



COMMERCIAL INSU APPLICANT INFO												CAT	ION					•	M/DD/YYYY) D <b>/2024</b>
	ENCY Ne Insurance Group Inc	: <b>.</b>						CAR		R e Insura	nce					'			NAIC CODE 10074
	21 Douglas Ave. amonte Springs, FL 327	714						COMP.		POLICY OR I	PROG	RAM N	AME				PF	ROGE	RAM CODE
								POLIC	Y NU	IMBER									
NAI			sivb	ors 2				UNDEF	RWR	ITER				UI	NDERWE	RITER OFFIC	E		
(A/C	ONE C, No, Ext): (407) 869-09 K C, No): (407) 774-09												_					v	
(A/0	C, No): (407) 774-08 NAIL DRESS: info@sihle.com							STATU				QUOT				SUE POLICY	L	Х	RENEW
ADI	DRESS: 11587			UBCODE:				TRANS	AC1	ION			D (Give Date	e and DATI		1	ME	ſ	AM
	ENCY CUSTOMER ID: SALT	CON-03	5	UBCODE:								CANC	JL		2024				AM PM
LIN	NES OF BUSINESS																		
IND	ICATE LINES OF BUSINESS	P	REMI	UM						PREMIUM			1				$\longrightarrow$	PRE	MIUM
	BOILER & MACHINERY	\$			+	CYBE	R AND PRIVACY			\$			YACHT					\$	
	BUSINESS AUTO	\$			+	FIDUC	IARY LIABILITY			\$							$\rightarrow$	\$	
	BUSINESS OWNERS	\$			+	GARA	GE AND DEALERS			\$			-					\$	
	COMMERCIAL GENERAL LIAI	BILITY \$			+	LIQUO	OR LIABILITY			\$			-					\$	
	COMMERCIAL INLAND MARIN	VE \$			+	МОТО	R CARRIER			\$								\$	
X	COMMERCIAL PROPERTY	\$			+	TRUC				\$		_						\$	
	CRIME	\$			Ш	UMBR	ELLA			\$								\$	
ΑT	TACHMENTS				_								1						
	ACCOUNTS RECEIVABLE / VA		PERS	S	+		S AND SIGN SECTION					_				DULE OF VAL			
	ADDITIONAL INTEREST SCH				+		L / MOTEL SUPPLEM					_				(If applicable			
	ADDITIONAL PREMISES INFO		CHEC	ULE	+		LLATION / BUILDERS					_				UPPLEMENT			
	APARTMENT BUILDING SUPP				+		NATIONAL LIABILITY						VEHICLE	SCF	HEDULE				
	CONDO ASSN BYLAWS (for D		only)	1	+		NATIONAL PROPER	TY EXPO	DSU	RE SUPPLEM	IENT								
	CONTRACTORS SUPPLEMEN	NT			+		SUMMARY						-						
	COVERAGES SCHEDULE				+		CARGO SECTION												
	DEALERS SECTION				+		IUM PAYMENT SUPF						-						
	DRIVER INFORMATION SCH				+		ESSIONAL LIABILITY												
	ELECTRONIC DATA PROCES	SING SECTION	)N			RESTA	AURANT / TAVERN S	UPPLEN	1EN	<u> </u>									
	DLICY INFORMATION		Т			_		T					T			MINIMUM			
	03/20/2024 PROPOSE 03/20/2024	D EXP DATE 0/2025		BILLING DIRECT		I GENCY	PAYMENT PLAN	ME	гноі	D OF PAYME	NT	AUDIT	S DEP	OSIT	\$	PREMIUN			ICY PREMIUM 1 <b>74,076.1</b> 5
	PPLICANT INFORMATI			DIRECT	^	GENCT													
NAI	ME (First Named Insured) AND I tponds Condominium A	MAILING ADD			ZIP+4)			GL CO	DE		sic 864	11			AICS 13990				SOC SEC #
	S5 Seaside Dr Unit 103							BUSIN	ESS	PHONE #: (7	724)	301-2	2274						
Ne	y West, FL 33040									ADDRESS									
	CORPORATION JO	INT VENTUR				N/C	OT FOR PROFIT ORG			SUBCHAPTER	o "9" (		PATION		χС	orp Non-	Profi	it Or	ganization
	INDIVIDUAL LL	NO OF M		ERS RS: ——			ARTNERSHIP		_	RUST		JOIN O	TATION						
NAI	ME (Other Named Insured) AND	MAILING AD	DRES	SS (including	ZIP+4	<b>!</b> )		GL CO	DE		SIC			N/	AICS		FEI	IN OR	SOC SEC#
								BUSIN	ESS	PHONE #:									
								WEBSI	TE A	ADDRESS									
	CORPORATION JO INDIVIDUAL LL	INT VENTUR NO. OF W AND MAN		ERS		$\overline{}$	OT FOR PROFIT ORG			SUBCHAPTER	R "S" (	CORPO	RATION						
NAI	ME (Other Named Insured) AND				ZIP+4	<b>)</b>		GL CO	DE		sic			N/	AICS		FEI	IN OR	SOC SEC#
								DUCK	E66	DUONE #-							Щ_		
										PHONE #:									
								WEBS	IE A	ADDRESS									

CORPORATION

INDIVIDUAL

JOINT VENTURE

LLC NO. OF MEMBERS AND MANAGERS:

NOT FOR PROFIT ORG

PARTNERSHIP

SUBCHAPTER "S" CORPORATION

TRUST

CONT	ACT INFORMA	TION						AG	ENC'	Y CUSTO	MER	ID:	SALIC	CON-03		S	PACICCA
	T TYPE: Accour				YPE: Clai												
	T NAME: Michell									IAME:Micl				1			
				ONDARY -	1 🗔		1										
PRIMAR PHONE		」BUS □ C		<b>-</b>	HOME X B	us L	_ CELL		MARY NE#	<u>х</u> ном 2 <b>-022</b> 2	/IE	BUS	CELL	SECONDARY PHONE # (305) 292-0		X BUS	CELL
	292-0222	aaltnand		5) 292-022	<b>44</b>							l t	andaa <b>f</b>				
PRIMAR	Y E-MAIL ADDRESS:	Saitpond	somce@gn	nan.com				PRIM	MARY E	-MAIL ADDF	RESS: \$	sanp	onason	fice@gmail.com	1		
SECONE	DARY E-MAIL ADDRE	SS:						SEC	ONDAR	Y E-MAIL A	DDRES	SS:					
PREM	ISES INFORMA	ATION (A	ttach ACO	RD 823 f	or Addition	nal P	remises	)									
LOC#	STREET 3635 Seaside	- Dr					TY LIMITS	INT	EREST	•	# FU	JLL TI	ME EMPL	ANNUAL REVENU	ES: \$		
1	oooo ocasiac	, D.,				X	INSIDE	X	OWN	ER				OCCUPIED AREA:	:		SQ FT
BLD#	сіту:Key Wes	t		STAT	E: FL		OUTSIDE	Ξ	TENA	NT	# PA	RT TI	ME EMPL	OPEN TO PUBLIC	AREA:		SQ FT
1	COUNTY: Monro				33040									TOTAL BUILDING	AREA:		SQ FT
DESCRI	PTION OF OPERATION	วทร: <b>Resic</b>	lential Co	ndo Asso	ociation									ANY AREA LEASE	D ТО ОТ	HERS? Y /	N
LOC#	STREET					СІТ	TY LIMITS	INT	EREST	•	# FU	JLL TI	ME EMPL	ANNUAL REVENU	ES: \$		
1	3635 Seaside	e Dr.				Х	INSIDE	X	OWN	ER				OCCUPIED AREA:			SQ FT
BLD#	сіту:Key Wes	OUTSIDE	<b>.</b>	TENA	NT	# PA	RT TI	ME EMPL	OPEN TO PUBLIC	AREA:		SQ FT					
2	COUNTY: Monro		1		1					TOTAL BUILDING			SQ FT				
DESCRI	PTION OF OPERATION						-			ANY AREA LEASE		HERS2 V /					
LOC#	STREET	CIT	TY LIMITS	INIT	EREST	·	# 511	TI	ME EMPL	ANNUAL REVENU		IILIKO: 17					
1	3635 Seaside	e Dr.				X	_	X	٦.		"''	,	VIL CIVII L				
<u> </u>	сіту:Key Wes	•		07.17	E: FL	<del>  ^</del>	1		1		# 54	DT T1	ME EMB	OCCUPIED AREA:			SQ FT
BLD#	COUNTY: Monro				33040		OUTSIDE	-	TENA	AN I	# PA	KI II	ME EMPL	OPEN TO PUBLIC			SQ FT
_	COUNTY: WOTT		lantial Car											TOTAL BUILDING			SQ FT
	PTION OF OPERATION STREET	ONS: Resid	ientiai Co	iluo Assi	JCIation			_			_			ANY AREA LEASE		HERS? Y /	N
LOC#	3635 Seaside	e Dr.					TY LIMITS		EREST		# FU	JLL TI	ME EMPL	ANNUAL REVENU	ES: \$		
1						X	INSIDE	X	OWN	ER				OCCUPIED AREA:	:		SQ FT
BLD#	CITY: Key Wes				E: FL		OUTSIDE	=	TENA	NT	# PA	RT TI	ME EMPL	OPEN TO PUBLIC	AREA:		SQ FT
4	COUNTY: Monro				33040									TOTAL BUILDING	AREA:		SQ FT
DESCRI	PTION OF OPERATION	ons:Resid	lential Co	ndo Asse	ociation									ANY AREA LEASE	D TO OT	HERS? Y /	N
NATU	RE OF BUSINE	SS															
AP.	ARTMENTS	CONTRA	CTOR	MANUFA	CTURING	1	RESTAURA	.NT		SERVICE					DATE STAR	BUSINESS TED (MM/D	; D/YYYY)
X co	NDOMINIUMS	INSTITU	TIONAL	OFFICE		F	RETAIL			WHOLESA	LE					01/19/2	:000
	STORES OR SERVIC	DN, SERVIC	E OR	REPAIF	R WORK		O	FF PREMIS	SES INSTALLATION,	SERVICE %	OR REPAI	IR WORK					
X AD INS	DITIONAL LIURED LICENACH OF RRANTY LC -OWNER MIPLOYEE LESSOR ON ASEBACK INER INER INER INER INER INER INER INER	ENHOLDER DSS PAYEE ORTGAGEE WNER EGISTRANT	NAME AND A IPFS Corp 3522 Thon Tallahasse	ADDRESS R oration nasville R ee, FL 323	ANK:	EVIDE	ENCE:	CEI	RTIFIC	ATE I	data POLICY	<u> </u>	tach AC		REST IN IT	ditional TEM NUMB BUILDING BOAT: AIRCRAFT ITEM:	ER :
Los	S PAYABLE TF	RUSTEE			L3-1120/4				A/C N					EAV (A/C ** :			
	N FOR INTEREST: FI	nance Co	LIEN AMOUN mpany	*11					(A/C, No ADDRE					FAX (A/C, No):			

EXPLA	EXPLAIN ALL "YES" RESPONSES Y/														
1a. I	S THE APPLIC	ANT A SUBSID	IARY OF ANOTHER ENTIT	Υ?								N			
	PARENT COMPA	ANY NAME						RELATIONSHIP [	DESCRIPTION		% OWNED				
1b. [	OOES THE APP	LICANT HAVE	ANY SUBSIDIARIES?									N			
	SUBSIDIARY CO	MPANY NAME						RELATIONSHIP [	DESCRIPTION		% OWNED				
2. 1	S A FORMAL S		RAM IN OPERATION?	MONTHLY MEETINGS		OSHA		7				Y			
3 4			BLES, EXPLOSIVES, CHE			USHA	1					N			
J. 7															
4. A	ANY OTHER IN	ISURANCE WI	TH THIS COMPANY? (Lis	t policy numbers)								N			
	LINE OF BUSINE	SS	POLICY NUMBER		LINE	OF BUSINES	ss		POLICY NUMBER						
												N			
	5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)														
	NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER														
	NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe):														
6. A	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?														
	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD,  N														
			RS (TEN IN RI), HAS ANY A THER ARSON-RELATED C							CRIME OF F	FRAUD,	N			
(	In RI, this quest	tion must be an:	swered by any applicant for							nisdemeanor	punishable				
"	by a sentence of	r up to one year	of imprisonment).												
<u> </u>	ANY LINCORDE		ND/OR SAFETY CODE VIO	LATIONES								N			
0. /	OCCUR DATE	EXPLANATION		LATIONS?			DES	OLUTION		ь	ESOLVE DATE	'			
	OCCON DATE	LAFLANATION					ILL	OLUTION		- INI	ESOLVE DATE				
9. F	HAS APPLICAN	IT HAD A FORE	ECLOSURE, REPOSSESSI	ON, BANKRUPTCY OR	FILED	FOR BANK	(RUI	PTCY DURING	THE LAST FIVE (5	i) YEARS?		N			
	OCCUR DATE	EXPLANATION					RES	OLUTION	·	RI	ESOLVE DATE				
10. F	HAS APPLICAN	IT HAD A JUDG	SEMENT OR LIEN DURING	THE LAST FIVE (5) YE	ARS?										
	OCCUR DATE	EXPLANATION					RES	OLUTION		RI	ESOLVE DATE	A.			
												N			
11	IV6 DI ICINICO	DEEN DIACE	D IN A TRUST? NAME OF T	DUCT.								N			
			FOREIGN PRODUCTS DIS		RIIS D	RODUCTS	SOI	D / DISTRIBUT	ED IN EOBEIGN (	COLINTRIES	7	N			
			or Liability Exposure and/or				JUL	-5 / 51011(1501	LD III OKLION	JOHN INLO!	•				
13. E	OOES APPLICA	NT HAVE OTH	IER BUSINESS VENTURES	FOR WHICH COVER	AGE IS	NOT REQU	JEST	ΓED?				N			
<u> </u>		N= 0	0= / 0=== -==	1500 (Is ** : 55* : *											
14. [	JUES APPLICA	MNI OWN / LEA	ASE / OPERATE ANY DROM	NES? (IT "YES", describ	e use)										
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)															
L	ABI/2 / == -	<b></b>	ATDIIATION (1.22.	404 4		<u> </u>					n.				
REM	ARKS / PRO	CESSING IN	STRUCTIONS (ACORD	101, Additional Rer	narks	Schedule	, ma	ay be attache	d if more space	ıs require	d)				
PRIC	OR CARRIEF	RINFORMAT	<u> ION</u>							ı					
YEAR			GENERAL LIABILITY	AUTO	MOBILE		_	PROP	ERTY	OTHER:					
2022	CARRIER		ontline Insurance												

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	Frontline Insurance			
2022 - 2023	POLICY NUMBER	320476356			
	PREMIUM	s 174,076 <b>.</b> 15	\$	\$	\$
	EFFECTIVE DATE	05/30/2022			
	EXPIRATION DATE	05/30/2023			

CATEGORY GENERAL LIABILITY **AUTOMOBILE** PROPERTY OTHER: Frontline CARRIER 3204763356 2020 2021 POLICY NUMBER 148.647.00 PREMIUM \$ \$ \$ 05/30/2021 EFFECTIVE DATE 05/30/2022 EXPIRATION DATE Frontline Insurance CARRIER 0650998283 POLICY NUMBER 507,506,00 s PREMIUM 07/21/2023 EFFECTIVE DATE 07/21/2024 EXPIRATION DATE

X Check if none (Attach Loss Summary for Additional Loss Information) LOSS HISTORY

	<b>`</b> .		(*	,	•			
ENTER ALL CLAIMS	S OR LOSSES (R YEARS	EGARDLESS OF FA	AULT AND WHETHER OR NOT INSURED) OR OCC	CURRENCES THAT M	IAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$		0
DATE OF OCCURRENCE	LINE	TYPE / DE	SCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N

#### **SIGNATURE**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials):

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA; Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil

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) vears.

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

PRODUCER'S SIGNATURE Dans RBush	PRODUCER'S NAME (Please Print) Ranger Insurance Advisors 2	(Required in Florida) A022282
APPLICANT'S SIGNATURE  Michael Brattan	DATE.	15/19/2024 NATIONAL PRODUCER NUMBER 110687

SQ FT

SQ FT

SQ FT

SQ FT



### ADDITIONAL PREMISES INFORMATION SCHEDULE

Page 1 of 1

AGENCY					CARRIE	ER				NAIC CODE
Sihle	Insurance Group Inc.				Frontlin	ne I	nsurance			10074
POLICY I	NUMBER		EFFECTIVE D	ATE	NAMED IN	ISUR	ED(S)			
			03/20/202	24	Saltpor	nds	Condominiu	m Association	lnc.	
PREM	ISES INFORMATION				•					
LOC#	STREET 3655 Seaside Dr.			СІТ	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
2	3000 Seaside DI.			X	INSIDE	Х	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Key West	STATI	E: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Monroe	ZIP: 3	3040						TOTAL BUILDING AREA:	SQ FT
DESCRIF	TION OF OPERATIONS: Residential Condo	ociation		•				ANY AREA LEASED TO OTHERS	? Y / N:	
LOC#	STREET 3675 Seaside Dr.			СІТ	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
3	3075 Seaside Dr.		X	INSIDE	Х	OWNER		OCCUPIED AREA:	SQ FT	
BLD#	CITY: Key West	E: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT	
1	COUNTY: Monroe	3040						TOTAL BUILDING AREA:	SQ FT	
DESCRIP	TION OF OPERATIONS: Residential Condo	Asso	ociation						ANY AREA LEASED TO OTHERS	? Y / N:
LOC#	STREET			СІТ	YLIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATI	E:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:				•				ANY AREA LEASED TO OTHERS	? Y / N:
LOC#	STREET			СІТ	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATI	E:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:			]				TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:				•				ANY AREA LEASED TO OTHERS	? Y / N:
LOC#	STREET		CIT	YLIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$		
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:					]		TOTAL BUILDING AREA:	SQ FT
DESCRIF	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS	? Y / N:
LOC#	STREET		CIT	YLIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$		

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

INSIDE

CITY LIMITS

INSIDE

OUTSIDE

OUTSIDE

STATE:

STATE:

ZIP:

OWNER

TENANT

OWNER

TENANT

INTEREST

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

BID#

LOC#

BLD#

CITY:

COUNTY:

STREET

CITY: COUNTY:

DESCRIPTION OF OPERATIONS:

DESCRIPTION OF OPERATIONS:

OCCUPIED AREA:

OPEN TO PUBLIC AREA:

TOTAL BUILDING AREA:

ANNUAL REVENUES: \$

OPEN TO PUBLIC AREA:

TOTAL BUILDING AREA:

OCCUPIED AREA:

ANY AREA LEASED TO OTHERS? Y / N:

ANY AREA LEASED TO OTHERS? Y / N:

# PART TIME EMPL

# FULL TIME EMPL

# PART TIME EMPL

## COMMERCIAL INSURANCE APPLICATION - CONTACT INFORMATION SCHEDULE

**SALTCON-03 SPACICCA** PAGE 1 OF 1 сонтаст түре: Inspection Contact CONTACT TYPE: CONTACT NAME: Michelle Chennault CONTACT NAME: PRIMARY PHONE # SECONDARY HOME BUS CELL SECONDARY HOME X BUS CELL ▼ HOME BUS CELL ☐ HOME ☐ BUS ☐ CELL (305) 292-0222 (305) 292-0222 PRIMARY E-MAIL ADDRESS SAITPOND SOFFICE @gmail.com PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS CONTACT TYPE CONTACT TYPE: CONTACT NAME CONTACT NAME PRIMARY PHONE # SECONDARY HOME BUS CELL PRIMARY PHONE # SECONDARY HOME BUS CELL ☐ HOME ☐ BUS ☐ CELL ☐ HOME ☐ BUS ☐ CELL PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS CONTACT TYPE CONTACT TYPE: CONTACT NAME: CONTACT NAME: PRIMARY PHONE # SECONDARY HOME BUS CELL SECONDARY HOME BUS CELL ☐ HOME ☐ BUS ☐ CELL ☐ HOME ☐ BUS ☐ CELL PRIMARY E-MAIL ADDRESS PRIMARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS CONTACT TYPE CONTACT TYPE CONTACT NAME: CONTACT NAME: SECONDARY HOME BUS CELL SECONDARY HOME BUS CELL ☐ HOME ☐ BUS ☐ CELL ☐ HOME ☐ BUS ☐ CELL PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS CONTACT TYPE CONTACT TYPE: PRIMARY PHONE # CONTACT NAME SECONDARY HOME BUS CELL PRIMARY PHONE # SECONDARY HOME BUS CELL ☐ HOME ☐ BUS ☐ CELL HOME BUS CELL PRIMARY E-MAIL ADDRESS PRIMARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS: CONTACT TYPE: CONTACT TYPE CONTACT NAME: CONTACT NAME: SECONDARY HOME BUS CELL SECONDARY HOME BUS CELL PRIMARY PHONE # PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL ☐ HOME ☐ BUS ☐ CELL PRIMARY E-MAIL ADDRESS PRIMARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS CONTACT TYPE: CONTACT TYPE CONTACT NAME: CONTACT NAME: PRIMARY PHONE # SECONDARY HOME BUS CELL PRIMARY PHONE # SECONDARY HOME BUS CELL ☐ HOME ☐ BUS ☐ CELL ☐ HOME ☐ BUS ☐ CELL PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: CONTACT TYPE CONTACT TYPE: CONTACT NAME: CONTACT NAME: PRIMARY PHONE # SECONDARY HOME BUS CELL PRIMARY PHONE # SECONDARY HOME BUS CELL ☐ HOME ☐ BUS ☐ CELL ☐ HOME ☐ BUS ☐ CELL PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS CONTACT TYPE: CONTACT TYPE: CONTACT NAME: CONTACT NAME: SECONDARY HOME BUS CELL PRIMARY PHONE # SECONDARY HOME BUS CELL PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL ☐ HOME ☐ BUS ☐ CELL PRIMARY E-MAIL ADDRESS PRIMARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS



## **PROPERTY SECTION**

DATE (MM/DD/YYYY)	
03/19/2024	

	сү маме • Insurance Group I	nc.					CAF Froi			urance					1			IC CODE 074	
POLIC	YNUMBER					03/20/				NSURED(S		niu	m Ass	ocia	ation Inc.				
BLA	NKET SUMMARY																		
BLKT				TYPE				BLK	Т#	Α	MOUNT					TYPE			
		Р	PREMISES #: 1	STREET	ADD	RESS: 36:	35 Sea	side	Dr.	., Key V	Vest, FL	. 33	040						
PRE	MISES INFORMATIO	N B	UILDING #: 1			RIPTION: 7				, , -	<b>-</b>								
	SUBJECT OF INSURANCE		AMOUNT	COINS %			SES OF L			LATION JARD %	DED		DED TYPE	BLKT #	FORM	S AND C	ONDI	IONS TO	O APPLY
3635	Seaside Dr 72 Uni	its	15,082,61	4	Agr		ial (Inclu	ıding			5,00	0 F			3% CYH	D / O8	L C	overa	ge
Busi Prop	ness Personal erty		25,00	0 80	R	Speci theft)	ial (Inclu	ıding			5,00	0 F	lat		3% CYH	D / O8	L C	overa	ge
ADDIT	IONAL INFORMATION	BUS	INESS INCOME / EX	TRA EXPEN	SE - /	Attach ACO	RD 810			VA	ALUE REPO	RTIN	IG INFOR	MATI	ON - Attach A	CORD 81	1		
	ITIONAL COVERAGE		•	CTIONS, E	END	ORSEM	ENTS A	AND I	RA <sup>-</sup>	TING IN	FORMA	TIO	N						
SPOII COVE (Y /	RAGE	PROPERT	TY COVERED				\$ DE	DUCTIBL	E		REFRIG M AGREEN (Y / N	/ENT	BREA	KDOWN		☐ S	ELLING		
							\$									L F	RICE		
SINKH	OLE COVERAGE (Required	in Florida	a)	Δ.	ACCEPT (	COVER	RAGE	E	REJECT	. co	/ERAGE		LIMIT: \$						
MINES	SUBSIDENCE COVERAGE (F	Required	in IL, IN, KY and WV	Δ.	ACCEPT (	COVER	RAGE	E	REJECT	cov	/ERAGE		LIMIT: \$						
P	ROPERTY HAS BEEN DESIG	NATED A	AN HISTORICAL LAN	IDMARK											# OF OPEN S	IDES ON	STRU	ICTURE	<u>0</u>
	TRUCTION TYPE  Resistive/Superior		DISTANCE TO HYDRANT FIRE	STAT 2 <sub>MI</sub> Key		FIRE DISTI <b>est</b>	RICT		cc	DDE NUME 440		от сі <b>2</b>	. # sто	_	# BASM'TS	YR BU <b>200</b>		TOTAL <b>99,76</b>	
	ING IMPROVEMENTS VIRING, YR:	PLUMBIN	l n	LDG CODE GRADE 6	TA	X CODE	ROOF 1 Built Up		out G		OTHER OCC	UPA	NCIES						
R		HEATING	G, YR:	VIND CLASS	\ \/F	SEM	MI- RESIS	STIVE		N	HEATII STOVE MANUFACT	OR	FIREPLA		VOODBURNIN SERT		ATE NSTAL	LED:	
	RY HEAT		l	1				SEC	OND	ARY HEA	T								
В	OILER SOLID F	UEL	XE						BOII	LER	so	LID F	UEL						
IF	BOILER, IS INSURANCE PL	ACED EL	SEWHERE?	Y / N					IF B	OILER, IS	INSURANC	E PL	ACED EL	.SEWI	HERE?	Y/N			
RIGHT	EXPOSURE & DISTANCE		LEFT EXPOS	URE & DIST	ANCE	<b>.</b>		FRO	NT E	XPOSURE	E & DISTAN	CE			REAR EXPO	SURE &	DIST	ANCE	
BURG	LAR ALARM TYPE			CERT	IFICA	TE#								EXF	PIRATION DA	E	STA	TRAL TION HKEYS	LOCAL GONG
BURG	LAR ALARM INSTALLED AN				EXTE	ENT		(	GRAI	DE	# G	UARDS / WAT	CHMEN		CLOC	< HOURLY			
PREMI	ISES FIRE PROTECTION (Sp	ems)		% SPF	100	FIRE	ALARM	MANUFACT	TURE	R					1	RAL STATION GONG			
ADD	ITIONAL INTEREST	А	CORD 45 atta	ched for	add	itional r	names												
INTER	EST	NAME	AND ADDRESS RA	NK:	EVI	DENCE:	CEF	RTIFIC	ATE						IN	TEREST	IN ITE	M NUM	BER
L	OSS PAYEE														LOCATION:			BUILDIN	G:
	IORTGAGEE														ITEM CLASS:			TEM:	
		_								ITEM DESC	RIPTION								

ADDITIONAL	PREMISES #: 1	STREET	ADDRE	SS:	3635 Seasid	e Dr	Kev	West. F	L 33	3040						
PREMISES INFORMATION	BUILDING #: 2				: Pool House											
SUBJECT OF INSURANCE	AMOUNT	COINS %			AUSES OF LOSS	INFL	ATION ARD %	DED		DED TYPE	BLKT	FORM	S AND CO	וחאכ	IONS TO APP	
Pool House	38,0		R	Sp	ecial (Including ft)	GU/	ARD %		00 F	Flat	#	3% CYH				<u>-                                    </u>
Pool Equipment & Heaters	35,0	00 80	R	Sp	ecial (Includinç ft)	9		5,0	00 F	Flat		3% CYH	D			
3635 Seaside Dr	93,3	23	Agree	Sp	ecial (Includinç ft)	3		5,0	00 F	Flat		3% CYH	D / O&	L C	overage	
ADDITIONAL INFORMATION	BUSINESS INCOME / E	XTRA EXPEN	SE - Atta	ach A	CORD 810		V	ALUE REP	ORTI	ING INFOR	RMATIC	ON - Attach A	CORD 81	1		
ADDITIONAL COVERAGES,	I .					RAT						7111111171	00115 01	•		
SPOILAGE COVERAGE (Y / N)	•	<u> </u>				LIM \$				REFRIG AGREE (Y /	MENT	BREA	KDOWN ER OUTA		ONTAMINATIC	
						\$	00115					H'"	LICOUTA	OL	PRICE	
SINKHOLE COVERAGE (Required in F	Florida)				ACCEPT COVE			REJEC	тсо	VERAGE		LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Req	uired in IL, IN, KY and W	V)			ACCEPT COVE	RAGE		REJEC	тсо	VERAGE		LIMIT: \$				
PROPERTY HAS BEEN DESIGNA	TED AN HISTORICAL LA	NDMARK										# OF OPEN S	IDES ON	STRU	ICTURE: 0	
CONSTRUCTION TYPE	DISTANCE T HYDRANT FIR	E CTAT			STRICT	со	DE NUM	IBER PF	от с	CL # STO	ORIES	# BASM'TS	YR BUI		TOTAL AREA	
Joisted Masonry	250 <sub>FT</sub>	2 <sub>MI</sub> Ke		t			440		2		1	0	2000	0	150	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX	COD	E ROOF TYPE			OTHER O	CUP	ANCIES						
WIRING, YR:	UMBING, YR:			_				ЦЕАТ	INIC	COURCE	NCL M	/OODBI IDNIIN	IC D	ATE		
ROOFING, YR:	ATING, TR.	WIND CLASS	١,		SEMI- RESISTIVE		L				CEINS	OODBURNIN SERT	IG DA	ISTAL	LED:	
OTHER:	YR:	RESIST	VE 4	X   (	Ordinary			MANUFAC	TURE	ER:						
PRIMARY HEAT	L XE				SEC	1	RY HEA		OL ID	EUE!						
BOILER SOLID FUE  IF BOILER, IS INSURANCE PLAC		Y/N				BOIL		S INSURAN		FUEL	L SEW/L	JEDE3	Y/N			
RIGHT EXPOSURE & DISTANCE		SURE & DIST	ANCE		ED/			RE & DISTA		LACEDEI	LOLVVI	REAR EXPO		DIST	ANCE	
1.1.0111 2/11 000112 a 2.101/11102	22.7.2%	00112 & 5101	7		FIN	ON I LX	FOSON	C & DISTA	NOL					J.0.,		
BURGLAR ALARM TYPE		CERT	IFICATE	#							EXF	PIRATION DA	ГЕ	CEN	TRAL TION	LOCAL GONG
															KEYS	
BURGLAR ALARM INSTALLED AND S	ERVICED BY				EXT	TENT			GRA	ADE	# G	UARDS / WAT	CHMEN		CLOCK HOU	IRLY
PREMISES FIRE PROTECTION (Sprink	lers, Standpipes, CO2 / 0	chemical Syst	ems)		% SPRNK	FIRE	ALARN	MANUFAC	TUR	ER					CENTRAL ST	
ADDITIONAL INTEREST	ACORD 45 atta											Ī				
INTEREST	IAME AND ADDRESS R	ANK:	EVIDE	NCE	: CERTIFIC	CATE						IN	ITEREST	IN IT	M NUMBER	
LOSS PAYEE												LOCATION:			BUILDING:	
MORTGAGEE												ITEM CLASS:			TEM:	
												ITEM DESC	RIPTION			
	REFERENCE / LOAN #:															
REMARKS (ACORD 101, A		s Schodu	le ma	v h	e attached if	mor	ene	ce is re-	ynir	ed)		I				
REMARKS (ACORD 101, A	dullional Remark	s Scriedu	ie, ma	уы	e attached n	IIIOI	e spa	ce is re	<sub>4</sub> uii	eu)						

SIGNATURE AGENCY CUSTOMER ID: SALTCON-03 SPACICCA

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

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

#### Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

#### Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

#### Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

#### Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

#### Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

PRODUCER'S SIGNATURE	Dans RBuch	PRODUCER'S NAME (Please Print)  Ranger Insurance Advisors 2		(Required in Florida) A022282
APPLICANT'S SIGNATURE	Michael Brattan		DATE 03/19/2024	NATIONAL PRODUCER NUMBER 110687



## **PROPERTY SECTION**

DATE (MM/DD/YYYY) 03/19/2024

	GENCY NAME hie Insurance Group Inc.										RRIE ntlir		suranc	e							AIC CODE	
POL	ICY N	NUMBER							IVE DATE 0/2024	l .		SURED Ids C	. ,	niniu	ım Ass	ocia	ation Inc.					
BL	ANK	KET SUMMARY																				
BLK	(T#	AMOUNT			Т	YPE				BLK.	Т#	1	AMOUNT					TYPE				
			PI	REMISES #: 1		STREET	ADDR	ESS: 3	635 Sea	side	Dr.,	Key	West, I	FL 33	3040							
PR	EMI	ISES INFORMATIO	N BU	UILDING #: 3		BLDG DE	SCRI	PTION: ;	Swimm	ing P	Pool	- ingr	round									
	SU	IBJECT OF INSURANCE		AMOUNT	-	COINS %	VALU	N CAL	USES OF L	oss	INFL GU/	ATION ARD %	DED		DED TYPE	BLKT #	FORM	S AND C	ONDIT	IONS T	O APPLY	
in g	grou	ınd		16	8,000	80	R	Spec	cial (Inclι t)	ıding			5,0	000	Flat		3% CYH	D				
																						_
																						_
ADD	OITIO	NAL INFORMATION	BUS	INESS INCOM	E / EXTR	A EXPENS	SE - At	tach AC	ORD 810			v	ALUE RE	PORT	ING INFOR	MATI	ON - Attach A	CORD 81	1			
ΑD	DITI	IONAL COVERAGES	S, OPTI	IONS, RES	TRICT	IONS, E	NDO	RSEN	MENTS A	AND	RAT	ING II	NFORM	ATIC	ON							
	OILA		ROPERT	Y COVERED							LIM	IT			REFRIG	MAIN	OPTIONS					
	VERA Y/N)										\$				AGREE (Y /		BREA	KDOWN	OR C	ONTAN	INATION	
[											DEC	UCTIB	LE			¬	POW	ER OUTA	ιGΕ		SELLING PRICE	
l											\$										1402	
SINI	KHOL	E COVERAGE (Required i	in Florida	1)					ACCEPT (	COVER	RAGE		REJE	ст сс	OVERAGE		LIMIT: \$					
MIN	E SUI	BSIDENCE COVERAGE (R		ACCEPT (	OVER	RAGE		REJE	ст сс	OVERAGE		LIMIT: \$										
	PRC	DPERTY HAS BEEN DESIG	NATED A	N HISTORICA	L LANDI	MARK											# OF OPEN S	IDES ON	STRU	CTURE	::	
CON	JSTDI	UCTION TYPE		DISTAN	CE TO			IRE DIS	TRICT		COL	DE NUM	ADED E	ROT	CI # STO	DIES	# BASM'TS	YR BU	шт	TOTAL	ADEA	_
		esistive/Superior		HYDRANT	FIRE ST	MI Key			TRICT		001	440		2	" " "	) ( LO	# BAOW 10	200		IOIAL	ANLA	
		G IMPROVEMENTS		FT	BLC	G CODE		CODE	ROOF 1	YPE			OTHER O		PANCIES							_
			DULINDIN	10. VD	G	RADE																
		·	PLUMBIN		WIN	D CLASS			- LU DE016	TD (F			HEA	TING	SOURCE I	NCL V	VOODBURNIN	IG D	ATE			_
	OTH		HEATING YF			RESISTI	,_  -		<sub>ЕМ⊩ RESIS</sub> S <b>pecial</b> (		s		STC MANUFA		R FIREPLA FR:	CE IN	SERT	II.	NSTAL	LED: _		_
PRI		/ HEAT	11	Λ.		KESISTI	v⊏	7.   0	poolar			RY HEA		01011								
	BOIL		<sub>UEL</sub> 「								BOIL			SOLID	FUEL							
		OILER, IS INSURANCE PLA	L	SEWHERE?	Υ/	N									PLACED EI		HERE?	Y/N				
RIG		KPOSURE & DISTANCE				RE & DIST	ANCE						RE & DIST				REAR EXP		DISTA	NCE		_
BUF	RGLAI	R ALARM TYPE		,		CERTI	FICAT	Е#								EXI	PIRATION DA	ГЕ	STAT		LOCA	J.
BUF	RGLAI	R ALARM INSTALLED AND	SERVIC	ED BY						EXTE	ENT			GRA	ADE	# G	UARDS / WA	CHMEN	WITH	CLO	K HOURLY	
PRE	PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Sy								% SPF	RNK	FIRE	ALARM	I MANUFA	CTUR	RER					1	RAL STATIO L GONG	Ν
AD	DIT	IONAL INTEREST	Δ	CORD 45	attach	ed for a	addit	tional	names													_
	ERES			AND ADDRES				ENCE:		RTIFIC	ATE						li li	ITEREST	IN ITE	M NUN	IBER	_
	LOS	S PAYEE															LOCATION:			BUILDIN		_
	MOF	RTGAGEE															ITEM CLASS:			TEM:		_
																	ITEM DESC	RIPTION				_

	NA		PREM	REMISES #:1 STREET ADDRESS: 3635 Seaside Dr., Key West, FL 33040													
	ADDITIONAL PREMISES #:1 STREET ADDRESS: 3635 Seaside Dr., Key West, FL 33040  PREMISES INFORMATION BUILDING #: 4 BLDG DESCRIPTION: Tennis Court & Fencing																
	ECT OF INSURAL		COINS %			S OF LOSS	INELATION		DED	DED BLK		FORM	IS AND CO	דוחוא	IONS TO APPLY		
Tennis Court & Fencing						R	Special	(Including	na				#	3% CYH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IONO TO ALT ET
23,000						-	theft)				5,000	Flat			_		
			1														
			+														
			-														
	LINFORMATION			S INCOME / EXT									RMATIC	ON - Attach A	CORD 811		
ADDITIO	NAL COVER			•	ΓΙΟΝS, Ε	NDOF	RSEME	NTS AND		INFO	RMATI	ON		1			
SPOILAGE COVERAGE		N OF PRO	PERTY CO	OVERED					LIMIT			REFRIG AGREE					
(Y/N)	•								\$			AGREE (Y/					ONTAMINATION SELLING
									DEDUCTION	BLE				POW	ER OUTA	ΞE	PRICE
									\$								
	COVERAGE (Req						AC	CEPT COVER	RAGE	RI	EJECT C	OVERAGE		LIMIT: \$			
	IDENCE COVERA						AC	CEPT COVER	RAGE	RI	EJECT C	OVERAGE		LIMIT: \$			
PROPE	ERTY HAS BEEN	DESIGNA <sup>-</sup>	ED AN HI	STORICAL LAND	MARK									# OF OPEN S	SIDES ON	STRU	CTURE:
CONSTRUC	TION TYPE			DISTANCE TO		EIC	RE DISTRI	ICT	CODE NU	MRED	PROT	CL # STO	ORIES	# BASM'TS	YR BUIL	т	TOTAL AREA
	nbustible		HY	DRANT FIRE S	Key			01	CODE NO	WIDEK	2	02   " 010	JILLO	" DAOM TO	I I I Boil	-	TOTAL AREA
	MPROVEMENTS			FT BL	DG CODE			ROOF TYPE		OTHE	R OCCU	PANCIES					
					GRADE	144.	CODE	KOOF TIFE		OTHE	-K OCCOI	FANCILS					
WIRING	G, YR:		MBING, Y	14/1	ND OL ACC					1	HEATING	SOURCE	INCL W	/OODBURNII	NG DA	ATE	
	NG, YR:	L HEA	TING, YR	:	ND CLASS □			- RESISTIVE			STOVE O	R FIREPLA	CE INS	SERT	IN	STAL	LED:
OTHER			YR:		RESISTI	VE /	<b>く</b> spe	cial class			JFACTUR	RER:					
PRIMARY H								SEC	ONDARY HE	EAT							
BOILER		OL <b>I</b> D FUEL							BOILER			FUEL			1		
	ER, IS INSURAN		D ELSEW		/ N				IF BOILER,	IS INSU	JRANCE	PLACED E	LSEWH		Y/N		
RIGHT EXPO	OSURE & DISTAN	CE		LEFT EXPOSU	RE & DIST	ANCE		FRO	NT EXPOSU	RE & D	ISTANCE			REAR EXP	OSURE & I	DISTA	NCE
BURGLAR A																OFN	EDAL LOCAL
	ALARM TYPE				CERT	IFICATE	#						EXP	PIRATION DA		CEN' STA	
	ALARM TYPE				CERT	IFICATE	#						EXP	PIRATION DA	'' <b>-</b>	STAT	
	ALARM TYPE	ED AND SE	RVICED E	37	CERT	IFICATE	#	EXT	ENT		GR	ADE	_	PIRATION DA		STAT	TON GONG
BURGLAR A	ALARM INSTALLE						#						_			STAT	TON GONG
BURGLAR A							#	EXTI	ENT FIRE ALAR	M MAN			_			STAT	TON GONG
BURGLAR A	ALARM INSTALLE						#			M MAN			_			STAT	TION GONG I KEYS CLOCK HOURLY
BURGLAR A	ALARM INSTALLE	N (Sprinkl	ers, Stand		mical Syst	ems)		% SPRNK		M MAN			_			STAT	TION GONG I KEYS CLOCK HOURLY CENTRAL STATION
BURGLAR A	ALARM INSTALLE	N (Sprinkl	ers, Stand	pipes, CO2 / Che	mical Syst	ems)	onal na	% SPRNK	FIRE ALAR	M MAN			_	UARDS / WA	TCHMEN	WITH	TION GONG I KEYS CLOCK HOURLY CENTRAL STATION
BURGLAR A PREMISES F	ALARM INSTALLE FIRE PROTECTIO	N (Sprinkl	ers, Stand	pipes, CO2 / Che	mical Syst	ems)	onal na	% SPRNK	FIRE ALAR	M MAN			_	UARDS / WA	TCHMEN	WITH	ION GONG I KEYS  CLOCK HOURLY  CENTRAL STATION LOCAL GONG
PREMISES F  ADDITIO	ALARM INSTALLE FIRE PROTECTIO NAL INTERE	N (Sprinkl	ers, Stand	pipes, CO2 / Che	mical Syst	ems)	onal na	% SPRNK	FIRE ALAR	M MAN			_	UARDS / WA	TCHMEN	WITH	TION GONG I KEYS CLOCK HOURLY CENTRAL STATION LOCAL GONG
PREMISES F  ADDITIO INTEREST LOSS F	ALARM INSTALLE FIRE PROTECTIO NAL INTERE	N (Sprinkl	ers, Stand	pipes, CO2 / Che	mical Syst	ems)	onal na	% SPRNK	FIRE ALAR	M MAN			_	UARDS / WA	TCHMEN  NTEREST	WITH	CLOCK HOURLY  CENTRAL STATION LOCAL GONG  M NUMBER  FUILDING:
PREMISES F  ADDITIO INTEREST LOSS F	ALARM INSTALLE FIRE PROTECTIO NAL INTERE	N (Sprinkl	ers, Stand	pipes, CO2 / Che	mical Syst	ems)	onal na	% SPRNK	FIRE ALAR	M MAN			_	UARDS / WA	TCHMEN  NTEREST	WITH	CLOCK HOURLY  CENTRAL STATION LOCAL GONG  M NUMBER  FUILDING:
PREMISES F  ADDITIO INTEREST LOSS F	ALARM INSTALLE FIRE PROTECTIO NAL INTERE	N (Sprinkl	ACO	pipes, CO2 / Che	mical Syst	ems)	onal na	% SPRNK	FIRE ALAR	M MAN			_	UARDS / WA	TCHMEN  NTEREST	WITH	CLOCK HOURLY  CENTRAL STATION LOCAL GONG  M NUMBER  FUILDING:
PREMISES F  ADDITIO INTEREST LOSS F  MORTO	ALARM INSTALLE FIRE PROTECTIO NAL INTERE PAYEE GAGEE	N (Sprinkl	ACO AME AND	RD 45 attac ADDRESS RAN	mical Syst	ems) addition	onal na NCE:	% SPRNK  ames  CERTIFIC	ATE		UFACTUI	RER	_	UARDS / WA	TCHMEN  NTEREST	WITH	CLOCK HOURLY  CENTRAL STATION LOCAL GONG  M NUMBER  FUILDING:
PREMISES F  ADDITIO INTEREST LOSS F  MORTO	ALARM INSTALLE FIRE PROTECTIO NAL INTERE	N (Sprinkl	ACO AME AND	RD 45 attac ADDRESS RAN	mical Syst	ems) addition	onal na NCE:	% SPRNK  ames  CERTIFIC	ATE		UFACTUI	RER	_	UARDS / WA	TCHMEN  NTEREST	WITH	CLOCK HOURLY  CENTRAL STATION LOCAL GONG  M NUMBER  FUILDING:
PREMISES F  ADDITIO INTEREST LOSS F  MORTO	ALARM INSTALLE FIRE PROTECTIO NAL INTERE PAYEE GAGEE	N (Sprinkl	ACO AME AND	RD 45 attac ADDRESS RAN	mical Syst	ems) addition	onal na NCE:	% SPRNK  ames  CERTIFIC	ATE		UFACTUI	RER	_	UARDS / WA	TCHMEN  NTEREST	WITH	CLOCK HOURLY  CENTRAL STATION LOCAL GONG  M NUMBER  FUILDING:
PREMISES F  ADDITIO INTEREST LOSS F  MORTO	ALARM INSTALLE FIRE PROTECTIO NAL INTERE PAYEE GAGEE	N (Sprinkl	ACO AME AND	RD 45 attac ADDRESS RAN	mical Syst	ems) addition	onal na NCE:	% SPRNK  ames  CERTIFIC	ATE		UFACTUI	RER	_	UARDS / WA	TCHMEN  NTEREST	WITH	CLOCK HOURLY  CENTRAL STATION LOCAL GONG  M NUMBER  FUILDING:
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PREMISES F  ADDITIO INTEREST LOSS F  MORTO	ALARM INSTALLE FIRE PROTECTIO NAL INTERE PAYEE GAGEE	N (Sprinkl	ACO AME AND	RD 45 attac ADDRESS RAN	mical Syst	ems) addition	onal na NCE:	% SPRNK  ames  CERTIFIC	ATE		UFACTUI	RER	_	UARDS / WA	TCHMEN  NTEREST	WITH	CLOCK HOURLY  CENTRAL STATION LOCAL GONG  M NUMBER  FUILDING:
PREMISES F  ADDITIO INTEREST LOSS F  MORTO	ALARM INSTALLE FIRE PROTECTIO NAL INTERE PAYEE GAGEE	N (Sprinkl	ACO AME AND	RD 45 attac ADDRESS RAN	mical Syst	ems) addition	onal na NCE:	% SPRNK  ames  CERTIFIC	ATE		UFACTUI	RER	_	UARDS / WA	TCHMEN  NTEREST	WITH	CLOCK HOURLY  CENTRAL STATION LOCAL GONG  M NUMBER  FUILDING:
PREMISES F  ADDITIO INTEREST LOSS F  MORTO	ALARM INSTALLE FIRE PROTECTIO NAL INTERE PAYEE GAGEE	N (Sprinkl	ACO AME AND	RD 45 attac ADDRESS RAN	mical Syst	ems) addition	onal na NCE:	% SPRNK  ames  CERTIFIC	ATE		UFACTUI	RER	_	UARDS / WA	TCHMEN  NTEREST	WITH	CLOCK HOURLY  CENTRAL STATION LOCAL GONG  M NUMBER  FUILDING:

SIGNATURE AGENCY CUSTOMER ID: SALTCON-03 SPACICCA

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

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

#### Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

#### Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

#### Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

#### Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

#### Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

PRODUCER'S SIGNATURE	Dans	RBUCA	PRODUCER'S NAME (Please Print) Ranger Insurance Advisors 2		STATE PRODUCER LICENSE NO (Required in Florida) A022282
APPLICANT'S SIGNATURE	Micha	rel Brattan		03/19/2024	NATIONAL PRODUCER NUMBER 110687



## **PROPERTY SECTION**

DATE (MM/DD/YYYY) 03/19/2024

AGENCY NAME Sihle Insurance Group Inc.										CARRIER NAIC CODE Frontline Insurance 10074									
POLIC	Y NUMBER	71VE DATE 0/2024	NAMED INSURED(S) Saltponds Condominium Association Inc.																
BLAI	NKET SUMMARY													,					
BLKT :	# AMOUNT			TYPE				BLKT# AMOUNT								TYPE			
		PR	REMISES #: 2			ADDRESS: 3655 Seaside Dr., Key West, FL 33040													
PRE	MISES INFORMATIO	N BU	ILDING #: 1				48 Unit							LICT					
	SUBJECT OF INSURANCE		AMOUNT	COINS			USES OF L		GUAR	ATION DED			ED B	#		S AND CO			
3655	Seaside Dr 48 Uni	ts	10,320,07	73	Agr	ee Spe	cial (Inclu ft)	ıding			5,00	0 Fla	ıt	3	3% CYH	אס / ט	L Co	veraç	je
										$\dashv$									
	ONAL INFORMATION		NESS INCOME / EX										INFORM	IOITAI	N - Attach A	CORD 81	1		
	TIONAL COVERAGES		•	CTIONS	, END	ORSE	MENTS A	AND F		IG IN	IFORMA	TION							
SPOIL COVE		ROPERTY	Y COVERED						LIMIT				FRIG MA		OPTIONS				
(Y /	N)							4				(Y / N)			OR CONTAMINATION SELLING				
	$\neg$								DEDU	CTIBL	.E				POW	ER OUTA	GE [		ICE
									\$	_									
	OLE COVERAGE (Required						ACCEPT (				REJEC				IMIT: \$				
	SUBSIDENCE COVERAGE (R						ACCEPT (	COVER	AGE		REJEC	COVE	RAGE		IMIT: \$				n
P	ROPERTY HAS BEEN DESIG	NATED A	N HISTORICAL LAI	NDMARK										#	OF OPEN S	IDES ON	STRUC	TURE:	<u> </u>
CONST	TRUCTION TYPE		DISTANCE TO	- STAT		FIRE DIS	STRICT		CODE	NUMI	BER PR	OT CL	# STOR	RIES #	# BASM'TS	YR BU	LT T	OTAL A	REA
Fire	Resistive/Superior		250 FT	2 <sub>MI</sub> K	ey We	est			4	440		)2	5		0	200	0 6	5,605	
BUILD	NG IMPROVEMENTS			BLDG COD GRADE	E TA	X CODE	ROOF 1	ГҮРЕ		(	OTHER OC	CUPAN	CIES						
W	/IRING, YR:	PLUMBING	G, YR:	)6			Built Up	witho	ut Gra	vel									
R	OOFING, YR:	HEATING,	, 111.	WIND CLA		s	EMI- RESIS	STIVE			HEATI STOVE				ODBURNIN ERT		ATE ISTALL	ED:	
О	THER:	YR	k: 2	X RESIS	STIVE					N	MANUFACT								
PRIMA	RY HEAT	_						SECO	NDAR	Y HEA	т		_						
В	OILER SOLID F	UEL	χ Ε					E	BOILER	₹	sc	LID FU	EL _						
IF	BOILER, IS INSURANCE PL	ACED ELS	SEWHERE?	Y/N				1	F BOIL	ER, IS	INSURAN	CE PLA	CED ELS	EWHE	ERE?	Y/N			
RIGHT	EXPOSURE & DISTANCE		LEFT EXPO	SURE & DI	STANCI	E		FRON	IT EXP	osuri	E & DISTAN	ICE			REAR EXPO	SURE &	DISTAN	ICE	
																			1
BURGI	AR ALARM TYPE			CE	RTIFICA	TE#								EXPI	RATION DA	re	CENTI STATI	RAL ON _	LOCAL GONG
																	WITH	KEYS	
BURGI	AR ALARM INSTALLED ANI	D SERVICE	ED BY					EXTE	NT			GRADE		# GU	ARDS / WAT	CHMEN		CLOCK	HOURLY
PREMI	SES FIRE PROTECTION (Spr	inklers, St	tandpipes, CO2 / C	hemical Sy	/stems)		% SPF		FIRE AI	LARM	MANUFAC	TURER					Ш	CENTRA	AL STATION
								100										LOCAL	GONG
	ITIONAL INTEREST	A	CORD 45 atta	ched fo					-										
INTERI	EST	NAME A	AND ADDRESS R	ANK:	EVI	IDENCE:	CEI	RTIFICA	TE						IN	TEREST	IN ITEN	INUMBI	R
	OSS PAYEE														LOCATION:		Вι	ILDING:	
М	ORTGAGEE													L	ITEM CLASS:		ITE	M:	
															ITEM DESC	RIPTION			
							_												
		REFERE	ENCE / LOAN #:																

							_												
ΑD	DITIONAL		PREMISES #:3	STREE	ET AD	DRE	SS:	3675 Seas	ide	Dr., Key	W	est, FL 3	3040						
PR	EMISES INFORMATION	NC	BUILDING #: 1	BLDG				N: 48 unit c	ond										
	SUBJECT OF INSURANCE		AMOUNT	COINS	% X	ALU- TION	C	AUSES OF LO		INFLATION GUARD %	<b>'</b>	DED	DED TYPE	BLKT #					TIONS TO APPLY
3675 Seaside Dr 48 Units			10,320,07	73	Aş	gree	Sp	pecial (Includeft)	ling			5,000	Flat		3%	СҮН	D / O8	kL C	overage
ADI	ITIONAL INFORMATION	BI	JSINESS INCOME / EX	TDA EYDE	NSE	_ Atta	ach.	ACOPD 810		<u> </u>	VAL	UE REPOR	TING INFO	DMATI	ON - 4	ttach A	COPD 81	1	
	DITIONAL COVERAGE								ND F					NWAIN	OI4 = 7	illacii A	JOND 81	<u>'</u>	
SP	DILAGE // DESCRIPTION OF	•	•							LIMIT \$ DEDUCTIE \$	REFRIG MAI AGREEMEN (Y / N)			MENT	OI	-	KDOWN ER OUT		ONTAMINATION SELLING PRICE
SIN	HOLE COVERAGE (Required	d in Flori	ida)					ACCEPT CO	OVER			REJECT C	OVERAGE		LIMI	T: \$			
	SUBSIDENCE COVERAGE		•	v)				ACCEPT CO	OVER	AGE		REJECT C	OVERAGE	<b>.</b>	LIMI	Γ: \$			
	PROPERTY HAS BEEN DES	GNATE	_												# OF	OPEN S	IDES ON	STRI	JCTURE: <u>0</u>
1	struction type Resistive/Superior		DISTANCE TO HYDRANT FIRE 250 FT	STAT K	ev V			DISTRICT		CODE NUI <b>44(</b>		R PROT		ORIES 5	# B/	ST'MSA 0	YR BU <b>200</b>		TOTAL AREA 65,605
	DING IMPROVEMENTS			BLDG COD		TAX		DE ROOF TY	/PE		_	HER OCCU							
	WIRING, YR:	PLUME	BING, YR:	GRADE				Built Up	witho	ut Gravel									
	ROOFING, YR: OTHER:	_	NG, III.	WIND CLAS				SEMI- RESIST	IVE		MA	HEATING STOVE C	SOURCE R FIREPL RER:	INCL V ACE IN	VOOE SERT	BURNIN	G [	ATE NSTA	LED:
PRI	IARY HEAT								SECO	ONDARY HE	AT [								
	BOILER SOLID		XE							BOILER			D FUEL						
RIG	IF BOILER, IS INSURANCE P	LACEDI	LEFT EXPO	Y/N SURE & DIS	STAN	CE				IF BOILER, I				ELSEWI	Т	AR EXPO	Y/N SURE &	DIST	ANCE
BUF	GLAR ALARM TYPE			CEF	RTIFIC	CATE	#							EXI	PIRAT	ION DAT	E	STA	TRAL LOCAL TION GONG
BUF	GLAR ALARM INSTALLED A	ND SERV	/ICED BY						EXTENT GRADE				# G	# GUARDS / WATCHMEN			VVII	CLOCK HOURLY	
PRE	MISES FIRE PROTECTION (S	orinklers	, Standpipes, CO2 / C	hemical Sy	stem	s)		% SPRN		FIRE ALARI	м м	ANUFACTU	RER						CENTRAL STATION
AD	DITIONAL INTEREST	•	ACORD 45 atta	ched fo	r ad	diti	on	al names											1
INT	REST		E AND ADDRESS R			VIDE			TIFICA	ATE						IN	TEREST	IN IT	EM NUMBER
	LOSS PAYEE															CATION:			BUILDING:
	MORTGAGEE															VI NSS:			TEM:
															ITE	M DESCI	RIPTION		
		REF	ERENCE / LOAN #:																
RE	MARKS (ACORD 10	I, Add	itional Remarks	s Sched	ule,	ma	y k	oe attached	d if r	nore spa	ace	is requi	red)						

SIGNATURE AGENCY CUSTOMER ID: \_\_\_\_\_SALTCON-03 SPACICCA

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PRODUCER'S SIGNATURE	Dans RBush	PRODUCER'S NAME (Please Print) Ranger Insurance Advisors 2		STATE PRODUCER LICENSE NO (Required in Florida) A022282
APPLICANT'S SIGNATURE	Michael Brattan		03/19/2024	NATIONAL PRODUCER NUMBER 110687



# Certificate of Completion

## **Summary**

Title PROP ACORDS

File name PROP ACORDS.pdf

Status Completed

Document guid: t7M4NbdWcp-Su\_S5hpLE5VemYzLjiT0L

## **Document History**

2024-03-19 01:27:48 PM Signed by Michael Grattan (keywestsaltpondspres@gmail.com) EDT

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