A	CORD®	FL	ORIDA (									PL	CAT	ION		[ [	DATE	(MM/DE	D/YYYY)
				A	PPL	LICAN	IT INFORM	/IAI	ION	SECTI	ON						05	5/07/20	
AG	ENCY							CA	RRIE	R								NAIC	CODE
CE	IZ Insurance Ser	vices, Inc.						Her	ritage	Property	& Ca	sualty	Ins. Co.					144	107
16	05 Main Street, S	uite 1010						CON	IPANY	POLICY OR	PROG	RAM NA	ME				PRO	OGRAM	CODE
Sa	rasota					FL 3	34236	l	ICY NU	MBER 0084112									
	NTACT Stepha	anie Virden						UND	ERWRI	TER				UNDE	RWRIT	TER OFFICE			
PHO	ONE (Q41) (	960-8778																	
FA)	5, NO, EXT): \											QUOTE	:		ISSL	JE POLICY		X RE	NEW
E-N	C, No): IAIL DRESS: stepha	nie.virden@cbi	z com						TUS OF			-	Give Date	and/or	_		Z		
CO	CDIZ							TRA	NSACT	ION		CHANG	` .	DATE		TIME	E		AM
	JL.	BAYSKEY	SUBCODE	•								CANCE							PM
	ENCY CUSTOMER ID:											07 11 10 2							1
	NES OF BUSINE ICATE LINES OF BUS		PREMIUM							PREMIUM								PREMIU	M
	BOILER & MACHINE		\$			CRIME				\$			TRUCKE	RS.			\$		
	BUSINESS AUTO	-1(1	\$		-		ND PRIVACY			\$			UMBRELI				\$		
	BUSINESS OWNER	e	\$	_	-		Y LIABILITY			\$		_	YACHT				\$		
					-							_	TACHI				\$		
	COMMERCIAL GEN		\$		_		AND DEALERS			\$		_					- 1		
	COMMERCIAL INLA		\$		-	LIQUOR L				\$			-				\$		
X	COMMERCIAL PRO	PERIY	\$		I	MOTOR C	ARRIER			\$							\$	-	
AT	TACHMENTS																		
	ACCOUNTS RECEIV		PAPERS		_		NIC DATA PROC		NG SEC	TION		_				ITY SUPPLEI			
	ADDITIONAL INTER				_		ND SIGN SECTIO									N SUPPLEME			
	ADDITIONAL PREM		SCHEDULE		-		MOTEL SUPPLEN									LE OF VALU	ES ——		
	APARTMENT BUILD				-		TION / BUILDERS									f applicable)			
	CONDO ASSN BYLA	,	age only)		-		FIONAL LIABILITY									PPLEMENT			
	CONTRACTORS SU				II	NTERNAT	FIONAL PROPER	TY EX	(POSUF	RE SUPPLEM	MENT		VEHICLE	SCHED	ULE				
	COVERAGES SCHE				-	LOSS SUN													
	DEALERS SECTION				(	OPEN CAI	RGO SECTION												
	DRIVER INFORMAT	ION SCHEDULE			F	PREMIUM	PAYMENT SUPF	PLEME	ENT										
PC	LICY INFORMA																		
_	PROPOSED FFECTIVE DATE	PROPOSED EXPIRATION DATE		ING PL	AN	'	PAYMENT PLAN	M	IETHOD	OF PAYME	NT	AUDIT	DEPO	OSIT		MINIMUM PREMIUM			PREMIUM
	12/01/2024	12/01/2025	DIREC	т	AGE	NCY							\$		\$		\$	5	
	PLICANT INFO																		
	ME (First Named Insur		ADDRESS (includi	na ZIP+	4)			GL C	CODE		SIC			NAIC	 S		FEIN	OR SO	C SEC #
	yside Key Home				-,													28045	
	Ameri-Tech Pro		•	IGHW.	AY 1	9 N #10	02	BUS	INESS	PHONE #:	(727)	726-8	000 500	1					
	'	, ,	,					_		DDRESS		,							
Cle	earwater					FL 3	33763												
	CORPORATION	JOINT VENT	URE			_	OR PROFIT ORG	L ;	s	UBCHAPTE	R "S"	CORPOR	RATION						
	INDIVIDUAL		F MEMBERS MANAGERS: —			_	NERSHIP			RUST									
NAI	ME (Other Named Ins			lina ZIP	+4)			GL C	CODE		SIC			NAIC	 S		FEIN	OR SO	C SEC #
	(	,	,		,														
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								WEB	SSITE A	DDRESS									
	CORPORATION	JOINT VENT	URE			NOT F	OR PROFIT ORG	;	s	UBCHAPTE	R "S"	CORPOR	RATION						
	INDIVIDUAL	LLC NO. O	F MEMBERS MANAGERS: —			PARTI	NERSHIP		$\neg$	RUST									
NAI	ME (Other Named Ins			ling ZIP	+4)			GL C	CODE		SIC			NAIC			FEIN	OR SO	C SEC #
	•	•	•	Ü	,														
								BUS	INESS	PHONE #:									
								_		DDRESS									
	CORPORATION	JOINT VENT	URE		Т	NOT F	OR PROFIT ORG	;	s	UBCHAPTE	R "S"	CORPOR	RATION						
	INDIVIDUAL	LLC NO. O	F MEMBERS MANAGERS: —			PARTI	NERSHIP	ŀ	Т	RUST					_				
DEI	INITIONS: GL CO	DDE: General Liabil			SIC: S	Standard	Industrial Classif	icatio	n			ı	NAICS: Nor	rth Amer	ican In	dustry Class	ificat	ion Sys	tem
	socs	SEC #: Social Secu	rity Number		FEIN:	Federal I	Employer Identifi	cation	Numbe	er		ı	LC: Limite	ed Liabil	ity Cor	poration			

AGENCY CUSTOMER ID: BAYSKEY

CONTACT INFORMATION									
CONTACT TYPE: Inspection Contact				cor	NIACI IIFL.		ng Contact		
сонтаст наме: Magda Hatka					NIACINANE.	Magda F	latka		
PRIMARY HOME BUS CELL	SECONDARY PHONE #	HOME 🗌 BUS	CELL	PRI	MARY ONE # HO	ОМЕ 🗌 Е	BUS   CELL	SECONDARY PHONE #	HOME BUS CELL
(727) 726-8000 500					27) 726-8000 5	500			
PRIMARY E-MAIL ADDRESS: mhatka@a	meritechmail.com			DDI	MARY E-MAIL AD	DDE66.	mhatka@aı	meritechmail.com	
SECONDARY E-MAIL ADDRESS: PREMISES INFORMATION (Attack	h ACOPD 922 fo	r Additional	l Dromico		CONDARY E-MAIL	ADDRESS	5:		
				$\overline{}$		4 5111	I TIME EMPI	ANNUAL DEVENUES	- ^
	DIX	-	CITY LIMITS	-	TEREST	# FUL	LL TIME EMPL	ANNUAL REVENUES:	
			INSIDE	_	OWNER			OCCUPIED AREA:	SQ FT
вьь# сіту: Татра		: FL	OUTSI	DE	TENANT	# PAF	RT TIME EMPL	OPEN TO PUBLIC AR	REA: SQ FT
1 county:		33615						TOTAL BUILDING AR	EA: SQ FT
DESCRIPTION OF OPERATIONS: 6002-607	2 Bayside Key Dr							ANY AREA LEASED 1	TO OTHERS? Y / N
LOC# STREET 6002 BAYSIDE KEY	DR		CITY LIMITS	IN'	TEREST	# FUL	LL TIME EMPL	ANNUAL REVENUES:	: \$
1			INSIDE		OWNER			OCCUPIED AREA:	SQ FT
вьь# сіту: Татра	STATE	: FL	OUTSI	DE	TENANT	# PAF	RT TIME EMPL	OPEN TO PUBLIC AR	REA: SQ FT
2 COUNTY:	ZIP: 3	33615						TOTAL BUILDING AR	EA: SQ FT
DESCRIPTION OF OPERATIONS: 5932-594	12 Bayside Key Dr							ANY AREA LEASED 1	
Loc# STREET 6002 BAYSIDE KEY			CITY LIMITS	N INC	TEREST	4 5111	LL TIME EMPL		
	DIX	-			$\neg$	# FUL	LL IIME EMPL	ANNUAL REVENUES:	
1			INSIDE	_	OWNER			OCCUPIED AREA:	SQ FT
вьь# сіту: Татра		: FL	OUTSI	DE	TENANT	# PAF	RT TIME EMPL	OPEN TO PUBLIC AR	REA: SQ FT
3 COUNTY:		33615						TOTAL BUILDING AR	EA: SQ FT
DESCRIPTION OF OPERATIONS: 5916-592	26 Bayside Key Dr							ANY AREA LEASED 1	TO OTHERS? Y / N
LOC# STREET 6002 BAYSIDE KEY	DR		CITY LIMITS	IN'	TEREST	# FUL	LL TIME EMPL	ANNUAL REVENUES:	: \$
1			INSIDE		OWNER			OCCUPIED AREA:	SQ FT
BLD# CITY: Tampa	STATE	: FL	OUTSII	DE -	TENANT	# PAF	RT TIME EMPL	OPEN TO PUBLIC AR	REA: SQ FT
4 COUNTY:	ZIP: 3	3615						TOTAL BUILDING AR	EA: SQ FT
DESCRIPTION OF OPERATIONS: 5907-592								ANY AREA LEASED 1	
BEGGINI HON OF CHENATIONS. GGG. GGG.		L TIME EMPL: N	dumbor Full 1	Firm Fr	mployoos	80 E1	Γ: Square Feet	ANT AREA LEAGED	TO OTHERO. 17 IV
DEFINITIONS: LOC #: Location Number									
DEFINITIONS: LOC #: Location Number						OQTI	i. Oquale i eet		
BLD #: Building Number		T TIME EMPL: N					. Oquale i eet		
BLD #: Building Number  NATURE OF BUSINESS	# PAR	T TIME EMPL: N	Number Part	Time E	Employees		- Oquale 1 eet		DATE BUSINESS
BLD #: Building Number	# PAR	T TIME EMPL: N		Time E			Square reet		DATE BUSINESS STARTED (MM/DD/YYYY)
BLD #: Building Number  NATURE OF BUSINESS	# PAR	T TIME EMPL: N	Number Part	Time E	Employees	E _	oquare r eet		DATE BUSINESS STARTED (MM/DD/YYYY)
BLD#: Building Number  NATURE OF BUSINESS  APARTMENTS CONTRACTOR CONDOMINIUMS INSTITUTION.	# PAR	TTIME EMPL: N	RESTAUF RETAIL	Time E	SERVICE WHOLES	E _			DATE BUSINESS STARTED (MM/DD/YYYY)
BLD#: Building Number  NATURE OF BUSINESS  APARTMENTS CONTRACTOR CONDOMINIUMS INSTITUTION.	# PAR  R MANUFAC  AL OFFICE	TTIME EMPL: N	RESTAUF RETAIL	Time E	SERVICE WHOLES	E _			STARTED (MM/DD/YYYY)
BLD #: Building Number  NATURE OF BUSINESS  APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION.  DESCRIPTION OF PRIMARY OPERATIONS	# PAR  MANUFAC  OFFICE  OF TOTAL SALES:	TTIME EMPL: N	RESTAUF RETAIL	RANT	SERVICE WHOLES	E _			STARTED (MM/DD/YYYY)  RVICE OR REPAIR WORK
BLD #: Building Number  NATURE OF BUSINESS  APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION DESCRIPTION OF PRIMARY OPERATIONS  RETAIL STORES OR SERVICE OPERATIONS %	# PAR  MANUFAC  OFFICE  OF TOTAL SALES:	TTIME EMPL: N	RESTAUF RETAIL	RANT	SERVICE WHOLES	E _			STARTED (MM/DD/YYYY)  RVICE OR REPAIR WORK
BLD #: Building Number  NATURE OF BUSINESS  APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION.  DESCRIPTION OF PRIMARY OPERATIONS  RETAIL STORES OR SERVICE OPERATIONS %  DESCRIPTION OF OPERATIONS OF OTHER NA	# PAR  R MANUFAC  OFFICE  OF TOTAL SALES:  MED INSUREDS	T TIME EMPL: N	RESTAUF RETAIL	Time E	SERVICE WHOLES	E SALE	OFF PREMIS	ES INSTALLATION, SE	STARTED (MM/DD/YYYY)  RVICE OR REPAIR WORK
BLD #: Building Number  NATURE OF BUSINESS  APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION.  DESCRIPTION OF PRIMARY OPERATIONS  RETAIL STORES OR SERVICE OPERATIONS %  DESCRIPTION OF OPERATIONS OF OTHER NA  ADDITIONAL INTEREST (Provide	# PAR  R MANUFAC  OFFICE  OF TOTAL SALES:  MED INSUREDS	TTIME EMPL: N	RESTAUF RETAIL	RANT ORD	SERVICE WHOLES	E SALE	OFF PREMIS	ES INSTALLATION, SE	STARTED (MM/DD/YYYY)  RVICE OR REPAIR WORK
BLD #: Building Number  NATURE OF BUSINESS  APARTMENTS CONTRACTO CONDOMINIUMS INSTITUTION.  DESCRIPTION OF PRIMARY OPERATIONS  RETAIL STORES OR SERVICE OPERATIONS %  DESCRIPTION OF OPERATIONS OF OTHER NATURE OF OTHER OTH	# PAR  MANUFAC  OFFICE  OF TOTAL SALES:  MED INSUREDS	TTIME EMPL: N	RESTAUF RETAIL	RANT ORD	SERVICE WHOLES	Additio	OFF PREMIS	ES INSTALLATION, SE	RVICE OR REPAIR WORK %
RETAIL STORES OR SERVICE OPERATIONS  ADDITIONAL INTEREST (Provide INTEREST ADDITIONAL INSURED BREACH OF BREACH OF LOSS BAYER INSURED BREACH OF LOSS BAYER IN ACT IN THE PROPERTY IN THE PROPER	# PAR  MANUFAC  OFFICE  OF TOTAL SALES:  MED INSUREDS	TTIME EMPL: N	RESTAUF RETAIL	RANT ORD	SERVICE WHOLES	Additio	OFF PREMIS	ES INSTALLATION, SE	STARTED (MM/DD/YYYY)  RVICE OR REPAIR WORK  %
RETAIL STORES OR SERVICE OPERATIONS  ADDITIONAL INTEREST (Provide INSTREST ADDITIONAL INSURED BREACH OF WARRANTY LOSS PAYEE APARTMENTS CONTRACTO INSTITUTION.  ADDITIONAL INTEREST (Provide INTE	# PAR  MANUFAC  OFFICE  OF TOTAL SALES:  MED INSUREDS	TTIME EMPL: N	RESTAUF RETAIL	RANT ORD	SERVICE WHOLES	Additio	OFF PREMIS	s, if applicable  L INTERES  LOCATION:  VEHICLE:	STARTED (MM/DD/YYYY)  RVICE OR REPAIR WORK  %  ST IN ITEM NUMBER  BUILDING:  BOAT:
RETAIL STORES OR SERVICE OPERATIONS  ADDITIONAL INTEREST (Provide INTEREST ADDITIONAL INTEREST (Provide INTEREST ADDITIONAL INTEREST (Provide INTEREST ADDITIONAL INTEREST (Provide INTEREST ADDITIONAL INTERE	# PAR  MANUFAC  OFFICE  OF TOTAL SALES:  MED INSUREDS	TTIME EMPL: N	RESTAUF RETAIL	RANT ORD	SERVICE WHOLES	Additio	OFF PREMIS	s, if applicable L INTERES LOCATION: VEHICLE: AIRPORT: ITEM	RVICE OR REPAIR WORK %  ST IN ITEM NUMBER BUILDING: BOAT: AIRCRAFT:
ADDITIONAL INTEREST (Provide INTEREST ADDITIONAL INTEREST (Provide INSURED BREACH OF WARRANTY CO-OWNER AS LESSOR LESSOR APARTMENTS CONTRACTO INSTITUTION.  APARTMENTS CONTRACTO INSTITUTION.  INSTITUT	# PAR  MANUFAC  OFFICE  OF TOTAL SALES:  MED INSUREDS	TTIME EMPL: N	RESTAUF RETAIL	RANT ORD	SERVICE WHOLES	Additio	OFF PREMIS	s, if applicable L INTERES LOCATION: VEHICLE: AIRPORT: ITEM CLASS:	STARTED (MM/DD/YYYY)  RVICE OR REPAIR WORK %  ST IN ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM:
RETAIL STORES OR SERVICE OPERATIONS  ADDITIONAL INTEREST (Provide INTEREST ADDITIONAL INSURED BREACH OF WARRANTY LOSS PAYEE WARRANTY CO-OWNER MORTGAGEE OWNER LEASEBACK OWNER REGISTRANT	# PAR  R MANUFAC  OFFICE  OF TOTAL SALES:  MED INSUREDS  Only the necessary  ME AND ADDRESS RA	TTIME EMPL: N	RESTAUF RETAIL  ATION, SERV	RANT  ORD  CE	SERVICE WHOLES  45 for more A  ERTIFICATE	Additio	OFF PREMIS	s, if applicable L INTERES LOCATION: VEHICLE: AIRPORT: ITEM	STARTED (MM/DD/YYYY)  RVICE OR REPAIR WORK %  ST IN ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM:
RETAIL STORES OR SERVICE OPERATIONS  ADDITIONAL INTEREST (Provide Insured Breach of Warranty Co-owner Mortgagee EMPLOYEE AS LESSOR LEASEBACK OWNER LEASEBACK COSS PAYABLE OSS PAYABLE DESCRIPTION OF BUSINESS OWNER LEASEBACK OWNER REGISTRANT OWNER LEASEBACK OWNER REGISTRANT OWNER LEADERS TRUSTEE REIGHT OWNER REGISTRANT OWNER	# PAR  R MANUFAC  OFFICE  OF TOTAL SALES:  MED INSUREDS  Only the necess  WE AND ADDRESS RA	TTIME EMPL: N	RESTAUF RETAIL  ATION, SERV	ORD CE	SERVICE WHOLES  45 for more A  ERTIFICATE  EST END DATE:	Additio	OFF PREMIS	ES INSTALLATION, SE  S, if applicable L INTERES LOCATION: VEHICLE: AIRPORT: ITEM CLASS: ITEM DESCRIPTION	STARTED (MM/DD/YYYY)  RVICE OR REPAIR WORK %  ST IN ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM:
RETAIL STORES OR SERVICE OPERATIONS  ADDITIONAL INTEREST (Provide Insured Breach of Warranty Co-owner Mortgagee EMPLOYEE AS LESSOR LEASEBACK OWNER LEASEBACK COSS PAYABLE OSS PAYABLE DESCRIPTION OF BUSINESS OWNER LEASEBACK OWNER REGISTRANT OWNER LEASEBACK OWNER REGISTRANT OWNER LEADERS TRUSTEE REIGHT OWNER REGISTRANT OWNER	# PAR  R MANUFAC  OFFICE  OF TOTAL SALES:  MED INSUREDS  Only the necessary  ME AND ADDRESS RA	TTIME EMPL: N	RESTAUF RETAIL  ATION, SERV  OUTPUT  THE PROPERTY OF THE PROPE	ORD CE	SERVICE WHOLES  45 for more A  ERTIFICATE	Additio	OFF PREMIS	s, if applicable L INTERES LOCATION: VEHICLE: AIRPORT: ITEM CLASS:	STARTED (MM/DD/YYYY)  RVICE OR REPAIR WORK %  ST IN ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM:

GENERAL INFORMATION

AGENCY CUSTOMER ID: BAYSKEY

_	AIN ALL "YES" RI										Y/N
1a.	IS THE APPLIC	ANT A SUBSI	DIARY OF ANOTHER E	NTITY ?							
	PARENT COMPA	ANY NAME					ı	RELATIONSHIP D	ESCRIPTION	% OWNED	
1b.	DOES THE APF	PLICANT HAV	E ANY SUBSIDIARIES?	l							
	SUBSIDIARY CO						ı	RELATIONSHIP D	ESCRIPTION	% OWNED	
2.	IS A FORMAL S		GRAM IN OPERATION?	MONTHLY MEETINGS		OSHA		1			
3.			ABLES, EXPLOSIVES,								
4.	ANY OTHER IN	ISURANCE W	/ITH THIS COMPANY?	(List policy numbers)							
	LINE OF BUSINE	SS	POLICY NUMBER		LINE	OF BUSINES	SS		POLICY NUMBER		
5.			E DECLINED, CANCELL plicants - Do not answ	ED OR NON-RENEWED DU	JRING T	THE PRIOR	R TH	REE (3) YEARS	FOR ANY PREMISES OR		
	NON-PAYM	` —	AGENT NO LONGER REF			7					
	NON-RENE	-	UNDERWRITING	CONDITION CORRECTED	(Deparis						
_				(UAL ABUSE OR MOLESTA	•		NIC I	DISCRIMINIATIO	ON OR NECLICENT HIRING		
0.	ANT PAST LOS	SES OR CLA	IIVIS RELATING TO SEA	WAL ABUSE OR MOLESTA	TION AL	LLEGATIOI	INO, I	DISCRIMINATIO	JN OR NEGLIGENT HIRING	) (	
<u> </u>											
				NY APPLICANT BEEN INDI- ED CRIME IN CONNECTION						)F FRAUD,	
				nt for property insurance. Fai						nor punishable	
			ar of imprisonment).	,						•	
8.	ANY UNCORRE	CTED FIRE A	AND/OR SAFETY CODE	VIOLATIONS?							
	OCCUR DATE	EXPLANATIO	N				RES	OLUTION		RESOLVE DATE	
			<u> </u>							1	
9.	LIAS ADDITION		DECLASIBE DEDASS	ESSION, BANKRUPTCY OR	EILED	EOD DANK	/DI II	DTCV DUDING	THE I ACT EIVE (5) VEADO	1	
] <sup>9.</sup>		ı	<u> </u>	LOSION, DANKNOFTCT OK	TILLD				THE LAST TIVE (3) TEARS		
	OCCUR DATE	EXPLANATIO	N				RES	OLUTION		RESOLVE DATE	
10.	HAS APPLICAN	IT HAD A JUD	GEMENT OR LIEN DUF	RING THE LAST FIVE (5) YE	ARS?						
	OCCUR DATE	EXPLANATIO	N				RES	OLUTION		RESOLVE DATE	
11.	HAS BUSINESS	BEEN PLAC	ED IN A TRUST? NAME	OF TRUST:		•					
				S DISTRIBUTED IN USA, OF			SOL	D / DISTRIBUT	ED IN FOREIGN COUNTRIE	ES?	
-				d/or ACORD 816 for Property	<u> </u>						
13.	DOES APPLICA	NT HAVE OT	HER BUSINESS VENTU	JRES FOR WHICH COVERA	AGE IS I	NOT REQU	JEST	TED?			
14.	DOES APPLICA	NT OWN / LE	ASE / OPERATE ANY D	DRONES? (If "YES", describe	e use)						
15.	DOES APPLICA	NT HIRE OTH	HERS TO OPERATE DR	ONES? (If "YES", describe	use)						
				·							
	MARKS / DRO	CESSING IN	JETPHOTIONS (ACC	DRD 101, Additional Ren	narke (	Schodulo	m	av ho attacho	d if more space is requi	irod)	
	IAKKS / FKO	CE33ING II	ASTRUCTIONS (ACC	TRD 101, Additional Ren	iiai kā v	Scriedule	, 1116	ay De attache	u ii iiiore space is requi	ileu)	
l											

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: BAYSKEY

EAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER			Heritage Property & Casualty	
	POLICY NUMBER			HCP0084112	
	PREMIUM	\$	\$	\$ 203,430	\$
	EFFECTIVE DATE			12/01/2023	
	EXPIRATION DATE			12/01/2024	
	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 HISTOR	RY	Check if none (Attach Loss Summary for	Additional Los	s Information)			
ENTER ALL CLAIMS		REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCC	CURRENCES THAT M	MAY GIVE RISE TO CLAIMS	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 (AC	ORD 101, A	dditional	Remarks	Schedule	e, may be	attached if n	ore space is red	uired, 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.

PRODUKUSIY BOOK GIVATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
	Matthew Mercier		P051212
APPURATE SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
-21E4719B450A4B1		11/25/2024	

ACORD®

AGENCY CUSTOMER ID: BAYSKEY

ADDITIONAL PREMISES INFORMATION SCHEDULE

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	0	~	2	D	

of

AGENCY					CARRIE	ΞR				NAIC CODE
CBIZ Ir	nsurance Services, Inc.				Heritage	e Pr	operty & Casua	alty Ins. Co.		14407
POLICY I	NUMBER		EFFECTIVE DA	ATE	NAMED IN	ISUR	RED(S)			
APPHO	CP0084112		12/01/202	4	Bayside	Ke	y Homeowners	Association, Inc.		
PREM	ISES INFORMATION									
LOC#	STREET 6002 BAYSIDE KEY DR			CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сıту: Tampa	STATE	: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
5	COUNTY:	ZIP:33	615				1		TOTAL BUILDING AREA:	SQ FT
DESCRIF	PTION OF OPERATIONS: 5927-5941 Bayside Ke	ey Dr	'		,		•		ANY AREA LEASED TO OTHERS	S? Y / N:
LOC#	STREET 6002 BAYSIDE KEY DR	•		CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сіту: Татра	STATE	: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
6	COUNTY:	ZIP:33	615				1		TOTAL BUILDING AREA:	SQ FT
DESCRIF	PTION OF OPERATIONS: 6001-6015 Bayside Ke	ey Dr	'		,		•		ANY AREA LEASED TO OTHERS	S? Y / N:
LOC#	STREET 6002 BAYSIDE KEY DR			CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сіту: Татра	STATE	: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
7	COUNTY:	ZIP:33	615				1		TOTAL BUILDING AREA:	SQ FT
DESCRIF	PTION OF OPERATIONS: 6021-6035 Bayside Ke	ev Dr			l .				ANY AREA LEASED TO OTHERS	S? Y / N:
LOC#	STREET 6002 BAYSIDE KEY DR	- <b>,</b> - ·		CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сіту: Татра	STATE	: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
8	COUNTY:	ZIP:33					1		TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS: 6101-6119 Bayside Ke	ev Dr							ANY AREA LEASED TO OTHERS	5? Y / N:
LOC#	STREET 6002 BAYSIDE KEY DR	<i>y D</i> .		CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сіту: Татра	STATE	: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
9	COUNTY:	ZIP:33					1		TOTAL BUILDING AREA:	SQ FT
	ption of operations: 6125-6143 Bayside Ke		0.0						ANY AREA LEASED TO OTHERS	
LOC#	STREET 6002 BAYSIDE KEY DR	зу Бі		CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	OTREET GOOD BY TO BE THE T BY			011	INSIDE		OWNER	#1 OLE TIME LIMI L	OCCUPIED AREA:	SQ FT
BLD#	сіту: Татра	STATE	· FI		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
10	COUNTY:	ZIP:33			OOTOIDE		-	#FART HIWL LIMITL	TOTAL BUILDING AREA:	SQ FT
			010						ANY AREA LEASED TO OTHERS	
LOC#	PTION OF OPERATIONS: 6201-6215 Bayside Ke STREET 6002 BAYSIDE KEY DR	еу Ы		CIT	Y LIMITS	INIT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	); 1 / N.
1	STREET GOOZ BATOIDE KET DK			CII	INSIDE	IIVI	OWNER	# FOLL TIME EMPL	OCCUPIED AREA:	SQ FT
	сіту: Татра	STATE	. FI		OUTSIDE		TENANT	# PART TIME EMPL		SQ FT
11		ZIP:33			OUTSIDE		- IENANI	# PART TIME EMPL		
	COUNTY:		013						TOTAL BUILDING AREA:	SQ FT
	PTION OF OPERATIONS: 6225-6235 Bayside Ke STREET 6002 BAYSIDE KEY DR	ey Dr		0.17				# EUL TIME EAR	ANY AREA LEASED TO OTHERS	9 ? Y / N:
LOC#	STREET 0002 BATSIDE KET DK			CII	Y LIMITS	INI	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	00 FT
	army Tompo		Г		INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сіту: Татра	STATE			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
12	COUNTY:	ZIP:33	015						TOTAL BUILDING AREA:	SQ FT
	PTION OF OPERATIONS: 6331-6341 Bayside Ke	ey Dr						T	ANY AREA LEASED TO OTHERS	5? Y / N:
LOC#	STREET 6002 BAYSIDE KEY DR			CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сіту: Татра	STATE			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
13	COUNTY:	<b>ZIP:</b> 33	615						TOTAL BUILDING AREA:	SQ FT
	PTION OF OPERATIONS: 6345-6355 Bayside Ke	ey Dr						1	ANY AREA LEASED TO OTHERS	S? Y / N:
LOC#	STREET 6002 BAYSIDE KEY DR			CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сіту: Татра	STATE			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
14	COUNTY:	ZIP:33	615						TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS: 6359-6375 Bayside Ke	ey Dr							ANY AREA LEASED TO OTHERS	S? Y / N:

AGENCY CUSTOMER ID: BAYSKEY

Page

of

# **ADDITIONAL PREMISES INFORMATION SCHEDULE**

AGENCY		CARRIER	NAIC CODE
CBIZ Insurance Services, Inc.		Heritage Property & Casualty Ins. Co.	14407
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	
APPHCP0084112	12/01/2024	Bayside Key Homeowners Association, Inc.	

APPHO	CP0084112	12/01/20	24	Bayside	Ke	y Homeowners	Association, Inc.		
PREM	ISES INFORMATION								
LOC#	STREET 6002 BAYSIDE KEY DR		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сіту: Татра	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
15	COUNTY:	ZIP:33615				1		TOTAL BUILDING AREA:	SQ FT
DESCRIF	PTION OF OPERATIONS: 6334-6348 Bayside Ke	ey Dr		,		'		ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET 6002 BAYSIDE KEY DR	•	CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сıту: Tampa	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
16	COUNTY:	ZIP:33615				1		TOTAL BUILDING AREA:	SQ FT
DESCRIF	PTION OF OPERATIONS: 6316-6330 Bayside Ke	ey Dr		,		'		ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET 6002 BAYSIDE KEY DR	•	CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сіту: Татра	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
17	COUNTY:	zip:33615				1		TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS: 6302-6312 Bayside Ke	ey Dr				,		ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET 6002 BAYSIDE KEY DR	,	CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сіту: Татра	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
18	COUNTY:	ZIP:33615		-		-		TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS: 6222-6236 Bayside Ke	ev Dr				1		ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET 6002 BAYSIDE KEY DR	, D.	CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сіту: Татра	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
19	COUNTY:	ZIP:33615		-		1		TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS: 6202-6216 Bayside Ke	ev Dr				1		ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET 6002 BAYSIDE KEY DR	, D.	CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сіту: Татра	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
20	COUNTY:	ZIP:33615				1		TOTAL BUILDING AREA:	SQ FT
	PTION OF OPERATIONS: Pool Bath - 5900 Bays							ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET	ide Rey Di	CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
200 "			-	INSIDE		OWNER	" I OLL TIME LIM L	OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
BLD "	COUNTY:	ZIP:					" PART TIME EIII E	TOTAL BUILDING AREA:	SQ FT
DESCRIE	PTION OF OPERATIONS:	<u> </u>				1		ANY AREA LEASED TO OTHERS? Y / N:	
LOC#			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL		
200#	OTREET			INSIDE		OWNER	#1 OLL TIME LIMI L	OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
BLD#	COUNTY:	ZIP:		OOTOIDE		- I ENAINT	#FART TIME LIME	TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:	ZIF.						ANY AREA LEASED TO OTHERS? Y / N:	0011
LOC#	STREET		CIT	Y LIMITS	INIT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
LUC#	SIREEI		CII	INSIDE	INI	1	# FULL TIME EMPL	·	SQ FT
DI D #	OLTY	OTATE		OUTSIDE		OWNER	# DA DT TIME EMBI	OCCUPIED AREA:	
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:						TOTAL BUILDING AREA:	SQ FT
	PTION OF OPERATIONS:			V I III		FREST	# FIU 1 Tive	ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	CO FT
D: 5 "	OLTAY	07475	_	INSIDE		OWNER	# DADT TILL	OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:	-	OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
DEC	COUNTY:	ZIP:						TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS? Y / N:	

 $\textbf{AGENCY CUSTOMER ID:} \ \underline{\mathsf{BAYS}} \mathsf{KEY}$ 

ĄC	CORD®				PR	OF	PERTY	'S	ECTIC	N						DATE (MM/DD/YYYY) 05/07/2024
AGENC	Y NAME							CA	ARRIER							NAIC CODE
CBIZ I	nsurance Services, Ir	nc.						Не	ritage Pro	perty	& Casualt	y Ins. C	Co.			14407
POLICY	NUMBER					EFF	ECTIVE DATE	NAI	MED INSURE	D(S)						L
APPH	CP0084112					1 1	2/01/2024	Ва	yside Key	Hom	eowners A	Associat	tion, I	nc.		
DI AN	KET SUMMARY					1	2/01/2024		, ,				,			
BLKT#	AMOUNT			TYPI				Тви	KT#	AMO	UNIT				TYPE	
DLNI#	AMOUNT			ITPI				BLI	NI#	AWO	UNI				ITPE	
								-								
							0000 DA	<u> </u>	E KEV DE							
		PREMI		_			s: 6002 BA									
PREM	IISES INFORMATIC	N BUILDII	NG #: 1				on: 6002-6	012 I								
	UBJECT OF INSURANCE	,	AMOUNT	cc	DINS % X		CAUSES OF	LOSS	INFLATION GUARD %	N	DED	DED E	BLKT #	FORM	IS AND CON	IDITIONS TO APPLY
Buildir	ng	719,1	88				Special	TI 60	2	5,0	000					
							(Including <sup>-</sup>	ıneπ	)							
						$\rightarrow$				+			-			
										+		$\longrightarrow$	-+			
ADDITIO	ONAL INFORMATION	BUSINESS	INCOME /	EXTRA E	EXPENSE	- Attac	h ACORD 810			VALU	E REPORTIN	G INFORM	MATIO	N - Attach A	CORD 811	
ADDIT	IONAL COVERAGE	S. OPTIONS	S. RESTE	RICTIO	NS. EN	DOR	SEMENTS	AND	RATING	INFC	RMATIO	N .				
SPOIL	AGE DESCRIPTION OF I	•							LIMIT			REFRIG M	/AINT	OPTIONS		
COVER (Y / N									\$			AGREEM	IENT	BRE	AKDOWN OF	R CONTAMINATION
(171	_								DEDUCTII	RIF		(Y / N	1)	_	/ER OUTAGE	SELLING
									\$					<u> </u>		PRICE
CINICIIO	U. F. COVERAGE (Beautized	in Florida)					ACCEPT	COVE	1 7	Τ,	REJECT COV	(EDACE		IMIT: \$		
	LE COVERAGE (Required			AB 0		-				-						
	JBSIDENCE COVERAGE (I						ACCEPT	COVE	RAGE	1	REJECT COV	ERAGE		IMIT: \$		
PR	OPERTY HAS BEEN DESIG	GNATED AN HIS	STORICAL L	ANDMA	RK								#	OF OPEN S	SIDES ON ST	TRUCTURE:
CONST	RUCTION TYPE		DISTANCE	то		EIDE	DISTRICT		CODE NU	IMPED	DPOT CI	# 870	DIES .	# BASM'TS	YR BUILT	TOTAL AREA
		HYE	DRANT FI	RE STAT	г	FIRE	DISTRICT		CODE NO	INIDER	FROTCE	# 3101	KILS	F DAGWI 13	I K BOILT	TOTAL AREA
Frame			FT	MI												
BUILDIN	IG IMPROVEMENTS	1		GRA	ADE	TAX C	ODE ROOF	TYPE		отн	ER OCCUPA	NCIES				
WI	RING, YR:	PLUMBING, YF	₹:													
RC	OFING, YR:	HEATING, YR:		WIND (	CLASS		SEMI- RES	STIVE			HEATING SO STOVE OR I	OURCE IN FIREPLAC	NCL WO	DODBURNII ERT		·E ΓALLED:
ОТ	HER:	YR:		RI	ESISTIVE					MAN	IUFACTUREF	₹:				
PRIMAR	Y HEAT							SEC	CONDARY HE	EAT						
во	ILER SOLID F	UEL							BOILER		SOLID F	UEL				
IF I	BOILER, IS INSURANCE PL	ACED ELSEW	HERE?	Y/N					IF BOILER,	IS INS	 SURANCE PL	ACED EL	 SEWHI	ERE?	Y/N	
RIGHT E	XPOSURE & DISTANCE		LEFT EXP	OSURE 8	& DISTAN	CE		FRO	ONT EXPOSU	IRF & I	DISTANCE			REAR EXP	OSURE & DI	STANCE
BURGL	AR ALARM TYPE				CERTIFIC	ATE #							FYDI	RATION DA	TE C	ENTRAL LOCAL
BUNGL	AN ALAKWI TIFL				CERTIFIC	JA 1 L #							LAFI	NATION DA	<u>.</u>	TATION GONG
								T								/ITH KEYS
BURGL	AR ALARM INSTALLED AN	D SERVICED B	Y					EXT	TENT		GRAD	ıΕ	# GU	ARDS / WA	ICHMEN	CLOCK HOURLY
PREMIS	ES FIRE PROTECTION (Sp	rinklers, Standp	oipes, CO2	Chemica	al System	s)	% SF	RNK	FIRE ALAR	IAM M	NUFACTURE	R				CENTRAL STATION
																LOCAL GONG
ADDI	TIONAL INTEREST	ACO	RD 45 at	tached	d for ad	ditio	nal names	3								
INTERE		NAME AND A				VIDEN		RTIFI	CATE						NTEREST IN	ITEM NUMBER
LE	NDER'S LOSS PAYABLE			-										LOCATION		BUILDING:
_	SS PAYEE													ITEM CLASS:	-	
															DIDTION	ITEM:
MC	RTGAGFF															
	PRTGAGEE													ITEM DESC	RIPTION	

AGENCY CUSTOMER ID: BAYSKEY

4.00.000	PREMISES #: 1	OTDEET	ADDDE	20. 6002	DVASIDI	E KEY DR										$\neg$
ADDITIONAL							v Dr									
PREMISES INFORMATION		_				Bayside Ke			DED E	BLKT						_
SUBJECT OF INSURANCE Building	AMOUNT	COINS %	VALU- ATION R	Special	OF LOSS	INFLATION GUARD %		,	YPE	#	FORM	S AND CO	ONDI	IONS TO	APPLY	
Building	719,188		1		ng Theft)	2	5,00	00								
ADDITIONAL INFORMATION	BUSINESS INCOME /	TYTDA EVDENI	SE A44-	-h ACODD	040	<del></del> ,	(4) 115	REPORTING	2 INICODA	AATION	Attack At	2000 044				
ADDITIONAL INFORMATION	1									MATION	- Attach A	JOKD 81	1			
ADDITIONAL COVERAGES,		RICTIONS, E	NDO	KSEMEN	IS AND	LIMIT	NFO				OPTIONS					_
SPOILAGE DESCRIPTION OF PR	OPERIT COVERED					\$		I	EFRIG M AGREEM	A		KDOWN	OB C	ONTAMIN	IATION	
(Y / N)									(Y / N	)		ER OUTA			ELLING	
						DEDUCTIB	LE				POWI	ER OUTA	GE	PF	RICE	
				100		\$				<u> </u>						
SINKHOLE COVERAGE (Required in					EPT COVE		_	EJECT COV			MIT: \$					
MINE SUBSIDENCE COVERAGE (Rec	•			ACC	EPT COVE	RAGE	RI	EJECT COV	ERAGE		MIT: \$					
PROPERTY HAS BEEN DESIGN.	ATED AN HISTORICAL L	ANDMARK								# (	OF OPEN S	IDES ON	STRU	ICTURE:		
CONSTRUCTION TYPE	DISTANCE		FIR	E DISTRICT	г	CODE NUI	/IBER	PROT CL	# STOR	RIES #	BASM'TS	YR BUI	LT	TOTAL A	REA	
Frame	HYDRANT FI	RE STAT MI														
BUILDING IMPROVEMENTS		BLDG CODE	TAX	CODE RO	OOF TYPE		OTHE	R OCCUPAN	ICIES		I					_
h —	LUMBING, YR:	GRADE														
H ' H	,	WIND CLASS		OFM. F	DEGICEN/E		H	HEATING SC	URCE IN	CL WO	ODBURNIN	G D	ATE			_
	EATING, YR:		\_	SEMI- F	RESISTIVE			STOVE OR F JFACTURER		E INSE	RT	IN	ISTAL	.LED:		-
OTHER: PRIMARY HEAT	YR:	RESISTI	VE		SEC	ONDARY HE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								_
BOILER SOLID FUI	=1					BOILER		SOLID F	IFI [							
IF BOILER, IS INSURANCE PLACE		T <sub>Y/N</sub>				IF BOILER, I			L	SEWHE	RE2	Y/N				
RIGHT EXPOSURE & DISTANCE		OSURE & DIST	ANCE		EDC	NT EXPOSU			TOLD LL		REAR EXPO		DIST	ANCE		_
					l i i i	ATT EXT OOO!	(L & D	IOTANOL								
BURGLAR ALARM TYPE		CERT	IFICATE	#						FXPIR	ATION DAT	F		TRAL	LOC	
												-		TION L	GON	٧G
BURGLAR ALARM INSTALLED AND	SERVICED BY				FXT	ENT		GRAD	F	# GUA	RDS / WAT	CHMEN	VVIII	CLOCK	HOURLY	
BONGLAN ALANIM MOTALLES AND	SERVICES BY							Gita	-	" 00"		OT IIII EIG		DECOR	HOURET	
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2 /	Chemical Syst	ems)	0,	6 SPRNK	FIRE ALARI	/ ΜΔΝΙ	UEACTURE	?					CENTR	AL STATI	ON
(0,000	,		,	'	o or raint	TINE ALAN		OI AO I OILEI	•					LOCAL		OIN
ADDITIONAL INTEREST	ACORD 45 off	aabad fau	a al al :4:											LOUAL	00110	
ADDITIONAL INTEREST	ACORD 45 att		EVIDE		CERTIFIC	ATE										
LENDER'S LOSS PAYABLE	NAME AND ADDRESS		LVIDE	NOL.	OLKIIIIC	AIL				-		TEREST		M NUMB		_
LOSS PAYEE											OCATION: TEM CLASS:		-	BUILDING	:	_
MORTGAGEE											CLASS: TEM DESCI	DIDTION		TEM:		
WORTGAGEE										'	I LIWI DESCI	VIL LION				
<b> </b>	REFERENCE / LOAN #:															
		ra Cabadul			abad if				۹/							
REMARKS (ACORD 101, A	Additional Remari	ks Scheau	e, ma	y be atta	icnea ir	more spa	ice is	s require	a)							_

AGENCY CUSTOMER ID: BAYSKEY **SIGNATURE** 

#### Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is quilty 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 KNOWI FDGF

PROGNETING SYGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
North Do	Matthew Mercier		P051212
APPIGITED BY SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
James Gamble		11/25/2024	
ACORD 140 (2016/03)	Page 3 of 3		0RSD4

ADDITIONAL	PREMISES #: 1	STRE	ET ADDRI	ESS:	6002 BAYSID	E KEY DR								
PREMISES INFORMATION	BUILDING #: 3	BLD	3 DESCRIP	OIT	n: 5916-5926	Bayside Ke	y D	)r						
SUBJECT OF INSURANCE	AMOUNT	COIN	S % VALU	; c	CAUSES OF LOSS	INFLATION GUARD %	Ť	DED	DED TYPE	BLKT #	FORMS AND C	ONDI	IONS TO	APPLY
Building	719,188		R	S	pecial	2		,000	TIPE	#				
				(II	ncluding Theft	)								
				+			$^{+}$							
				+			+							
ADDITIONAL INFORMATION	BUSINESS INCOME	/ EXTRA EXP	ENSE - At	tach	ACORD 810	,	VAL	UE REPOR	TING INFOR	MATIC	ON - Attach ACORD 81	1		
ADDITIONAL COVERAGES,	OPTIONS, REST	RICTIONS	S, ENDO	RS	EMENTS AND	RATING I	NF	ORMATI	ON					
SPOILAGE DESCRIPTION OF PRO			,			LIMIT			REFRIG	MAINT	OPTIONS			
COVERAGE (Y / N)						\$			AGREEI (Y / I		BREAKDOWN	OR C	ONTAMINA	ATION
						DEDUCTIE	BLE		] (	<b>''</b>	POWER OUT	\GE	SEI PRI	LING CF
						\$								02
SINKHOLE COVERAGE (Required in F	lorida)				ACCEPT COVE	RAGE		REJECT C	OVERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Requ	uired in IL, IN, KY and	l WV)			ACCEPT COVE	RAGE		REJECT C	OVERAGE		LIMIT: \$			
PROPERTY HAS BEEN DESIGNA	TED AN HISTORICAL	LANDMARK					_				# OF OPEN SIDES ON	STRL	ICTURE: _	
CONSTRUCTION TYPE DISTANCE TO FIRE DISTRICT CODE NUMBER PROT CL # STORIES # BASM'TS YR BUILT TOTAL AREA														
HYDRANT FIRE STAT														REA
Frame HYDRANT FIRE STAT MI														
BUILDING IMPROVEMENTS		BLDG CO GRADE	DE TAX	COL	DE ROOF TYPE		ОТ	HER OCCU	PANCIES					
WIRING, YR: PLU	JMBING, YR:													
ROOFING, YR:	ATING, YR:	WIND CLA	ss		SEMI- RESISTIVE	.			SOURCE I	NCL W		ATE NSTAL	LED:	
OTHER:	YR:	RESI	STIVE				MA	NUFACTUF	RER:					
PRIMARY HEAT					SE	CONDARY HE	AT .							
BOILER SOLID FUEL	-					BOILER		SOLI	FUEL					
IF BOILER, IS INSURANCE PLACE	ED ELSEWHERE?	Y/N				IF BOILER, I	IS IN	SURANCE	PLACED EI	SEWH	HERE? Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EX	POSURE & D	ISTANCE		FR	ONT EXPOSUI	RE 8	& DISTANCE			REAR EXPOSURE &	DIST/	ANCE	
BURGLAR ALARM TYPE		CE	RTIFICAT	E#						EXP	PIRATION DATE	CEN	TRAL TION	LOCAL GONG
												WITI	HKEYS	
BURGLAR ALARM INSTALLED AND SI	ERVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN		CLOCK I	HOURLY
													]	
PREMISES FIRE PROTECTION (Sprink	lers, Standpipes, CO2	2 / Chemical S	ystems)		% SPRNK	FIRE ALARI	M M	ANUFACTU	RER	'			CENTRA	L STATION
													LOCAL	SONG
ADDITIONAL INTEREST	ACORD 45 a	ttached f	or addit	ion	al names									
INTEREST N	AME AND ADDRESS	RANK:	EVID	ENC	E: CERTIFI	CATE					INTEREST	IN ITI	M NUMBE	R
LENDER'S LOSS PAYABLE											LOCATION:	F	BUILDING:	
LOSS PAYEE											ITEM CLASS:	1	TEM:	
MORTGAGEE											ITEM DESCRIPTION			
R	EFERENCE / LOAN #	:												
REMARKS (ACORD 101, A	dditional Rema	rks Sche	dule, ma	ay k	oe attached i	more spa	ace	is requi	red)					
,			,						,					
İ														

ADDITIONAL	PREMISES #: 1	STREET	ADDRE	ss: 60	002 BAYSIC	E KEY DR								
PREMISES INFORMATION	BUILDING #: 4				5907-5921		v D	)r						
SUBJECT OF INSURANCE	AMOUNT	COINS %			JSES OF LOSS			DED	DED	BLKT	FORMS AND C	ONDITI	ONS TO AL	DI V
Building	945,379	COING /6	ATION R	Spe		GUARD %		.000	TYPE	#	FORMS AND C	אוווטאכ	JNS IU AI	PLI
	340,070				luding Theft		0,	,000						
							$\vdash$							
							-							
							$\vdash$							
							$\vdash$							
ADDITIONAL INFORMATION	DUCINESS INCOME	EVEDA EVDENI	SE A44-	-h AC	*ODD 040		/^	UE BEBODI	TING INFOR	BA A TIC	N. A44b ACORD 04			
ADDITIONAL INFORMATION	BUSINESS INCOME /									MATIC	ON - Attach ACORD 81	1		
ADDITIONAL COVERAGES,	•	RICTIONS, E	NDOF	RSEN	MENTS AND		NF	ORMATI						
SPOILAGE DESCRIPTION OF PRO	OPERTY COVERED					LIMIT			REFRIG AGREEI					
(Y / N)						\$			(Y / I		BREAKDOWN		NTAMINA	
						DEDUCTIB	LE				POWER OUTA	.GE	PRIC	
						\$								
SINKHOLE COVERAGE (Required in	Florida)				ACCEPT COVI	ERAGE		REJECT C	OVERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Req	uired in IL, IN, KY and	WV)			ACCEPT COV	ERAGE		REJECT C	OVERAGE		LIMIT: \$			
PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL I	LANDMARK									# OF OPEN SIDES ON	STRUC	TURE: _	
CONSTRUCTION TYPE DISTANCE TO HYDRANT FIRE STAT FIRE DISTRICT CODE NUMBER PROT CL # STORIES # BASM'TS YR BUILT TOTAL AREA														- Λ
Frame FT MI														A
Frame FT MI OTHER OCCUPANCIES  BLDG CODE TAX CODE ROOF TYPE OTHER OCCUPANCIES														
FI MI														
WIRING, YR:	UMBING, YR:			_				HEATING	SOLIBOE	NCL W	OODBURNING D	ATE		
ROOFING, YR:	EATING, YR:	WIND CLASS		SE	EMI- RESISTIVE	≣ .		STOVE O	R FIREPLA	CE INS	SERT IN	NSTALL	ED:	
OTHER:	YR:	RESISTI	VE					NUFACTUR	RER:					
PRIMARY HEAT					SE	CONDARY HE	AT _							
BOILER SOLID FUE		_				BOILER		SOLIE	FUEL					
IF BOILER, IS INSURANCE PLAC	ED ELSEWHERE?	Y/N				IF BOILER, I	S IN	SURANCE	PLACED EI	SEWH				
RIGHT EXPOSURE & DISTANCE	LEFT EXF	POSURE & DIST.	ANCE		FR	ONT EXPOSUR	RE &	DISTANCE			REAR EXPOSURE &	DISTAN	ICE	
BURGLAR ALARM TYPE		CERT	IFICATE	#						EXP	PIRATION DATE	CENTE	ON	LOCAL GONG
												WITH	KEYS	
BURGLAR ALARM INSTALLED AND S	SERVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN		CLOCK H	DURLY
PREMISES FIRE PROTECTION (Sprint	klers, Standpipes, CO2	Chemical System	ems)		% SPRNK	FIRE ALARM	M MA	NUFACTUI	RER				CENTRAL	STATION
													LOCAL GO	ONG
ADDITIONAL INTEREST	ACORD 45 at	tached for	additi	onal	names									
INTEREST	NAME AND ADDRESS	RANK:	EVIDE	NCE:	CERTIFI	CATE					INTEREST	IN ITEN	I NUMBER	
LENDER'S LOSS PAYABLE											LOCATION:	ВІ	JILDING:	
LOSS PAYEE											ITEM CLASS:	ITI	≣М:	
MORTGAGEE											ITEM DESCRIPTION			
	REFERENCE / LOAN #:													
REMARKS (ACORD 101, A	dditional Remar	ks Schedul	e. ma	v be	attached i	f more spa	ice	is requi	red)					
,			,						,					

ADDITIONAL	PREMISES #: 1	STREET	ADDRES	ss: 60	002 BAYSIC	E KEY DR								
PREMISES INFORMATION	BUILDING #: 5				5927-5941		v D	)r						
SUBJECT OF INSURANCE	AMOUNT	COINS %			JSES OF LOSS			DED	DED	BLKT	FORMS AND C	ONDITI	ONS TO A	DDI V
Building	945,942	00.110 //	R	Spe		GUARD %		.000	TYPE	#	TOKWIS AND C	JNDIII	ON3 10 A	FFEI
	010,012				luding Theft		0,	,000						
							$\vdash$							
							$\vdash$							
ADDITIONAL INFORMATION	BUSINESS INCOME /	EXTRA EXPENS	SE - Atta	ch AC	ORD 810		/ALI	UE REPORT	TING INFOR	MATIC	DN - Attach ACORD 81	1		
ADDITIONAL COVERAGES,												-		
SPOILAGE DESCRIPTION OF PRO		de Holds, E	NDOR	SEN	MENTS AND	LIMIT	IVI	OKWATI	REFRIG	MAINT	OPTIONS			
COVERAGE						\$			AGREE	MENT	BREAKDOWN	OR CC	NTAMINA	TION
(Y / N)						DEDUCTIB	l F		(Y /	N)	POWER OUTA	г	SEL	LING
						\$							PRIC	CE
SINKHOLE COVERAGE (Required in F	lorida)				ACCEPT COV	1 .	Т	REJECT C	OVERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Requ		MV)		-	ACCEPT COV		-	REJECT C			LIMIT: \$			
PROPERTY HAS BEEN DESIGNA		,			ACCEL 1 COV	LIVAOL		KESEST S	OVENAGE		# OF OPEN SIDES ON	STRUC	TURE:	
THOI ENTITIVE BEEN BESIGNA	TED / IN THO FOR IONE E	, a d D IVI) a a c									# 01 01 EN 015E0 014	Onto	- TOILE	
CONSTRUCTION TYPE DISTANCE TO FIRE DISTRICT CODE NUMBER PROTICE # STORIES # BASM'TS YR BUILT TOTAL AREA														
HYDRANT FIRE STAT														EA
Frame Hydrant Fire Stat MI														
Frame   FT   MI     OTHER OCCUPANCIES   BLDG CODE   TAX CODE   ROOF TYPE   OTHER OCCUPANCIES														
WIRING, YR: PLU	JMBING, YR:													
ROOFING, YR: HEA	ATING, YR:	WIND CLASS		SE	EMI- RESISTIVE	≣		HEATING STOVE O	SOURCE I	NCL W	OODBURNING D	ATE NSTALL	.ED:	
OTHER:	YR:	RESISTIN	/E				MAI	NUFACTUR						
PRIMARY HEAT					SE	CONDARY HEA	ΑТ							
BOILER SOLID FUEL	_					BOILER		SOLIE	FUEL					
IF BOILER, IS INSURANCE PLACE	ED ELSEWHERE?	Y/N				IF BOILER, IS	S IN	ISURANCE	PLACED EI	SEWH	HERE? Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST	ANCE		FR	ONT EXPOSUR	RE &	DISTANCE			REAR EXPOSURE &	DISTA	NCE	
BURGLAR ALARM TYPE		CERTI	FICATE	#						EXP	PIRATION DATE	CENT	RAL ON	LOCAL GONG
												WITH	KEYS	
BURGLAR ALARM INSTALLED AND SI	ERVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN		CLOCK H	OURLY
PREMISES FIRE PROTECTION (Sprink	lers, Standpipes, CO2 /	Chemical Syste	ems)		% SPRNK	FIRE ALARM	/I MA	ANUFACTUI	RER				CENTRAL	STATION
													LOCAL G	ONG
ADDITIONAL INTEREST	ACORD 45 at	tached for a	additio	onal	names									
INTEREST N	AME AND ADDRESS	RANK:	EVIDE	NCE:	CERTIF	CATE					INTEREST	IN ITE	M NUMBER	٧
LENDER'S LOSS PAYABLE											LOCATION:	В	JILDING:	
LOSS PAYEE											ITEM CLASS:	IT	EM:	
MORTGAGEE											ITEM DESCRIPTION			
R	EFERENCE / LOAN #:													
REMARKS (ACORD 101, A	dditional Remar	ks Schedul	e, ma	y be	attached i	f more spa	ıce	is requi	red)					

ADDITIONAL	PREMISES #: 1	STREET	ADDRES	ss: 6	002 BAYSIC	E KEY DR								
PREMISES INFORMATION	BUILDING #: 6				6001-6015		v D	)r						
SUBJECT OF INSURANCE	AMOUNT	COINS %			USES OF LOSS			DED	DED	BLKT	FORMS AND C	ONDITI	ONS TO AL	DI V
Building	945,379	00.110 //	R		ecial	GUARD %		.000	TYPE	#	TOKWIS AND C	JNDIII	JNS TO A	FLI
	010,010				cluding Theft		0,	,000						
							$\vdash$							
							$\vdash$							
ADDITIONAL INFORMATION	BUSINESS INCOME /	EXTRA EXPENS	SE - Atta	ch AC	CORD 810		/ALI	UE REPORT	TING INFOR	MATIC	DN - Attach ACORD 81	1		
ADDITIONAL COVERAGES,														
SPOILAGE DESCRIPTION OF PRO		de Hono, E	NDOR	(OLI	VIENTS AND	LIMIT	IVI	OKWATI	REFRIG	MAINT	OPTIONS			
COVERAGE						\$			AGREE	MENT	BREAKDOWN	OR CO	NTAMINA	ION
(Y / N)						DEDUCTIB	l F		(Y /	N)	POWER OUTA	г	SELL	ING
						\$						L	PRIC	E
SINKHOLE COVERAGE (Required in F	lorida)				ACCEPT COV	1.	Т	REJECT C	OVERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Requ		MV)			ACCEPT COV		-	REJECT C			LIMIT: \$			
PROPERTY HAS BEEN DESIGNA					AUULI I UUVI	LIVAGE		KESEST S	OVENAGE		# OF OPEN SIDES ON	STRUC	TURE	
THOI ENTITIVE BEEN BESIGNA	TED / IN THO FOR IONE E	, avbin a av									" OI OI EN OIDEO OIL	omoc		_
CONSTRUCTION TYPE DISTANCE TO FIRE DISTRICT CODE NUMBER PROTICE # STORIES # BASM'TS YR BUILT TOTAL AREA														
HYDRANT FIRE STAT														A
Frame Hydrant Fire Stat MI														
Frame   FT   MI     OTHER OCCUPANCIES   BLDG CODE   TAX CODE   ROOF TYPE   OTHER OCCUPANCIES														
WIRING, YR: PLU	JMBING, YR:													
ROOFING, YR: HEA	ATING, YR:	WIND CLASS		SI	EMI- RESISTIVE	≣		HEATING STOVE O	SOURCE I	NCL W	OODBURNING D	ATE ISTALL	ED:	
OTHER:	YR:	RESISTIN	/E				MAI	NUFACTUR						
PRIMARY HEAT					SE	CONDARY HE	ΑТ							
BOILER SOLID FUEL	_					BOILER		SOLIE	FUEL					
IF BOILER, IS INSURANCE PLACE	ED ELSEWHERE?	Y/N				IF BOILER, I	S IN	ISURANCE	PLACED EI	SEWH	HERE? Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST	ANCE		FR	ONT EXPOSUR	RE &	DISTANCE			REAR EXPOSURE &	DISTA	ICE	
BURGLAR ALARM TYPE		CERTI	FICATE	#						EXP	PIRATION DATE	CENT	RAL ON	LOCAL GONG
												WITH	KEYS	
BURGLAR ALARM INSTALLED AND SI	ERVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN		CLOCK H	DURLY
PREMISES FIRE PROTECTION (Sprink	lers, Standpipes, CO2 /	Chemical Syste	ems)		% SPRNK	FIRE ALARM	/I MA	ANUFACTUI	RER				CENTRAL	STATION
													LOCAL GO	ONG
ADDITIONAL INTEREST	ACORD 45 at	ached for a	additio	onal	names									
INTEREST N	AME AND ADDRESS	RANK:	EVIDE	NCE:	CERTIF	CATE					INTEREST	IN ITEM	NUMBER	
LENDER'S LOSS PAYABLE											LOCATION:	В	JILDING:	
LOSS PAYEE											ITEM CLASS:	ITI	ΞМ:	
MORTGAGEE											ITEM DESCRIPTION			
R	EFERENCE / LOAN #:													
REMARKS (ACORD 101, A	dditional Remar	ks Schedul	e, ma	y be	attached i	f more spa	ıce	is requi	red)					

ADDITIONAL	PREMISES #: 1	STREET	ADDRE	ss: 60	002 BAYSIE	E KEY DR								
PREMISES INFORMATION	BUILDING #: 7				6021-6035		v D	)r						
SUBJECT OF INSURANCE	AMOUNT	COINS %			JSES OF LOSS			DED	DED	BLKT	FORMS AND C	ONDITI	ONS TO A	DDI V
Building	945,942	GOING 70	R	Spe		GUARD %		.000	TYPE	#	TOKWIS AND C	JNDIII	ONS TO A	
Ğ	0 10,0 12				luding Theft		0,	,000						
							$\vdash$							
							$\vdash$							
ADDITIONAL INFORMATION	BUSINESS INCOME /	FXTRA FXPFNS	SF - Atta	ch AC	ORD 810		/AI I	UF REPORT	TING INFOR	MATIC	DN - Attach ACORD 81	1		
											on Addition Addition	·		
ADDITIONAL COVERAGES,  SPOILAGE DESCRIPTION OF PRO	•	RICTIONS, E	HUUH	KSEI	MEN 15 AND	LIMIT	NF	ORMATI			OPTIONS			
SPOILAGE   DESCRIPTION OF PRO   COVERAGE	SPERTI COVERED					\$			REFRIG AGREE		BREAKDOWN	OP CC	NITA MINIA	LION
(Y / N)						DEDUCTIB			(Y /	N)	POWER OUTA	г	SELI	
						\$	LE				FOWEROOF	.GL L	PRIC	E
SINKHOLE COVERAGE (Poquired in	Elorido)				ACCEPT COV	1 .	Т	REJECT C	OVERAGE		I IMIT. È			
SINKHOLE COVERAGE (Required in	,	MAN ()					-				LIMIT: \$			
PROPERTY HAS BEEN DESIGNATION		· · · · · · · · · · · · · · · · · · ·			ACCEPT COV	ERAGE		REJECT C	OVERAGE		LIMIT: \$	CTDU	TUDE.	
PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL I	LANDIVIARK									# OF OPEN SIDES ON	SIRUC	TURE: _	_
CONSTRUCTION TYPE DISTANCE TO FIRE DISTRICT CODE NUMBER PROTICE # STORIES # BASM'TS YR BUILT TOTAL AREA														
HYDRANT FIRE STAT														ĒΑ
Frame FT MI														
Frame FT MI OTHER OCCUPANCIES  BUILDING IMPROVEMENTS BLDG CODE GRADE GRA														
WIRING, YR: PL	.UMBING, YR:	GRADE												
	EATING, YR:	WIND CLASS		SF	 EMI- RESISTIVI	=		HEATING	SOURCE I	NCL W	OODBURNING D	ATE NSTALL	ED:	
OTHER:	YR:	RESISTI	VE		LIVII TALOIOTTA	-	MAI	NUFACTUR	R FIREPLA RER:	CE INS	DEKI II	15 I ALL	ED:	
PRIMARY HEAT	110.	TREGIOTI	<u> </u>		SE	CONDARY HE	AT							
BOILER SOLID FUE	EL 🗌					BOILER	Γ	SOLIE	FUEL					
IF BOILER, IS INSURANCE PLACE	ED ELSEWHERE?	Y/N				」 IF BOILER, I	∟ S IN	ISURANCE	PLACED EI	 _SEWH	HERE? Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXF	OSURE & DIST	ANCE		FR	ONT EXPOSUR	RE &	DISTANCE			REAR EXPOSURE &	DISTA	NCE	
BURGLAR ALARM TYPE		CERTI	IFICATE	#						EXP	PIRATION DATE	CENT	RAL	LOCAL
												STATI		_ GONG
BURGLAR ALARM INSTALLED AND S	SERVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN	WITH	CLOCK H	OURLY
												$\vdash$		
PREMISES FIRE PROTECTION (Sprint	klers, Standpipes, CO2	/ Chemical Syste	ems)		% SPRNK	FIRE ALARM	/I MA	ANUFACTUI	RER			+	CENTRAL	STATION
		•										$\vdash$	LOCAL GO	
ADDITIONAL INTEREST	ACORD 45 at	tached for	additi	onal	namac								200,120	
	NAME AND ADDRESS		EVIDE		CERTIF	ICATE					INTEREST	IN ITE	4 NUMBER	,
LENDER'S LOSS PAYABLE													JILDING:	`
LOSS PAYEE											ITEM CLASS:			
MORTGAGEE											CLASS: ITEM DESCRIPTION		EM:	
I IIION TOAGEE											TIEM BEGORM HON			
<del>                                     </del>	REFERENCE / LOAN #:													
		ka Cabadul	0 100	ı, ba	ottoobod i	f mara ana		io rogui	#od\					
REMARKS (ACORD 101, A	Additional Remar	na Julieuul	e, md	y ne	auduneu I	i more spa	ice	ıs requi	ieu)					

ADDITIONAL	PREMISES #: 1	STREET	ADDRES	ss: 60	002 BAYSIC	E KEY DR								
PREMISES INFORMATION	BUILDING #: 8				6101-6119		v D	)r						
SUBJECT OF INSURANCE	AMOUNT	COINS %			JSES OF LOSS			DED	DED	BLKT	FORMS AND C	ONDIT	ONS TO A	DDI V
Building	1,171,828	30110 70	R	Spe		GUARD %		.000	TYPE	#	TOKWIS AND C	ONDIT	0113 10 A	FFLI
	1,171,020				luding Theft		0,	,000						
							+							
							+							
ADDITIONAL INFORMATION	BUSINESS INCOME /	EXTRA EXPENS	SE - Atta	ch AC	ORD 810	<del> </del>	VAL!	UE REPORT	TING INFOR	MATIC	DN - Attach ACORD 81	1		
ADDITIONAL COVERAGES, (														
SPOILAGE DESCRIPTION OF PRO	•	iic Hono, E	NDOR	(OLI	MENTS AND	LIMIT	INI	OKWATI	REFRIG	MAINT	OPTIONS			
COVERAGE						\$			AGREE	MENT	BREAKDOWN	OR CO	ANIMATAC	TION
(Y / N)						DEDUCTIB	l F		(Y /	N)	POWER OUTA	Г	SEL	LING
						\$							PRIC	CE
SINKHOLE COVERAGE (Required in F	lorida)				ACCEPT COV	1.	$\neg$	REJECT C	OVERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Requ		WV)			ACCEPT COV		$\rightarrow$	REJECT C			LIMIT: \$			
PROPERTY HAS BEEN DESIGNAT		<u>'</u>			ACCEL 1 COV	LIVAGE		KESEST S	OVENAGE		# OF OPEN SIDES ON	STRU	CTURE:	
THOI ENTITIVE BEEN BESIGNA	TED / IIV THO TO THO / IE E	THE WITH THE									" OI OI EN OIDEO OIL	O I I C		
CONSTRUCTION TYPE DISTANCE TO FIRE DISTRICT CODE NUMBER PROTICE # STORIES # BASM'TS YR BUILT TOTAL AREA														
HYDRANT FIRE STAT														EA
Frame HYDRANT FIRE STAT MI														
BUILDING IMPROVEMENTS  BUILD ROOF TYPE  OTHER OCCUPANCIES  OTHER OCCUPANCIES														
WIRING, YR: PLU	JMBING, YR:													
ROOFING, YR:	ATING, YR:	WIND CLASS		SE	EMI- RESISTIVE	≣		HEATING STOVE O	SOURCE I	NCL W	OODBURNING D	ATE ISTALI	LED:	
OTHER:	YR:	RESISTI	/E				MAI	NUFACTUR						
PRIMARY HEAT					SE	CONDARY HE	ΑТ							
BOILER SOLID FUEL	-					BOILER		SOLIE	FUEL					
IF BOILER, IS INSURANCE PLACE	ED ELSEWHERE?	Y/N				IF BOILER, I	S IN	ISURANCE	PLACED EI	SEWH	HERE? Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST	ANCE		FR	ONT EXPOSUR	RE &	DISTANCE			REAR EXPOSURE &	DISTA	NCE	
BURGLAR ALARM TYPE		CERTI	FICATE	#						EXP	PIRATION DATE	CENT	RAL ION	LOCAL GONG
												WITH	KEYS	
BURGLAR ALARM INSTALLED AND SE	ERVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN		CLOCK H	OURLY
PREMISES FIRE PROTECTION (Sprinkl	ers, Standpipes, CO2 /	Chemical Syste	ems)		% SPRNK	FIRE ALARM	M MA	ANUFACTUI	RER				CENTRAI	STATION
													LOCAL G	ONG
ADDITIONAL INTEREST	ACORD 45 att	ached for a	additio	onal	names									
INTEREST N	AME AND ADDRESS	RANK:	EVIDE	NCE:	CERTIF	CATE					INTEREST	IN ITE	M NUMBE	R
LENDER'S LOSS PAYABLE											LOCATION:	В	UILDING:	
LOSS PAYEE											ITEM CLASS:	IT	EM:	
MORTGAGEE											ITEM DESCRIPTION			
R	EFERENCE / LOAN #:													
REMARKS (ACORD 101, A	dditional Remarl	s Schedul	e, ma	y be	attached i	f more spa	ice	is requi	red)					

ADDITIONAL	PREMISES #: 1	STREET	ADDRES	ss: 6	002 BAYSIC	E KEY DR								
PREMISES INFORMATION	BUILDING #: 9				6125-6143		v D	)r						
SUBJECT OF INSURANCE	AMOUNT	COINS %			USES OF LOSS	1		DED	DED	BLKT	FORMS AND C	ONDIT	ONS TO A	DDI V
Building	1,171,828	30110 70	R		ecial	GUARD %		.000	TYPE	#	TOKWIS AND C	JNDIII	010 10 4	FFEI
	1,171,020				luding Theft		0,	,000						
							$\vdash$							
							$\vdash$							
ADDITIONAL INFORMATION	BUSINESS INCOME /	EXTRA EXPENS	SE - Atta	ch AC	CORD 810		/ALI	UE REPORT	TING INFOR	MATIC	DN - Attach ACORD 81	1		
ADDITIONAL COVERAGES, (														
SPOILAGE DESCRIPTION OF PRO	•	iic Hono, E	NDOR	(OLI	VIENTS AND	LIMIT	IVI	OKWATI	REFRIG	MAINT	OPTIONS			
COVERAGE						\$			AGREE	MENT	BREAKDOWN	OR CC	NTAMINA	TION
(Y / N)						DEDUCTIB	l F		(Y /	N)	POWER OUTA	г	SEL	LING
						\$						_ [	PRI	CE
SINKHOLE COVERAGE (Required in F	lorida)				ACCEPT COVI		Т	REJECT C	OVERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Requi		WV)			ACCEPT COVI		$\rightarrow$	REJECT C			LIMIT: \$			
PROPERTY HAS BEEN DESIGNAT		<u>'</u>			ACCEL 1 COVI	LIVAGE		KESEST S	OVENAGE		# OF OPEN SIDES ON	STRU	CTURE:	
THOI ENTITIVE BEEN BEGICAN	TED / IIV THO TO THO / IE E	THE WITH THE									" OI OI EN OIDEO OIL	O I I KO		
CONSTRUCTION TYPE DISTANCE TO FIRE DISTRICT CODE NUMBER PROTICE # STORIES # BASM'TS YR BUILT TOTAL AREA														
HYDRANT FIRE STAT														EA
Frame HYDRANT FIRE STAT MI														
BUILDING IMPROVEMENTS BLDG CODE TAX CODE ROOF TYPE OTHER OCCUPANCIES GRADE														
WIRING, YR: PLL	JMBING, YR:													
ROOFING, YR: HEA	ATING, YR:	WIND CLASS		SI	EMI- RESISTIVE			HEATING STOVE O	SOURCE I	NCL W	OODBURNING D	ATE ISTALL	.ED:	
OTHER:	YR:	RESISTI	/E				MAI	NUFACTUR						
PRIMARY HEAT					SE	CONDARY HE	ΑТ							
BOILER SOLID FUEL	-					BOILER		SOLIE	FUEL					
IF BOILER, IS INSURANCE PLACE	ED ELSEWHERE?	Y/N				IF BOILER, I	S IN	ISURANCE	PLACED EI	SEWH	HERE? Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST	ANCE		FR	ONT EXPOSUR	RE &	DISTANCE			REAR EXPOSURE &	DISTA	NCE	
BURGLAR ALARM TYPE		CERTI	FICATE	#						EXP	PIRATION DATE	CENT STAT	RAL ION	LOCAL GONG
												WITH	KEYS	
BURGLAR ALARM INSTALLED AND SE	ERVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN		CLOCK H	OURLY
PREMISES FIRE PROTECTION (Sprinkl	ers, Standpipes, CO2 /	Chemical Syste	ems)		% SPRNK	FIRE ALARM	/I MA	ANUFACTUI	RER				CENTRAI	STATION
													LOCAL G	ONG
ADDITIONAL INTEREST	ACORD 45 att	ached for a	additio	onal	names									
INTEREST N.	AME AND ADDRESS	RANK:	EVIDE	NCE:	CERTIFI	CATE					INTEREST	IN ITE	м нимве	R
LENDER'S LOSS PAYABLE											LOCATION:	В	UILDING:	
LOSS PAYEE											ITEM CLASS:	IT	EM:	
MORTGAGEE											ITEM DESCRIPTION			
R	EFERENCE / LOAN #:													
REMARKS (ACORD 101, A	dditional Remarl	s Schedul	e, ma	y be	attached i	f more spa	ıce	is requi	red)					

ADDITIONAL	PREMISES #: 1	STREET	ADDRES	ss: 60	002 BAYSIC	E KEY DR								
PREMISES INFORMATION	BUILDING #: 10				6201-6215		v D	)r						
SUBJECT OF INSURANCE	AMOUNT	COINS %			USES OF LOSS			DED	DED	BLKT	FORMS AND CO	ONDITIO	NS TO A	DI V
Building	945,942	00.110 //	R	Spe		GUARD %		.000	TYPE	#	TORMS AND CO	ONDITIO	JNS TO AF	
	0.10,0.12				luding Theft		,	,000						
ADDITIONAL INFORMATION	BUSINESS INCOME /	EXTRA EXPENS	SE - Atta	ch AC	ORD 810		/ALL	UE REPORT	ING INFOR	MATIC	ON - Attach ACORD 81	1		
ADDITIONAL COVERAGES, (														
SPOILAGE DESCRIPTION OF PRO		CICTIONS, E	NDOR	(OLI	VIEW 13 AIVE	LIMIT	IVI	OKWIATI	REFRIG	MAINT	OPTIONS			
COVERAGE						\$			AGREE	MENT	BREAKDOWN	OR COI	NTAMINAT	ION
(Y / N)						DEDUCTIB	l F		(Y / I	N)	POWER OUTA		SELL	ING
						\$							PRIC	E
SINKHOLE COVERAGE (Required in F	lorida)				ACCEPT COV	1.		REJECT C	OVERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Requ		M/V)			ACCEPT COV		+	REJECT C			LIMIT: \$			
PROPERTY HAS BEEN DESIGNAT					ACCEL 1 COV	LIVAGE		RESECT O	OVERAGE		# OF OPEN SIDES ON	STRUC	TURE:	
THOI ENTITIVE BEEN BESIGNA	TED / IIV THO TO THO / E E	3 4 4 5 10 10 14 14 14									" OI OI EN OIDEO OIL	OTROO		_
CONSTRUCTION TYPE DISTANCE TO FIRE DISTRICT CODE NUMBER PROTICE # STORIES # BASM'TS YR BUILT TOTAL AREA														
HYDRANT FIRE STAT														Α
Frame FT MI														
BUILDING IMPROVEMENTS BLDG CODE TAX CODE ROOF TYPE OTHER OCCUPANCIES  GRADE														
WIRING, YR: PLU	JMBING, YR:													
ROOFING, YR: HEA	ATING, YR:	WIND CLASS		SE	EMI- RESISTIVE	≣		HEATING STOVE O	SOURCE I R FIREPLA	NCL W	OODBURNING D	ATE ISTALLE	ED:	
OTHER:	YR:	RESISTI	VE				1AM	NUFACTUR						
PRIMARY HEAT					SE	CONDARY HE	ΑТ							
BOILER SOLID FUEL	-					BOILER		SOLIE	FUEL					
IF BOILER, IS INSURANCE PLACE	ED ELSEWHERE?	Y/N				IF BOILER, I	SIN	SURANCE	PLACED EI	SEWH	HERE? Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST	ANCE		FR	ONT EXPOSUR	RE &	DISTANCE			REAR EXPOSURE &	DISTAN	ICE	
BURGLAR ALARM TYPE		CERT	FICATE	#						EXP	PIRATION DATE	CENTE	RAL ON	LOCAL GONG
												WITH I	KEYS	
BURGLAR ALARM INSTALLED AND SE	ERVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN		CLOCK HO	URLY
PREMISES FIRE PROTECTION (Sprinkl	ers, Standpipes, CO2 /	Chemical System	ems)		% SPRNK	FIRE ALARM	/I MA	NUFACTU	RER				CENTRAL	STATION
													LOCAL GO	NG
ADDITIONAL INTEREST	ACORD 45 at	tached for	additio	onal	names									
INTEREST N	AME AND ADDRESS	RANK:	EVIDE	NCE:	CERTIF	CATE					INTEREST	IN ITEM	NUMBER	
LENDER'S LOSS PAYABLE											LOCATION:	BU	ILDING:	
LOSS PAYEE											ITEM CLASS:	ITE	M:	
MORTGAGEE											ITEM DESCRIPTION			
R	EFERENCE / LOAN #:													
REMARKS (ACORD 101, A	dditional Remar	ks Schedul	e, ma	y be	attached i	f more spa	се	is requi	red)					

ADDITIONAL	PREMISES #: 1	STREET	ADDRE	ss: 60	002 BAYSIC	E KEY DR								
PREMISES INFORMATION	BUILDING #: 11				6225-6235		v D	)r						
SUBJECT OF INSURANCE	AMOUNT	COINS %			USES OF LOSS	1		DED	DED	BLKT	FORMS AND CO	ONDITIO	NS TO A	DDI V
Building	719,188	GOING 76	R	Spe		GUARD %		.000	TYPE	#	TORMS AND CO	JNDITIC	JNS TO AF	FLI
Ğ	7 10,100				luding Theft		0,	,000						
							$\vdash$							
							$\vdash$							
							$\vdash$							
							$\vdash$							
ADDITIONAL INFORMATION	BUSINESS INCOME /	EVTDA EVDENI	SE Atta	ch AC	OPD 910		//	HE DEDOD	TING INFO	MATIC	DN - Attach ACORD 81	1		
										WIATIC	ON - Attach ACORD 81	1		
ADDITIONAL COVERAGES,		RICTIONS, E	NDOF	RSEN	VIENTS AND		NF	ORMATI			ORTIONS			
SPOILAGE DESCRIPTION OF PRO	DPERTY COVERED					LIMIT			REFRIG AGREE			00.00		TION
(Y / N)						\$			(Y /		BREAKDOWN		SELL	
						DEDUCTIB	LE				POWER OUTA	GE _	PRIC	
						\$	_							
SINKHOLE COVERAGE (Required in I	•				ACCEPT COVI		$\rightarrow$	REJECT C			LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Req					ACCEPT COVI	ERAGE		REJECT C	OVERAGE		LIMIT: \$			
PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL L	ANDMARK									# OF OPEN SIDES ON	STRUC	TURE:	
DISTANCE TO STATE OF THE PROPERTY OF THE PROPE														
CONSTRUCTION TYPE DISTANCE TO HYDRANT FIRE STAT FIRE DISTRICT CODE NUMBER PROT CL # STORIES # BASM'TS YR BUILT TOTAL AREA														-Δ
Frame FT MI														
Frame FT MI OTHER OCCUPANCIES														
h —		GRADE	IAX	JODE	KOOF ITE	'	OII	HER OCCU	PANCIES					
WIRING, YR:	UMBING, YR:	MAND OF VOO		_				HEATING	SOURCE	NCI W	OODBURNING D	ATE		
ROOFING, YR:	EATING, YR:	WIND CLASS		SE	EMI- RESISTIVE	F		STOVE O	R FIREPLA	CE INS	SERT IN	ISTALLI	ED:	
OTHER:	YR:	RESISTI	VE					NUFACTUF	RER:					
PRIMARY HEAT					SE	CONDARY HEA	AT r							
BOILER SOLID FUE		_				BOILER		SOLI	FUEL					
IF BOILER, IS INSURANCE PLAC		Y/N				IF BOILER, IS	S IN	ISURANCE	PLACED EI	SEWH				
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST.	ANCE		FR	ONT EXPOSUR	RE &	DISTANCE			REAR EXPOSURE &	DISTAN	ICE	
BURGLAR ALARM TYPE		CERT	IFICATE	#						EXP	PIRATION DATE	CENTE STATIO	RAL ON	LOCAL GONG
												WITH I	KEYS	
BURGLAR ALARM INSTALLED AND S	SERVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN		CLOCK HO	DURLY
PREMISES FIRE PROTECTION (Sprink	ders, Standpipes, CO2	Chemical Syst	ems)		% SPRNK	FIRE ALARM	/ MA	ANUFACTU	RER				CENTRAL	STATION
													LOCAL GO	ONG
ADDITIONAL INTEREST	ACORD 45 at	tached for	additi	onal	names									
INTEREST	NAME AND ADDRESS	RANK:	EVIDE	NCE:	CERTIFI	CATE					INTEREST	IN ITEM	NUMBER	
LENDER'S LOSS PAYABLE											LOCATION:	BU	ILDING:	
LOSS PAYEE											ITEM CLASS:	ITE	M:	
MORTGAGEE											ITEM DESCRIPTION			
F	REFERENCE / LOAN #:													
REMARKS (ACORD 101, A	dditional Remar	ks Schedul	e. ma	v be	attached i	f more spa	ice	is requi	red)					
,			, .	,					,					

ADDITIONAL	PREMISES #: 1	STREET	ADDRES	ss: 6	002 BAYSI	DE KEY DR								
PREMISES INFORMATION	BUILDING #: 12				6331-6341		v D	)r						
SUBJECT OF INSURANCE	AMOUNT	COINS %			USES OF LOSS			DED	DED	BLKT	FORMS AND C	ONDITI	ONS TO A	DDI V
Building	719,188	30110 70	R		ecial	GUARD %		.000	TYPE	#	TOKWIS AND C	JNDIII	ONS TO A	FFEI
					cluding Thef		0,	,000						
							$\vdash$							
							$\vdash$							
ADDITIONAL INFORMATION	BUSINESS INCOME /	EXTRA EXPENS	SE - Atta	ch A0	CORD 810		/ALI	UE REPORT	TING INFOR	MATIC	DN - Attach ACORD 81	1		
ADDITIONAL COVERAGES, (												-		
SPOILAGE DESCRIPTION OF PRO	•	iic Hono, E	NDOR	(OLI	WENTS AN	LIMIT	IVI	OKWATI	REFRIG	MAINT	OPTIONS			
COVERAGE						\$			AGREE	MENT	BREAKDOWN	OR CC	NTAMINA	TION
(Y / N)						DEDUCTIB	l F		(Y /	N)	POWER OUTA	г	SEL	LING
						\$							PRIC	CE
SINKHOLE COVERAGE (Required in F	lorida)				ACCEPT COV		Т	REJECT C	OVERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Requi		WV)			ACCEPT COV		-	REJECT C			LIMIT: \$			
PROPERTY HAS BEEN DESIGNAT		<u>'</u>			ACCEL 1 COV	LIVAGE		INESECT O	OVERAGE		# OF OPEN SIDES ON	STRUC	CTURE:	
THOI ENTITIVE BEEN BEGICAN	TED / IIV THO TO THO / IE E	THE WITH THE									" OI OI EN OIDEO OIL	Onto		
CONSTRUCTION TYPE DISTANCE TO FIRE DISTRICT CODE NUMBER PROT CL # STORIES # BASM'TS YR BUILT TOTAL AREA														
HYDRANT FIRE STAT														EA
Frame HYDRANT FIRE STAT M M PLUS CODE														
Frame   FT   MI       OTHER OCCUPANCIES   BLDG CODE   GRADE   TAX CODE   ROOF TYPE   OTHER OCCUPANCIES														
WIRING, YR: PLL	JMBING, YR:													
ROOFING, YR: HEA	ATING, YR:	WIND CLASS		S	EMI- RESISTIV	E		HEATING STOVE O	SOURCE I	NCL W	OODBURNING D	ATE NSTALL	.ED:	
OTHER:	YR:	RESISTI	VE				MAI	NUFACTUF						
PRIMARY HEAT					SE	CONDARY HE	ΑТ							
BOILER SOLID FUEL	-					BOILER		SOLI	FUEL					
IF BOILER, IS INSURANCE PLACE	ED ELSEWHERE?	Y/N				IF BOILER, I	S IN	ISURANCE	PLACED E	SEWH	HERE? Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST	ANCE		FR	ONT EXPOSUR	RE &	DISTANCE	<b>.</b>		REAR EXPOSURE &	DISTA	NCE	
BURGLAR ALARM TYPE		CERTI	FICATE	#						EXP	PIRATION DATE	CENT	RAL ION	LOCAL GONG
												WITH	KEYS	
BURGLAR ALARM INSTALLED AND SE	ERVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN		CLOCK H	OURLY
PREMISES FIRE PROTECTION (Sprinkl	ers, Standpipes, CO2 /	Chemical Syste	ems)		% SPRNK	FIRE ALARM	/I MA	ANUFACTU	RER				CENTRAI	STATION
													LOCAL G	ONG
ADDITIONAL INTEREST	ACORD 45 att	ached for a	additio	onal	l names									
INTEREST N.	AME AND ADDRESS	RANK:	EVIDE	NCE:	CERTIF	ICATE					INTEREST	IN ITE	м нимвеі	R
LENDER'S LOSS PAYABLE											LOCATION:	В	UILDING:	
LOSS PAYEE											ITEM CLASS:	IT	EM:	
MORTGAGEE											ITEM DESCRIPTION			
R	EFERENCE / LOAN #:													
REMARKS (ACORD 101, A	dditional Remarl	s Schedul	e, ma	y be	attached i	f more spa	ıce	is requi	red)					

ADDITIONAL	PREMISES #: 1	STREET	ADDRE	ss: 60	002 BAYSIC	E KEY DR								
PREMISES INFORMATION	BUILDING #: 13				6345-6355		v D	)r						
SUBJECT OF INSURANCE	AMOUNT	COINS %			USES OF LOSS	1		DED	DED	BLKT	FORMS AND C	ONDITI	ONS TO A	DI V
Building	719,188	GOING 76	R		ecial	GUARD %		.000	TYPE	#	TORMS AND C	SNDITIC	JNS TO AI	FLI
Ğ	7 10,100				luding Theft		0,	,000						
							+							
ADDITIONAL INFORMATION	BUSINESS INCOME /	FXTRA FXPENS	SF - Atta	ch AC	ORD 810		<u> </u>	UE REPORT	TING INFOR	MATIC	│ DN - Attach ACORD 81	1		
											Sit - Attach Accide of	·		
ADDITIONAL COVERAGES,  SPOILAGE DESCRIPTION OF PRO		RICTIONS, E	HUUH	KSEI	WEN 15 AND	LIMIT	NF	ORMATI			OPTIONS			
SPOILAGE   DESCRIPTION OF PRO   COVERAGE	SPERTI COVERED					\$			REFRIG AGREE		BREAKDOWN	OP CO	NITAMINIATI	TON
(Y / N)						DEDUCTIB			(Y /	N)	POWER OUTA		SELL	
						\$	LE				FOWEROOF	.GL L	PRIC	E
SINKING E COVERACE (Beautized in	Florido)				ACCEPT COV	1 .		REJECT C	OVERACE		I INAIT. ¢			
SINKHOLE COVERAGE (Required in	,	140.0			ACCEPT COV		-				LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Reg					ACCEPT COV	ERAGE		REJECT C	OVERAGE		LIMIT: \$	CTDUC	TUDE.	
PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL I	ANDIVIARK									# OF OPEN SIDES ON	SIRUC	TURE:	
CONSTRUCTION TYPE	DISTANCE HYDRANT F	TO RE STAT	FIR	E DIS	TRICT	CODE NUM	MBE	R PROT	CL # STO	RIES	# BASM'TS YR BU	iLT T	OTAL ARE	Α
Frame	FT	MI												
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX	CODE	ROOF TYPE		ОТІ	HER OCCUI	PANCIES					
WIRING, YR: PL	.UMBING, YR:	GRADE												
	EATING, YR:	WIND CLASS		SF	EMI- RESISTIVI	=		HEATING	SOURCE I	NCL W	OODBURNING D	ATE NSTALLI	ED:	
OTHER:	YR:	RESISTI	VE		LIVII TEGIOTIVI	-	MA	NUFACTUR	R FIREPLA RER:	CE INS	DERI II	15 I ALLI	ED:	
PRIMARY HEAT	110.	TREGIOTI	<u> </u>		SE	CONDARY HE	AT							
BOILER SOLID FUE	EL					BOILER	Γ	SOLIE	FUEL					
IF BOILER, IS INSURANCE PLACE	ED ELSEWHERE?	Y/N				」 IF BOILER, I	S IN	ISURANCE	PLACED EI	 _SEWH	HERE? Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXF	OSURE & DIST	ANCE		FR	ONT EXPOSUR	RE &	DISTANCE			REAR EXPOSURE &	DISTAN	ICE	
BURGLAR ALARM TYPE		CERT	IFICATE	#						EXP	PIRATION DATE	CENTE	RAL	LOCAL
												STATIO		_ GONG
BURGLAR ALARM INSTALLED AND S	SERVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN	WITH	CLOCK H	DURLY
PREMISES FIRE PROTECTION (Sprint	klers, Standpipes, CO2	Chemical Syst	ems)		% SPRNK	FIRE ALARM	И МА	ANUFACTUI	RER			++	CENTRAL	STATION
												-	LOCAL GO	
ADDITIONAL INTEREST	ACORD 45 at	tacked for	additi	onal	namac								200/12 00	,,,,
	NAME AND ADDRESS		EVIDE		CERTIF	ICATE					INTEREST	INITER	ANUMBER	,
LENDER'S LOSS PAYABLE													ILDING:	•
LOSS PAYEE											ITEM CLASS:			
MORTGAGEE											ITEM DESCRIPTION		EM:	
I IIION TOAGEE											TIEM BEGGK TION			
<del>                                     </del>	REFERENCE / LOAN #:				$\neg$									
REMARKS (ACORD 101, A		ke Sebadul	o ma	ı, bo	attached i	f more cna		ic roqui	rod)					
KEMAKKS (ACCKE 101, A	taaitionai itemai	NS OCHEGUI	e, ma	y De	attacheu	i illore spa	100	15 requi	ieu)					

ADDITIONAL	PREMISES #: 1	STREET	ADDRE	ss: 60	002 BAYSIC	E KEY DR								
PREMISES INFORMATION	BUILDING #: 14				6359-6375		v D	)r						
SUBJECT OF INSURANCE	AMOUNT	COINS %			USES OF LOSS	1		DED	DED	BLKT	FORMS AND C	ONDITIO	NS TO A	DI V
Building	945,942	COINTO 76	R	Spe		GUARD %		.000	TYPE	#	TORMS AND C	ONDITIO	10 AF	
Ŭ	0 10,0 12				luding Theft		0,	,000						
							$\vdash$							
							$\vdash$							
							$\vdash$							
							-							
ADDITIONAL INFORMATION	BUSINESS INCOME /	EYTDA EYDENI	SE Atta	ch AC	OPD 910		//	HE DEDOD	TING INFO	MATIC	DN - Attach ACORD 81	1		
										WIATIC	ON - Attach ACORD 61	1		
ADDITIONAL COVERAGES,		RICTIONS, E	NDOF	RSEN	VIENTS AND		NF	ORMATI			OPTIONS			
SPOILAGE DESCRIPTION OF PRO	OPERTY COVERED					LIMIT			REFRIG AGREE			00.001	IT A B 415 1 A T	1011
(Y / N)						\$			(Y /		BREAKDOWN		SELL	
						DEDUCTIB	LE				POWER OUTA	GE _	PRIC	
						\$	_							
SINKHOLE COVERAGE (Required in					ACCEPT COV		-	REJECT C			LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Rec					ACCEPT COV	ERAGE		REJECT C	OVERAGE		LIMIT: \$			
PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL	LANDMARK									# OF OPEN SIDES ON	STRUC	TURE:	_
CONSTRUCTION TYPE	DISTANCE		FIR	E DIS	TRICT	CODE NUM	/IRE	R PROT	CI #STO	RIFS	# BASM'TS YR BU	IT TO	OTAL ARE	Δ
Frame		IRE STAT		L DIO	114101	CODE NON	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	K   I KOI	JE   # 510	711120	" BAOM TO TREE	-   '		
	FT FT	MI BLDG CODE	TAX	ODE	ROOF TYPE		OTI	HER OCCUI	DANCIES					
BUILDING IMPROVEMENTS		GRADE	IAX	JODE	KOOF ITE	-	OII	HER OCCUI	PANCIES					
WIRING, YR:	UMBING, YR:	MAND OF VOO		_				HEATING	SOURCE	NCI W	OODBURNING D	ATE		
ROOFING, YR:	EATING, YR:	WIND CLASS		SE	EMI- RESISTIVE	≣		STOVE O	R FIREPLA	CE INS	SERT II	NSTALLE	D:	
OTHER:	YR:	RESISTI	VE					NUFACTUR	RER:					
PRIMARY HEAT					SE	CONDARY HE	AT r							
BOILER SOLID FUE						BOILER		SOLIE	FUEL					
IF BOILER, IS INSURANCE PLAC		Y/N				IF BOILER, I	S IN	ISURANCE	PLACED EI	SEWH				
RIGHT EXPOSURE & DISTANCE	LEFT EXF	POSURE & DIST.	ANCE		FR	ONT EXPOSUR	RE &	DISTANCE			REAR EXPOSURE &	DISTAN	CE	
BURGLAR ALARM TYPE		CERT	IFICATE	#						EXP	PIRATION DATE	CENTR STATIC	AL ON	LOCAL GONG
												WITH K	EYS	
BURGLAR ALARM INSTALLED AND S	SERVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN		CLOCK HO	URLY
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2	/ Chemical Syst	ems)		% SPRNK	FIRE ALARM	/ MA	ANUFACTUI	RER				CENTRAL	STATION
												l	OCAL GO	NG
ADDITIONAL INTEREST	ACORD 45 at	tached for	additi	onal	names									
INTEREST	NAME AND ADDRESS	RANK:	EVIDE	NCE:	CERTIF	ICATE					INTEREST	IN ITEM	NUMBER	
LENDER'S LOSS PAYABLE											LOCATION:	BU	ILDING:	
LOSS PAYEE											ITEM CLASS:	ITE	M:	
MORTGAGEE											ITEM DESCRIPTION			
	REFERENCE / LOAN #:													
REMARKS (ACORD 101, A	Additional Remar	ks Schedul	e. ma	v be	attached i	f more spa	ice	is requi	red)					
			, .						,					

ADDITIONAL	PREMISES #: 1	STREET	ADDRE	ss: 60	002 BAYSIC	E KEY DR								
PREMISES INFORMATION					6334-6348		v D	)r						
SUBJECT OF INSURANCE	AMOUNT	COINS %			JSES OF LOSS	1		DED	DED	BLKT	FORMS AND C	ONDITI	ONS TO AL	DI V
Building	945,942	001110 70	R	Spe		GUARD %		.000	TYPE	#	TOKWIS AND C	JNDITIC	JNS TO A	FLI
, and the second	0 10,0 12				luding Theft		0,	,000						
							$\vdash$							
							+							
							-							
							$\vdash$							
ADDITIONAL INFORMATION	BUSINESS INCOME	FXTRA FXPFN	SF - Atta	ch AC	ORD 810		VALL	UF REPORT	ING INFOR	MATIC	DN - Attach ACORD 81	1		
	1										on Addition Addition	·		
ADDITIONAL COVERAGES,  SPOILAGE DESCRIPTION OF PRO	•	RICTIONS, E	HUUH	KSEIV	MENIS AND	LIMIT	NF	URIVIATIO			OPTIONS			
SPOILAGE DESCRIPTION OF PROCEED STATES	OI ERTI GOVERED					\$			REFRIG AGREEI		BREAKDOWN	OR CO	ΝΤΔΜΙΝΙΔΤΙ	ION
(Y / N)						DEDUCTIB			(Y / I	N)	POWER OUTA		SELL	ING
						\$	LL				- TOWER COTA		PRIC	E
SINKHOLE COVERAGE (Required in	Elorido)				ACCEPT COVI			REJECT C	OVERACE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Red	•	MAAA		-+	ACCEPT COVI		$\rightarrow$	REJECT C			LIMIT: \$			
PROPERTY HAS BEEN DESIGN.					ACCEPT COVI	ERAGE		REJECT C	OVERAGE			etbuc	TUDE.	
PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL	LANDIVIARK									# OF OPEN SIDES ON	SIRUC	TUKE	
CONSTRUCTION TYPE	DISTANCE HYDRANT F	TO IRE STAT	FIR	E DIS	TRICT	CODE NUM	MBEI	R PROT	CL # STC	RIES	# BASM'TS YR BU	LT T	OTAL ARE	Α
Frame	FT	MI												
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX	CODE	ROOF TYPE		ОТІ	HER OCCUI	PANCIES					
WIRING, YR: PI	LUMBING, YR:	GIGADE												
	EATING, YR:	WIND CLASS		SE	MI- RESISTIVE			HEATING	SOURCE I R FIREPLA	NCL W	OODBURNING D	ATE NSTALL	ED:	
OTHER:	YR:	RESISTI	ve				MAI	NUFACTUR		OL IIVO	JEINI II	ISTALL	LD	
PRIMARY HEAT	110.	1.20.011	·-		SE	CONDARY HEA	AT							
BOILER SOLID FUE	EL					BOILER	Γ	SOLIE	FUEL					
IF BOILER, IS INSURANCE PLACE	CED ELSEWHERE?	Y/N				IF BOILER, I	S IN	SURANCE	PLACED EI	SEWH	HERE? Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXI	POSURE & DIST	ANCE		FR	ONT EXPOSUR	RE &	DISTANCE			REAR EXPOSURE &	DISTAN	ICE	
BURGLAR ALARM TYPE	l	CERT	IFICATE	#						EXP	PIRATION DATE	CENTE	RAL	LOCAL GONG
												WITH		_ GOING
BURGLAR ALARM INSTALLED AND S	SERVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN		CLOCK H	DURLY
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2	/ Chemical Syst	ems)		% SPRNK	FIRE ALARM	и ма	NUFACTU	RER	-		+	CENTRAL	STATION
													LOCAL GO	ONG
ADDITIONAL INTEREST	ACORD 45 at	tached for	additi	onal	names									
	NAME AND ADDRESS		EVIDE		CERTIFI	CATE					INTEREST	IN ITEN	/ NUMBER	
LENDER'S LOSS PAYABLE											LOCATION:		JILDING:	
LOSS PAYEE											ITEM CLASS:		EM:	
MORTGAGEE											ITEM DESCRIPTION		_141.	
	REFERENCE / LOAN #:													
REMARKS (ACORD 101, A	Additional Remark	ks Schedul	e ma	v he	attached i	f more sna	ice	is requi	red)					
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ADDITIONAL	PREMISES #: 1	STREET	ADDRE	ss: 60	002 BAYSIC	E KEY DR								
PREMISES INFORMATION	BUILDING #: 16				6316-6330		v D	r						
SUBJECT OF INSURANCE	AMOUNT	COINS %			JSES OF LOSS	1		DED	DED	BLKT	FORMS AND C	ONDITI	ONS TO A	DI V
Building	945,942	COINTO 76	R	Spe		GUARD %		.000	TYPE	#	TOKWIS AND C	ONDITIO	JNS TO AI	FLI
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ADDITIONAL INFORMATION	BUSINESS INCOME /	EYTDA EYDENI	SE Atta	ch AC	OPD 910		//	IIE DEDOD	TING INFO	MATIC	DN - Attach ACORD 81	1		
	1									WIATIC	ON - Attach ACORD 61	1		
ADDITIONAL COVERAGES,		RICTIONS, E	NDOF	RSEN	MENTS AND		NF	ORMATI			OPTIONS			
SPOILAGE DESCRIPTION OF PRO	OPERTY COVERED					LIMIT			REFRIG AGREE			00.00	NIT	TON
(Y / N)						\$			(Y /		BREAKDOWN		SELL	
						DEDUCTIB	LE				POWER OUTA	GE _	PRIC	
						\$								
SINKHOLE COVERAGE (Required in					ACCEPT COV		-	REJECT C			LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Rec	• • • • • • • • • • • • • • • • • • • •				ACCEPT COV	ERAGE		REJECT C	OVERAGE		LIMIT: \$			
PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL	LANDMARK									# OF OPEN SIDES ON	STRUC	TURE:	
CONSTRUCTION TYPE	DISTANCE		FIR	E DIS	TRICT	CODE NUM	/BEI	R PROT	CI #STO	RIFS	# BASM'TS YR BU	т т	OTAL ARE	-Δ
Frame		IRE STAT		L DIO	TIGOT	OODE NON	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	K   I KOI	JE   # 510	711120	" BAOM TO TREE	.	OTAL AIRE	
	FT	MI BLDG CODE	TAX	CODE	ROOF TYPE		OTI	HER OCCU	DANCIES					
BUILDING IMPROVEMENTS		GRADE	IAX	JODE	KOOF ITPE	•	OII	HER OCCU	PANCIES					
WIRING, YR:	LUMBING, YR:	MAND OF VOO		_				HEATING	SOURCE	NCI W	OODBURNING D	ATE		
ROOFING, YR:	EATING, YR:	WIND CLASS		SE	EMI- RESISTIVE	Ē .		STOVE O	R FIREPLA	CE INS	SERT IN	NSTALL	ED:	
OTHER:	YR:	RESISTI	VE					NUFACTUF	RER:					
PRIMARY HEAT					SE	CONDARY HE	AT _	_						
BOILER SOLID FUE						BOILER		SOLI	FUEL					
IF BOILER, IS INSURANCE PLAC		Y/N				IF BOILER, I	S IN	SURANCE	PLACED EI	SEWH				
RIGHT EXPOSURE & DISTANCE	LEFT EXF	POSURE & DIST.	ANCE		FR	ONT EXPOSUR	RE &	DISTANCE			REAR EXPOSURE &	DISTAN	ICE	
BURGLAR ALARM TYPE		CERT	IFICATE	#						EXP	PIRATION DATE	CENTI STATI	ON	LOCAL GONG
												WITH	KEYS	
BURGLAR ALARM INSTALLED AND S	SERVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN		CLOCK H	DURLY
PREMISES FIRE PROTECTION (Sprint	klers, Standpipes, CO2	/ Chemical Syst	ems)		% SPRNK	FIRE ALARM	/I MA	NUFACTU	RER				CENTRAL	STATION
													LOCAL GO	ONG
ADDITIONAL INTEREST	ACORD 45 at	tached for	additi	onal	names									
INTEREST	NAME AND ADDRESS	RANK:	EVIDE	NCE:	CERTIF	CATE					INTEREST	IN ITEN	NUMBER	
LENDER'S LOSS PAYABLE											LOCATION:	В	JILDING:	
LOSS PAYEE											ITEM CLASS:	ITI	EM:	
MORTGAGEE											ITEM DESCRIPTION			
	REFERENCE / LOAN #:													
REMARKS (ACORD 101, A	Additional Remar	ks Schedul	e. ma	v be	attached i	f more spa	ice	is requi	red)					
			, .						,					

ADDITIONAL	PREMISES #: 1	STREET	ADDRE	ss: 6	002 BAYSIC	DE KEY DR								
PREMISES INFORMATION	BUILDING #: 17				6302-6312		v D	)r						
SUBJECT OF INSURANCE	AMOUNT	COINS %			USES OF LOSS			DED	DED	BLKT	FORMS AND C	ONDITI	ONS TO A	DDI V
Building	719,188	00.110 //	R		ecial	GUARD %		.000	TYPE	#	TOKWIS AND C	JNDIII	ONS TO A	
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							+							
ADDITIONAL INFORMATION	BUSINESS INCOME /	EVTDA EVDENS	SE Atta	ch AC	CORD 940		///	HE DEDOD	TING INFO	MATIC	DN - Attach ACORD 81	1		
	l .									WIATIC	ON - Attach ACORD 61	<u>'</u>		
ADDITIONAL COVERAGES,		RICTIONS, E	NDOF	RSE	MENTS AND		NF	ORMATI			OPTIONS			
SPOILAGE DESCRIPTION OF PRO	DPERTY COVERED					LIMIT			REFRIG AGREE			00.00	NIT A N 41N 1 A -	FION
(Y / N)						\$			(Y /		BREAKDOWN		SELL	
						DEDUCTIB	LE				POWER OUTA	.GE	PRIC	
						\$								
SINKHOLE COVERAGE (Required in F					ACCEPT COV			REJECT C			LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Req					ACCEPT COV	ERAGE		REJECT C	OVERAGE		LIMIT: \$			
PROPERTY HAS BEEN DESIGNA	TED AN HISTORICAL L	ANDMARK									# OF OPEN SIDES ON	STRUC	TURE: _	
CONSTRUCTION TYPE	DISTANCE		FIR	F DIS	TRICT	CODE NUM	MRE	R PROT	CI #STO	RIFS	# BASM'TS YR BU	т т	OTAL ARI	=Δ
Frame		RE STAT		L DIO	THO I	CODE NON	*1.0.	K   I KOI	JE   # 510	711120	" BAOM TO TREE	.	OTAL AIG	
	FT FT	MI BLDG CODE	TAX	CODE	ROOF TYPE		ОТІ	HER OCCU	DANCIES					
BUILDING IMPROVEMENTS		GRADE	IAX	JODE	KOOF ITE	-	OII	HER OCCU	PANCIES					
WIRING, YR:	UMBING, YR:	MUND OF 400						HEATING	SOURCE	NCI W	OODBURNING D	ATE		
ROOFING, YR:	ATING, YR:	WIND CLASS		SI	EMI- RESISTIVE	≣ [		STOVE O	R FIREPLA	CE INS	SERT IN	NSTALL	ED:	
OTHER:	YR:	RESISTI	VE					NUFACTUF	RER:					
PRIMARY HEAT					SE	CONDARY HE	AT r							
BOILER SOLID FUE	L L	$\neg$				BOILER		SOLI	FUEL					
IF BOILER, IS INSURANCE PLAC		Y/N				IF BOILER, I	S IN	ISURANCE	PLACED EI	SEWH				
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														_
BURGLAR ALARM TYPE		CERTI	FICATE	#						EXP	PIRATION DATE	CENTI STATI	RAL ON	LOCAL GONG
												WITH	KEYS	
BURGLAR ALARM INSTALLED AND S	ERVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN		CLOCK H	OURLY
PREMISES FIRE PROTECTION (Sprink	ders, Standpipes, CO2	Chemical System	ems)		% SPRNK	FIRE ALARM	и м <i>e</i>	ANUFACTU	RER				CENTRAL	STATION
													LOCAL GO	ONG
ADDITIONAL INTEREST	ACORD 45 at	tached for	additi	onal	names									
INTEREST	NAME AND ADDRESS		EVIDE			ICATE					INTEREST	IN ITEM	/ NUMBER	2
LENDER'S LOSS PAYABLE											LOCATION:	ВІ	JILDING:	
LOSS PAYEE											ITEM CLASS:		EM:	
MORTGAGEE											ITEM DESCRIPTION			
	REFERENCE / LOAN #:													
REMARKS (ACORD 101, A	dditional Remar	ks Schedul	e ma	v he	attached i	f more sna	ice	is requi	red)					
REMARKS (AGORD 101, A	aditional Roman	ito Goricaai	o, ma	, 50	attaonea i	i illoro opu	100	10 roqui	icaj					

ADDITIONAL	PREMISES #: 1	STREET	ADDRE	ss: 60	002 BAYSID	E KEY DR								
PREMISES INFORMATION	L				6222-6236		v D	)r						
SUBJECT OF INSURANCE	AMOUNT	COINS %			USES OF LOSS	1		DED	DED	BLKT	FORMS AND C	ONDITI	ONS TO AL	DDI V
Building	945,942	001110 70	R	Spe		GUARD %		.000	TYPE	#	TOKWIS AND C	SNDIIN	JNS TO A	FLI
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ADDITIONAL INFORMATION	BUSINESS INCOME	FXTRA FXPENS	SF - Atta	ch AC	ORD 810		<b>Ι</b> <b>ΙΔΙΙ</b>	UE REPORT	ING INFOR	MATIC	ON - Attach ACORD 81	1		
	1										on Audon Adons of	·		
ADDITIONAL COVERAGES,  SPOILAGE DESCRIPTION OF PRO	•	RICTIONS, E	HUUH	KSEI	WEN 15 ANL	LIMIT	NF	URIVIATIO			OPTIONS			
SPOILAGE DESCRIPTION OF PROCEED STATES	OPERTT COVERED					\$			REFRIG AGREEI		BREAKDOWN	OP CO	NITAMINIAT	TON
(Y / N)						DEDUCTIB			(Y / I	N)	POWER OUTA		SELL	
						\$	LE				- FOWER COTA	.GL	PRIC	E
SINKING E COVERACE (Partitional in	Florido				ACCEPT COVI	1 '		REJECT C	OVERACE		I INAIT. Ĉ			
SINKHOLE COVERAGE (Required in	•	MANA					$\rightarrow$				LIMIT: \$			
PROPERTY HAS BEEN DESIGN.					ACCEPT COVI	ERAGE		REJECT C	OVERAGE		LIMIT: \$	CTDU	TUDE.	
PROPERTY HAS BEEN DESIGN.	ATED AN HISTORICAL	LANDIVIARK									# OF OPEN SIDES ON	SIRUC	TURE: _	_
CONSTRUCTION TYPE	DISTANCE HYDRANT F	TO IRE STAT	FIR	E DIS	TRICT	CODE NUM	MBEI	R PROT	CL # STC	RIES	# BASM'TS YR BU	iLT T	OTAL ARE	Α
Frame	FT	MI												
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX	CODE	ROOF TYPE		ОТН	HER OCCUI	PANCIES					
WIRING, YR:	LUMBING, YR:	GRADE												
	EATING, YR:	WIND CLASS		SF	EMI- RESISTIVE			HEATING	SOURCE I	NCL W	OODBURNING D	ATE NSTALL	ED:	
OTHER:	YR:	RESISTI	VE		LIVII TALOIOTIVE	F	IAM	NUFACTUR	R FIREPLA ER:	CE INS	DEKI II	15 I ALL	ED:	
PRIMARY HEAT	TTC.	TALOIOTI	<u> </u>		SE	CONDARY HEA	AT							
BOILER SOLID FUE	EL 🗌					BOILER	Γ	SOLIE	FUEL					
IF BOILER, IS INSURANCE PLACE	CED ELSEWHERE?	Y/N				J IF BOILER, I	S IN	SURANCE	PLACED EI	 _SEWH	HERE? Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXI	POSURE & DIST	ANCE		FR	ONT EXPOSUR	RE &	DISTANCE			REAR EXPOSURE &	DISTAN	ICE	
BURGLAR ALARM TYPE	l	CERT	IFICATE	#						EXP	PIRATION DATE	CENTI	RAL	LOCAL GONG
												WITH		_ GOING
BURGLAR ALARM INSTALLED AND S	SERVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN	$\neg$	CLOCK H	DURLY
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2	/ Chemical Syst	ems)		% SPRNK	FIRE ALARM	и ма	NUFACTU	RER	-		+ +	CENTRAL	STATION
													LOCAL GO	ONG
ADDITIONAL INTEREST	ACORD 45 at	tached for	additi	onal	names									
	NAME AND ADDRESS		EVIDE		CERTIFI	CATE					INTEREST	IN ITER	/ NUMBER	
LENDER'S LOSS PAYABLE											LOCATION:		JILDING:	
LOSS PAYEE											ITEM CLASS:		EM:	
MORTGAGEE											ITEM DESCRIPTION		=IVI.	
	REFERENCE / LOAN #:													
REMARKS (ACORD 101, A	Additional Remark	ks Schedul	e ma	v he	attached i	f more sna	ice	is requi	red)					
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ADDITIONAL	PREMISES #: 1	STREET	ADDRES	ss: 60	002 BAYSIC	DE KEY DR								
PREMISES INFORMATION	BUILDING #: 19				6202-6216		v D	)r						
SUBJECT OF INSURANCE	AMOUNT	COINS %			USES OF LOSS	1		DED	DED	BLKT	FORMS AND CO	ONDITI	ONS TO A	DDI V
Building	945,942	00.110 //	R	Spe		GUARD %		.000	TYPE	#	TORMS AND CO	JNDIII	ON3 10 A	FFEI
	0 10,0 12				luding Theft		0,	,000						
ADDITIONAL INFORMATION	BUSINESS INCOME /	EXTRA EXPENS	SE - Atta	ch AC	ORD 810		VALI	UE REPORT	TING INFOR	MATIC	DN - Attach ACORD 81	1		
ADDITIONAL COVERAGES, (														
SPOILAGE DESCRIPTION OF PRO		NICTIONS, E	NDOR	(SEI	VIEW 13 AIVE	LIMIT	INIT	OKWATI	REFRIG	MAINT	OPTIONS			
COVERAGE						\$			AGREE	MENT	BREAKDOWN	OR CC	NTAMINA	TION
(Y / N)						DEDUCTIB	I F		(Y /	N)	POWER OUTA	г	SELI	ING
						\$							PRIC	E
SINKHOLE COVERAGE (Required in F	lorida)				ACCEPT COV		Т	REJECT C	OVERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Requi		W/V)			ACCEPT COV		+	REJECT C			LIMIT: \$			
PROPERTY HAS BEEN DESIGNAT					ACCEL 1 COV	LIVAGE		KESEST S	OVENAGE		# OF OPEN SIDES ON	STRIIC	TURE:	
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CONSTRUCTION TYPE	DISTANCE HYDRANT FI	TO RE STAT	FIR	E DIS	TRICT	CODE NUM	ИВЕ	R PROT	CL # STO	RIES	# BASM'TS YR BUI	LT 1	TOTAL AR	EA
Frame	FT	MI												
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX	CODE	ROOF TYPE	<b>=</b>	ОТІ	HER OCCUI	PANCIES					
WIRING, YR: PLU	JMBING, YR:													
ROOFING, YR: HEA	ATING, YR:	WIND CLASS		SE	EMI- RESISTIVE	E		HEATING STOVE O	SOURCE I	NCL W	OODBURNING D	ATE ISTALL	.ED:	
OTHER:	YR:	RESISTI	VE				MA	NUFACTUR						
PRIMARY HEAT					SE	CONDARY HEA	ΑТ							
BOILER SOLID FUEL	-					BOILER		SOLIE	FUEL					
IF BOILER, IS INSURANCE PLACE	ED ELSEWHERE?	Y/N				IF BOILER, I	S IN	ISURANCE	PLACED EI	SEWH	HERE? Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST	ANCE		FR	ONT EXPOSUR	RE &	DISTANCE			REAR EXPOSURE &	DISTA	NCE	
BURGLAR ALARM TYPE		CERT	FICATE	#						EXP	PIRATION DATE	CENT STAT	RAL ON	LOCAL GONG
												WITH	KEYS	
BURGLAR ALARM INSTALLED AND SE	RVICED BY				EX	TENT		GR	ADE	# GI	UARDS / WATCHMEN		CLOCK H	OURLY
PREMISES FIRE PROTECTION (Sprinkl	ers, Standpipes, CO2 /	Chemical System	ems)		% SPRNK	FIRE ALARM	M MA	ANUFACTUI	RER				CENTRAL	STATION
													LOCAL G	ONG
ADDITIONAL INTEREST	ACORD 45 at	tached for	additio	onal	names									
INTEREST N.	AME AND ADDRESS		EVIDE		CERTIF	ICATE					INTEREST	IN ITE	M NUMBER	?
LENDER'S LOSS PAYABLE											LOCATION:	В	JILDING:	
LOSS PAYEE											ITEM CLASS:	IT	EM:	
MORTGAGEE											ITEM DESCRIPTION			
R	EFERENCE / LOAN #:													
REMARKS (ACORD 101, A	dditional Remar	ks Schedul	e, ma	y be	attached i	f more spa	ice	is requi	red)					

ADDITIONAL PREMISES #: 1 STREET ADDRESS: 6002 BAYSIDE KEY DR															
PREMISES INFORMATION	BUILDING #: 20				Pool Bath			de	Kev Dr						
SUBJECT OF INSURANCE	AMOUNT	COINS %			USES OF LOS		NFLATION GUARD %		DED	DED	BLKT	FORMS AN	D COND	TIONS TO	ADDI V
Building	91,327	301110 70	R	Spe	ecial cluding The		2		000	TYPE	#	I ORNIS AN	D COND	TIONS TO	AFFLI
Swimming Pools	164,961		R		ecial cluding The	eft)	2	5,	000						
						+									
ADDITIONAL INFORMATION	BUSINESS INCOME / I	EXTRA EXPENS	SE - Atta	ch A	CORD 810		V	/ALI	JE REPORT	TING INFOR	RMATIC	N - Attach ACORI	811		
ADDITIONAL COVERAGES,	OPTIONS, RESTR	ICTIONS, E	NDOF	RSE	MENTS AN	ND R	ATING II	NF	ORMATI	ON		1			
SPOILAGE DESCRIPTION OF PRO	PERTY COVERED						LIMIT			REFRIG AGREE					
(Y/N)						!	\$			AGREE (Y/		BREAKDO	WN OR (	CONTAMIN	ATION LLING
							DEDUCTIBI	LE				POWER O	UTAGE		CE
							\$	_							
SINKHOLE COVERAGE (Required in I					ACCEPT CO			$\rightarrow$	REJECT C			LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Req					ACCEPT CO	OVERA	GE		REJECT C	OVERAGE		LIMIT: \$			
PROPERTY HAS BEEN DESIGNA	TED AN HISTORICAL L	ANDMARK									1	# OF OPEN SIDES	ON STR	UCTURE:	
CONSTRUCTION TYPE	DISTANCE HYDRANT FII	TO RE STAT	FIR	E DIS	STRICT		CODE NUM	/BE	R PROT	CL # STO	ORIES	#BASM'TS YR	BUILT	TOTAL A	REA
Frame	FT	MI													
BUILDING IMPROVEMENTS	,	BLDG CODE GRADE	TAX	CODE	ROOF TY	PE		ОТІ	HER OCCU	PANCIES					
WIRING, YR: PL	UMBING, YR:	0.0.22													
ROOFING, YR:	ATING, YR:	WIND CLASS		S	EMI- RESISTI	IVE			HEATING STOVE O	SOURCE R FIREPLA	NCL W	OODBURNING	DATE	LLED:	
OTHER:	YR:	RESISTI	ve					MAI	NUFACTUR		OL 1140		111017		
PRIMARY HEAT					8	SECON	NDARY HEA	ΑT							
BOILER SOLID FUE	L					В	OILER		SOLI	) FUEL					
IF BOILER, IS INSURANCE PLAC	ED ELSEWHERE?	Y/N				IF	BOILER, IS	SIN	SURANCE	PLACED E	SEWH	IERE? Y/I	1		
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST	ANCE		F	FRONT	EXPOSUR	RE &	DISTANCE	<b>.</b>		REAR EXPOSUR	E & DIST	ANCE	
BURGLAR ALARM TYPE		CERT	FICATE	#							EXP	IRATION DATE	CEI STA	NTRAL NTION	LOCAL GONG
													WIT	H KEYS	
BURGLAR ALARM INSTALLED AND S	ERVICED BY				E	EXTEN	IT		GR	ADE	# Gl	JARDS / WATCHN	EN	CLOCK	HOURLY
PREMISES FIRE PROTECTION (Sprink	ders, Standpipes, CO2 /	Chemical Syste	ems)		% SPRN	IK FI	IRE ALARM	M MA	NUFACTU	RER				CENTRA	L STATION
														LOCAL	GONG
ADDITIONAL INTEREST	ACORD 45 att														
	NAME AND ADDRESS	RANK:	EVIDE	NCE:	CERT	TFICAT	ΓE					INTER	EST IN IT	EM NUMBE	R
LENDER'S LOSS PAYABLE												LOCATION:		BUILDING:	
LOSS PAYEE												ITEM CLASS:		ITEM:	
MORTGAGEE												ITEM DESCRIPTI	ON		
	REFERENCE / LOAN #:	<u> </u>													
REMARKS (ACORD 101, A	aditional Remark	s Schedul	e, ma	y be	attached	ııtm	ore spa	ce	ıs requi	red)					

**AGENCY CUSTOMER ID: BAYSKEY** 

LOC #:

ACORD	ADDITIONAL REMA	RKS SCHEDULE	Page of
AGENCY		NAMED INSURED	
CBIZ Insurance Services, Inc.		Bayside Key Homeowners Association, Inc.	
POLICY NUMBER			
APPHCP0084112			
CARRIER	NAIC CODE		
Heritage Property & Casualty Ins. Co.	14407	EEEECTIVE DATE: 10/04/2004	

OBIZ Iliburarioc Octivioco, ilic.		_ bayside reg Homeov	viicis Association, inc.
POLICY NUMBER			
APPHCP0084112			
CARRIER	NAIC CODE		
Heritage Property & Casualty Ins. Co.	14407	EFFECTIVE DATE:	12/01/2024
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC FORM NUMBER: OFBAADC' FORM TITLE: Additional Covera			
**************************************			
5% Hurricane Per Building, Per Calendar Year			
All Other Perils Deductible \$5,000 Deductible			
Ordinance or Law Offer Coverage - A, B & C Combined Sublimit \$	\$500,000		
Commercial Cyber Data Breach Limit: \$100,000/\$100,000			
Property Enhancement Endorsement			
No Coverage for the Mail Kiosk			
Replacement Cost			
Agreed Value			
Equipment Breakdown Included			
2% Inflation Guard			
Catastrophic Ground Cover Collapse Only			

# Heritage Property & Casualty Insurance Company Commercial Residential Property Supplemental Questionnaire

Name Insured: Bayside Key Homeowners Association, Inc.

I. BUILDING				
Do any buildings have any existing damage?			□ Yes	ı No
Has applicant(s) ever reported any potential sin any building or other property or have any know reported any such damage or loss?		to	□ Yes	ox No
Does any building have cracking?			□ Yes	<sub>₹</sub> No
Have there been any updates to the building(s) lf yes, please describe:			□ Yes	□ No
Has the roof been replaced? If Yes, what year	2011		χı Yes	□ No
Is there any unrepaired damage from a prior los If yes, please describe:	s to any building(s)?		□ Yes	<sub>₹</sub> No
II. CONSTRUCTION				
Is there any aluminum wiring in the buildings?			□ Yes	x No
Is any building under construction, renovation, r	epair or conversion?		□ Yes	🛚 No
Does any building contain lead paint in interior of	or exterior areas?		□ Yes	ĭ No
Does any building, exterior component, fixture of (EIFS) or drivet construction?		system	□ Yes	× No
Do any buildings have wood or cedar shake roo			□ Yes	⊼ No
Do any buildings have wallboard imported or su (this includes drywall and plasterboard and is of			□ Yes	⊼ No
Are there any known or suspected construction			□ Yes	x No
Has the building usage changed from the origin	al intent (for example, Apartment Conversion)	?	□ Yes	<sub>₹</sub> No
III. RESIDENTIAL OCCUPANCY				
# of total units: 142	# of Owner occupied units: 142	# Vacant units: 0		_
# of Rented units (condo): 0		# Student units 0	<del></del>	
# of Seasonal owner units: 0	# Developer owned units 0			
Are seasonal units required to shut off water wh	ile unoccupied?	⋈ N/A	□ Yes	□ No
Is the property considered a timeshare?			□ Yes	<sub>₹</sub> No
Are short term rentals allowed?			□ Yes	ĭ No
	ekly, monthly, or other:			
Does any building contain mercantile or office o (other than offices used for rental & building ma  If yes, please describe:			□ Yes	<sub>⊠</sub> No
Is grilling on balconies permitted?			□ Yes	× No
If yes, what type of grills are	permitted?	□ Charcoal	□ Propane	□ Electric
Is any building less than 31% occupied?			□ Yes	ă No
Does any building contain subsidized housing?			□ Yes	ĭ No
Are any units currently delinquent on dues?  If yes, how many:			□ Yes	<sub>₹</sub> No
IV. SAFETY/SECURITY				
Are all units equipped with hard wired or battery maintaining in working order?	type smoke detectors with procedure for		x Yes	□ No
Are all buildings equipped with current tagged fi	re extinguishers which are properly mounted?		🛚 Yes	□ No
Are there any current or recent cited violations of	of fire or life safety codes?		□ Yes	ı∞ No

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## Heritage Property & Casualty Insurance Company Commercial Residential Property Supplemental Questionnaire

Name Insured: Bayside Key Homeowners Association, Inc.

V. MANAGEMENT / OPERATIONS				
Is the named insured a developer or property	manager?		□ Yes	<sub>⊠</sub> No
Is there any prior, existing, pending, or planne	d litigation with regard to the insured?		□ Yes	⊼ No
Has any policy or coverage been declined, cal	3	r 3 vears?	□ Yes	x No
Condominium only - Is condominium created p		•	x Yes	□ No
Apartment only - Is apartment managed by a	•		A 100	2 110
	ompany with a minimum of three years		□ Yes	□ No
VI. LOCATION				
Is the property located in Flood zones A or V?  If yes, please attach Flood	Declarations Page at binding		X Yes	□ No
APPLICANT'S SIGNATURE				
I hereby apply to the company for a policy of represent that I have read and answered all or policy may be null and void if such information based on company underwriting guidelines. For signed by:	questions on the application and that a in is false or misleading in any way tha	all information is accurate and at would affect the premium ch	complete. narged or eli	I agree that such
* James Gamble	11/25,	/2024		
Applicant/s Signature	Date			
ANY PERSON WHO KNOWINGLY AND WITCLAIM OR AN APPLICATION CONTAINING A THIRD DEGREE.				
AGENT'S SIGNATURE				
The undersigned hereby declares that to the builth the applicant and signed by the applicant application. No coverage was bound by me unapplicant.	. I also certify that all questions on the	application have been asked t	o and answe	ered by the
DocuSigned by:				
x Non Oo	P051212	11/21/2024	_	
Agentis Signature	License Number	Date		
ANY PERSON WHO KNOWINGLY AND WITCLAIM OR AN APPLICATION CONTAINING A THIRD DEGREE.				
SELECTION	N OR REJECTION OF TERRORISM IF	NSLIRANCE COVERAGE		
Coverage for acts of terrorism is already included by certified acts of terrorism would be partially the United States Department of Treasury pay the insurance company providing the coverage	reimbursed by the United States under ys 85% of covered terrorism losses ex	er a formula established by fed ceeding the deductible establis	eral law. Ur	nder this formula,
[] I acknowledge that I have been notified the terrorism under my policy coverage will be the amount of my premium attributable to	e partially reimbursed by the United St	Act, as amended, any losses ates Department of Treasury a	caused by c nd I have be	ertified acts of een notified of
\( \frac{1}{x} \) I hereby elect to have the exclusion for the arising from acts of terrorism. \( \frac{1}{x} \)  \(	terrorism coverage added to my policy	y. I understand that I will have I	no coverage	for losses
Signed by:				
X James Gamble		5/2024		
Applicant's Signature	Date			

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# **Heritage Property & Casualty Insurance Company**

Election Not To Buy Separate Flood Insurance

- I, \_Bayside Key Homeowners Association, 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.

Application/Policy Number:  James Gamble Policyholder/Applicant's Signature	Agentisisignature
James Gamble	Matthew Mercier
Print Name	Print Name
11/25/2024	11/21/2024
Date	Date

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# **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: Bayside Key Homeowners Association, Inc. Property Address: On File with carrier Applicant's Signature: James Gamble Docusion 8743110448... Date: 11/21/2024 Agent's Signature: ☐ 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: Property Address: Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_ Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

r Docusign Envelope ID: 5370E9F8-FC3E-48B2-AD36-85C775964D78				
Document   Document	Property Quote	Policy Number		
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#### Payment Plan Options

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

Payment Plans	Initial Payment	Installment Amount	<b>Due Dates</b>
Full Pay	\$140,265.00	\$140,265.00	December 01, 2024
CRP Semiannual	\$84,226.20	\$84,226.20 \$61,013.20	December 01, 2024 June 01, 2025
CRP 4 Pay	\$63,211.65	\$63,211.65 \$31,439.30 \$30,195.70 \$21,947.25	December 01, 2024 March 01, 2025 June 01, 2025 September 01, 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.

Signed by:	
Producer Signature James Gamble	Date <u>11/25/2024</u>
E6BA818A411D4A8	
Applicant Signature 21E4719B450A4B1	Date <u>11/21/2024</u>