Print) CJ Wyatt	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE <i>Rosea Wiegand</i>	DATE 12/06/2024	NATIONAL PRODUCER NUMBER

PREMISES #: 1	STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 3	BLDG DESCRIPTION: Condo Residential

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	<input type="checkbox"/>	OPTIONS BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		<input type="checkbox"/>	

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/>	WIRING, YR:	<input type="checkbox"/>		O		
<input checked="" type="checkbox"/>	ROOFING, YR: 2023	<input type="checkbox"/>			HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
<input type="checkbox"/>	OTHER:	<input type="checkbox"/>		SEMI- RESISTIVE	DATE INSTALLED: _____	
	YR:	<input type="checkbox"/>		RESISTIVE	MANUFACTURER: _____	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY

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

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PREMISES #: 1	STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 4	BLDG DESCRIPTION: Condo Residential

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	<input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		<input type="checkbox"/>	

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/>	WIRING, YR:			O		
	ROOFING, YR: 2023				HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	OTHER: _____	PLUMBING, YR: _____		SEMI-RESISTIVE	MANUFACTURER: _____	
		WIND CLASS				
		RESISTIVE				

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY

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

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PREMISES #: 1	STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 5	BLDG DESCRIPTION: Condo Residential

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	<input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		<input type="checkbox"/>	

<div> <div>PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK</div> <div># OF OPEN SIDES ON STRUCTURE: _____</div> </div>	
--	--

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/>	WIRING, YR:	<input type="checkbox"/>		O		
<input checked="" type="checkbox"/>	ROOFING, YR: 2023	<input type="checkbox"/>			HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
<input type="checkbox"/>	OTHER:	<input type="checkbox"/>		SEMI- RESISTIVE	DATE INSTALLED: _____	
	YR:	<input type="checkbox"/>		RESISTIVE	MANUFACTURER: _____	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY

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

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PREMISES #: 1	STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 6	BLDG DESCRIPTION: Condo Residential

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		\$		
		DEDUCTIBLE		
		\$		

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/>	WIRING, YR:	<input type="text"/>		O		
	ROOFING, YR: 2023	<input type="text"/>			HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	OTHER: YR:	<input type="text"/>		SEMI- RESISTIVE	MANUFACTURER: _____	
		WIND CLASS	<input type="text"/>			
		<input type="text"/> RESISTIVE	<input type="text"/>			

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

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

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

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PREMISES #: 1	STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 7	BLDG DESCRIPTION: Condo Residential

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	<input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		<input type="checkbox"/>	

<div> <div>PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK</div> <div># OF OPEN SIDES ON STRUCTURE: _____</div> </div>	
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/>	WIRING, YR:	<input type="checkbox"/>		O		
<input checked="" type="checkbox"/>	ROOFING, YR: 2023	<input type="checkbox"/>			HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
<input type="checkbox"/>	OTHER:	<input type="checkbox"/>		SEMI- RESISTIVE	DATE INSTALLED: _____	
	YR:	<input type="checkbox"/>		RESISTIVE	MANUFACTURER: _____	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY

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

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**ADDITIONAL
PREMISES INFORMATION**

PREMISES #: 1		STREET ADDRESS: 21150 Gertrude Ave							
BUILDING #: 8		BLDG DESCRIPTION: Condo Residential							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	459,838	80	R	Special (Including Theft)		25,000			
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$		REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE						
		DEDUCTIBLE \$									
SINKHOLE COVERAGE (Required in Florida)				ACCEPT COVERAGE		REJECT COVERAGE	LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)				ACCEPT COVERAGE		REJECT COVERAGE	LIMIT: \$				
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK						# OF OPEN SIDES ON STRUCTURE: _____					
CONSTRUCTION TYPE Joisted Masonry		DISTANCE TO HYDRANT FT		FIRE DISTRICT		CODE NUMBER	PROT CL PP2	# STORIES 1	# BASM'TS	YR BUILT 1977	TOTAL AREA
BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX CODE	ROOF TYPE O	OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2023 <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:			WIND CLASS	SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT			DATE INSTALLED: _____		
PRIMARY HEAT			RESISTIVE		MANUFACTURER:						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			SECONDARY HEAT		<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE			CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>	
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER				CENTRAL STATION <input type="checkbox"/>	
										LOCAL GONG <input type="checkbox"/>	

ADDITIONAL INTEREST **ACORD 45 attached for additional names**

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

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

PREMISES #: 1	STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 9	BLDG DESCRIPTION: Condo Residential

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE	
		DEDUCTIBLE \$			

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/>	WIRING, YR:	<input type="text"/>		O		
	ROOFING, YR: 2023	<input type="text"/>			HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	OTHER: _____	PLUMBING, YR: _____		SEMI- RESISTIVE	MANUFACTURER: _____	
		WIND CLASS				
		<input type="text"/>				
		RESISTIVE				

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

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

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

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PREMISES #: 1	STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 10	BLDG DESCRIPTION: Condo Residential

SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION R	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building		459,838	80		Special (Including Theft)		25,000			
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810					VALUE REPORTING INFORMATION - Attach ACORD 811			

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

SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/>	PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Joisted Masonry		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT		CODE NUMBER		PROT CL PP2		# STORIES 1		# BASM'TS		YR BUILT 1977		TOTAL AREA					
BUILDING IMPROVEMENTS				BLDG CODE GRADE		TAX CODE		ROOF TYPE O		OTHER OCCUPANCIES													
<input type="checkbox"/> WIRING, YR:		<input type="checkbox"/> PLUMBING, YR:		WIND CLASS				SEMI- RESISTIVE		<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____											
<input checked="" type="checkbox"/> ROOFING, YR: 2023		<input type="checkbox"/> HEATING, YR:																					
<input type="checkbox"/> OTHER:		YR:		<input type="checkbox"/> RESISTIVE						MANUFACTURER:													
PRIMARY HEAT									SECONDARY HEAT														
<input type="checkbox"/> BOILER		<input type="checkbox"/> SOLID FUEL		<input type="checkbox"/>		<input type="checkbox"/> BOILER		<input type="checkbox"/> SOLID FUEL		<input type="checkbox"/>													
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N									IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N														
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE				FRONT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE											
BURGLAR ALARM TYPE				CERTIFICATE #								EXPIRATION DATE		<input type="checkbox"/>		CENTRAL STATION		<input type="checkbox"/> LOCAL GONG					
																WITH KEYS							
BURGLAR ALARM INSTALLED AND SERVICED BY									EXTENT		GRADE		# GUARDS / WATCHMEN				<input type="checkbox"/>		CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)									% SPRNK		FIRE ALARM MANUFACTURER									<input type="checkbox"/>		CENTRAL STATION	
																						LOCAL GONG	

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

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PREMISES #: 1	STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 11	BLDG DESCRIPTION: Condo Residential

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/>	WIRING, YR:	<input type="checkbox"/>	PLUMBING, YR:	O	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____	
	ROOFING, YR: 2023	<input type="checkbox"/>	HEATING, YR:			
	WIND CLASS		SEMI- RESISTIVE			
<input type="checkbox"/>	OTHER:	YR:	<input type="checkbox"/>	RESISTIVE	MANUFACTURER:	

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

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

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

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**ADDITIONAL
PREMISES INFORMATION**

PREMISES #: 1		STREET ADDRESS: 21150 Gertrude Ave							
BUILDING #: 12		BLDG DESCRIPTION: Condo Residential							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	419,303	80	R	Special (Including Theft)		25,000			
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$		REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE						
		DEDUCTIBLE \$									
SINKHOLE COVERAGE (Required in Florida)				ACCEPT COVERAGE		REJECT COVERAGE	LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)				ACCEPT COVERAGE		REJECT COVERAGE	LIMIT: \$				
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK						# OF OPEN SIDES ON STRUCTURE: _____					
CONSTRUCTION TYPE Joisted Masonry		DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT		CODE NUMBER	PROT CL PP2	# STORIES 1	# BASM'TS	YR BUILT 1977	TOTAL AREA
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2023 <input type="checkbox"/> HEATING, YR: OTHER: YR:			BLDG CODE GRADE	TAX CODE	ROOF TYPE O	OTHER OCCUPANCIES					
			WIND CLASS	SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT			DATE INSTALLED: _____		
			RESISTIVE			MANUFACTURER: _____					
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE			CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	
									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 <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
				LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	
REFERENCE / LOAN #: _____					

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

PREMISES #: 1	STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 13	BLDG DESCRIPTION: Condo Residential

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE	

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

BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES		
<input type="checkbox"/>	WIRING, YR:	<input type="checkbox"/>			O			
<input checked="" type="checkbox"/>	ROOFING, YR: 2023	<input type="checkbox"/>	WIND CLASS		SEMI- RESISTIVE	<input type="checkbox"/>	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	OTHER:	YR:	<input type="checkbox"/>	RESISTIVE		<input type="checkbox"/>	MANUFACTURER:	

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

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

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PREMISES #: 1	STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 14	BLDG DESCRIPTION: Condo Residential

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/>	WIRING, YR:	<input type="text"/>		O		
	ROOFING, YR: 2023	<input type="text"/>			HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	OTHER: _____	PLUMBING, YR: _____ HEATING, YR: _____	WIND CLASS	SEMI-RESISTIVE		
			RESISTIVE		MANUFACTURER: _____	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY

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

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PREMISES #: 1	STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 15	BLDG DESCRIPTION: Condo Residential

SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION R	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building		419,303	80		Special (Including Theft)		25,000			
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810					VALUE REPORTING INFORMATION - Attach ACORD 811			

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

SINKHOLE COVERAGE (Required in Florida)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$									
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$									
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK								# OF OPEN SIDES ON STRUCTURE: _____									
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT		CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA			
Joisted Masonry		FT		MI						PP2	1		1977				
BUILDING IMPROVEMENTS				BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES							
<input type="checkbox"/> WIRING, YR:		<input type="checkbox"/> PLUMBING, YR:		WIND CLASS		SEMI- RESISTIVE		<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____							
<input checked="" type="checkbox"/> ROOFING, YR: 2023		<input type="checkbox"/> HEATING, YR:															
<input type="checkbox"/> OTHER:		YR:		<input type="checkbox"/> RESISTIVE				MANUFACTURER:									
PRIMARY HEAT								SECONDARY HEAT									
<input type="checkbox"/> BOILER		<input type="checkbox"/> SOLID FUEL		<input type="checkbox"/>		<input type="checkbox"/> BOILER		<input type="checkbox"/> SOLID FUEL		<input type="checkbox"/>							
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N								IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N									
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE				FRONT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE				CERTIFICATE #								EXPIRATION DATE		<input type="checkbox"/>	CENTRAL STATION	<input type="checkbox"/>	LOCAL GONG
BURGLAR ALARM INSTALLED AND SERVICED BY								EXTENT		GRADE		# GUARDS / WATCHMEN		<input type="checkbox"/>	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)						% SPRNK		FIRE ALARM MANUFACTURER						<input type="checkbox"/>	CENTRAL STATION		
															LOCAL GONG		

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

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PREMISES #: 1	STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 16	BLDG DESCRIPTION: Condo Residential

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		\$		
		DEDUCTIBLE		
		\$		

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

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

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

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

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PREMISES #: 1	STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 17	BLDG DESCRIPTION: Condo Residential

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS			
		DEDUCTIBLE \$		<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION POWER OUTAGE	<input type="checkbox"/>	SELLING PRICE

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE	DISTANCE TO HYDRANT		FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry	FT	MI				PP2	1		1977	

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> WITH KEYS
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION
			LOCAL GONG

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

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PREMISES #: 1	STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 18	BLDG DESCRIPTION: Condo Residential

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		\$		
		DEDUCTIBLE		
		\$		

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/>	WIRING, YR:	<input type="checkbox"/>		O		
<input checked="" type="checkbox"/>	ROOFING, YR: 2023	<input type="checkbox"/>				
	OTHER:					
		PLUMBING, YR:				
		HEATING, YR:				
		YR:				
		WIND CLASS		SEMI-RESISTIVE		
		RESISTIVE				
					HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
					MANUFACTURER: _____	

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

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

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

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PREMISES #: 1	STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 19	BLDG DESCRIPTION: Condo Residential

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION	
		DEDUCTIBLE \$		<input type="checkbox"/> POWER OUTAGE	<input type="checkbox"/> SELLING PRICE

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/>	WIRING, YR:	<input type="checkbox"/>		O		
<input checked="" type="checkbox"/>	ROOFING, YR: 2023	<input type="checkbox"/>			HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
<input type="checkbox"/>	OTHER: _____	<input type="checkbox"/>			MANUFACTURER: _____	
		WIND CLASS		SEMI- RESISTIVE		
		<input type="checkbox"/>		RESISTIVE		

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY

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

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PREMISES #: 1	STREET ADDRESS: 21150 Gertrude Ave
BUILDING #: 20	BLDG DESCRIPTION: Condo Residential

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/>	WIRING, YR:	<input type="text"/>		O		
	ROOFING, YR: 2023	<input type="text"/>			HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	OTHER: _____ YR: _____	<input type="text"/>		SEMI- RESISTIVE	MANUFACTURER: _____	
		WIND CLASS				
		<input type="text"/> RESISTIVE	<input type="text"/>			

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

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

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

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**ADDITIONAL
PREMISES INFORMATION**

PREMISES #: 1		STREET ADDRESS: 21150 Gertrude Ave							
BUILDING #: 21		BLDG DESCRIPTION: Mixed-Use							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	144,313	80	R	Special (Including Theft)		25,000			
Contents	22,000	80	R	Special (Including Theft)		25,000			

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE	
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____	
CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL PP2
# STORIES 1	# BASM'TS	YR BUILT 1977	TOTAL AREA		
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE O	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
<input checked="" type="checkbox"/> ROOFING, YR: 2023	<input type="checkbox"/> HEATING, YR:				
OTHER: YR:		RESISTIVE	MANUFACTURER:		
PRIMARY HEAT			SECONDARY HEAT		
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>			<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>		
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE	
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE	
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK		FIRE ALARM MANUFACTURER	
CENTRAL STATION		LOCAL GONG		WITH KEYS	
CENTRAL STATION		LOCAL GONG		CLOCK HOURLY	

ADDITIONAL INTEREST **ACORD 45 attached for additional names**

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

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