

Proposal of Risk Management and Insurance Services

Bay Point Golf Villas I Association Inc.

PO Box 27075
Panama City Beach, FL 32411
Phone: (850) 763-3620

Presented by:



**MarshMcLennan
Agency**

**Kenneth A. Christian
Senior Vice President
(850) 654-6312
Ken.Christian@MarshMMA.com**

Date: July 8, 2025

Important Notice: Please Read

This insurance proposal has been prepared expressly for your use and is intended to provide a simplified explanation of your business' insurance program. The proposal is based on the values developed and exposures to loss disclosed to us in our prior discussions with representatives of your company.

Notice Regarding Property Values

We are pleased to assist you with your own final determination of the values you decide to insure. The values shown are for illustration purposes only and do not warrant the actual value of the property.

Notice Regarding Higher Liability Limits

We are pleased to assist you with your own final determination of the values you decide to insure. Remember that your exposure to liability loss may exceed your limits of insurance as quoted in this proposal. Higher limits of liability may be available. Please let us know if you would like additional information or quote.

This proposal does not pre-empt or take the place of the actual insurance contracts. Please refer to actual policy language for specific terms, conditions and exclusions.

Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC communicates with many of our clients through e-mail, voice mail, facsimile and other automated systems. We welcome these types of communication and encourage the use of any system that will expedite communication between a client and our company representatives.

However, due to the fact that we cannot control the message delivery and retrieval times of electronic system, leaving a message on the e-mail, voice mail or facsimile systems does not constitute the binding/altering of coverage in any way.

In the event you should have a specific question concerning this insurance proposal or coverage contained herein, please feel free to call a Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC representative for assistance.

Service Team

Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC takes a team approach to servicing our client's accounts. We draw on our associates' knowledge and training to provide the best service possible to you. Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC feels that it is important to perpetuate your account within our agency as well as to make sure that accounts are serviced properly at all times.

Your Marsh & McLennan Agency Account Team is:

Business Insurance Consultant	Kenneth A. Christian Ken.Christian@MarshMMA.com (850) 654-6312
Account Manager	Ann Craddock Ann.Craddock@MarshMMA.com (850) 462-6598
Claims Coordinator	Michele Rosati CISR Michele.Rosati@MarshMMA.com (850) 470-2659
Loss Control Consultant	Chuck Butler, CPCU, ARM, CSP, CHST Chuck.Butler@MarshMMA.com (228) 229-3010

Risk Control Services

Risk Control Services

Contacts: Chuck Butler

Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC Risk Control professionals help your company minimize exposure to risk and loss. Our team of experienced professionals can provide advice and appropriate insurance solutions for a wide variety of industries and operational situations.

Claim Services

Contact: Assigned Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC Claim Manager

When you have a claim, **Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC** is there for you - today and every day. Our team of experienced claims professionals will be your advocate and assist you through the entire claims process.

Claims Reporting Portal and/or Vendor COI Management

Contact: Mary Claire Buck

- Provides **Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC** and its clients with state-of-the-art RMIS capabilities
- Allows for loss data import directly from carrier partners
- Streamlines incident collection and claims reporting
- OSHA recordkeeping and compliance capabilities
- Inbound vendor COI management and tracking

Training Track

Contact: Mary Claire Buck

A unique tool that delivers the scope and flexibility you need for a complete and automated online training program.

Broker Briefcase Resource Library

Contact: Mary Claire Buck

An online resource tool utilized by **Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC** and clients that includes access to a comprehensive resource library covering topics related to OSHA, risk management, cyber liability, insurance coverages, HR and Benefits related issues and more.

AcuComp WC Claims Auditing

Contact: Kathy King

America's premier workers compensation audit service & cost control system—enrolled clients have realized a 27% aggregate premium reduction since service inception.

Third Party HR Consulting

Contact: Mary Claire Buck

Human resources management and labor relations consulting firm that has partnered with **Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC** to provide guidance to our clients on employment issues such as compensation, wages & hours, hiring, dismissal and more.

If you would like more information on any of the above resources, please contact either your account manager or the contact listed under the relevant resource listing, and they will be in touch!

Employee Benefits Services

Our Employee Benefits Team is Ready to Serve your Needs! We have a dedicated Employee Benefits Consulting staff and have an array of additional services available for you.

Employee Benefits Consulting Offering:

Dental

Vision

Disability

Fully Insured and Self-Funded Health Plans

Cancer

Critical Illness

Accident

Non-Benefit Risk Management Services:

Zywave

Online resource tool utilized by Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC and clients to answer questions regarding healthcare laws, compliance and general human resources.

Mineral

Human resources management and labor relations consulting firm that has partnered with Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC to provide guidance for us and our clients on employment issues such as compensation, wages and hours, hiring, dismissal and more. In addition to answering HR related questions, Mineral has the capability to create an employee handbook and provide 24/7 access to a compliance officer.

Benefit Technology Resources (BTR)

A firm that Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC has partnered with to provide clients solutions with payroll services, benefits administration, vendor assistance and current state analytics to name a few.

Benefit Advisors Network (BAN)

With our premiere agency membership with BAN, we have the opportunity to provide discounted benefit pricing to clients, access to compliance resources, and online webinars regarding today's hot topics surrounding employee benefits and HR.

FBBl enroll

Our exclusive agency benefits administration system that is here to provide a solution in-house for your benefit administration needs whether it is managing employees and eligibility daily or just conducting open enrollments via the online portal.

Claros Analytics

Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC's computer software used to accurately generate data for our self-funded groups regarding claims experience, prescription, enrollment, biometric, health risk assessment, labs and much more.

Benefits App powered by Benezon

Our mobile app offers a one-stop solution for employees to review member plan information, access health plan portals, benefit summaries, carrier ID Cards as well as direct access to health advocates and telehealth.

Summary of Named Insureds & Locations
Commercial General Liability

Named Insureds

Name	FEIN
Bay Point Golf Villas I Association Inc	23-7354698

Locations

Loc#	Address	Description
1:1	4300 Bay Point Rd Panama City Beach FL 32408-7205	Residential Condo

Note: Any entity not named in this proposal may not be an insured entity. This may include Partnerships, Limited Liability Companies and Joint Ventures. It is important to notify your agent if an entity is formed during the policy term. Let us know if one of your entities is not listed above.

General Liability

Bay Point Golf Villas I

Insuring Company	Southern-Owners Insurance Company
Policy Term	7/22/2025 - 7/22/2026

Description	Limits
General Aggregate Limit (Per)	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal/Advertising Injury Limit	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage Limit	\$300,000
Medical Expense Limit	\$10,000
Hired Auto & Non-Owned Auto	\$1,000,000

Deductibles	
Property Damage	
Bodily Injury	
Employee Benefits	\$N/A

Hazard Schedule

Loc #	Bld #	Class Code	Classification	Annual Exposure
1	1	00501	Commercial General Liability Plus Endorsement Included At 7.4% Of The Premises Operation Premium	1
1	1	04001	Hired Auto & Non-Owned Liability	1
1	1	62003	Condominiums - Residential - (Association Risk Only)	39

Forms and Endorsements included but not limited to:

Form Number	Endorsement Name
CG0220	FL CHANGES-CANCEL/NONRENEWAL CGL
55028	HIRED AUTO & NON-OWNED AUTO LIABILITY
65034	CGL PLUS WITH LIMITED HNOA
55881	FLORIDA CHANGES INSUFFICIENT FUNDS FEE
55885	AMENDMENT OF GENERAL AGG LIMIT
CG2147	EMPLOYMENT-RELATED PRACTICES EXCL
CG2132	COMMUNICABLE DISEASE EXCLUSION
CG2196	SILICA OR SILICA-RELATED DUST EXCL
55029	ABSOLUTE ASBESTOS EXCLUSION
CG2109	EXCLUSION - UNMANNED AIRCRAFT
55719	FL-AMEND END SUPPL PAY-COVGS A AND B
55513	EMPLOYERS LIABILITY EXCLUSION
IL0017	COMMON POLICY CONDITIONS
CG0001	COMMERCIAL GENERAL LIAB COVERAGE FORM
59325	NOTICE OF PRIVACY PRACTICES
IL0021	NUCLEAR ENERGY LIAB EXCL (BD FORM)
CG2167	FUNGI OR BACTERIA EXCLUSION
CG2004	ADDL INS-CONDOMINIUM UNIT OWNERS
CG2106	CGL EXC-ACCESS OR DISCLOSURE OF CONF INF
55146	UPSET AND OVERSPRAY COVERAGE
59350	CAP ON LOSS FROM ACTS OF TERRORISM

Subject to Audit

The proposed premium is based on the above estimates of annual exposures. This policy is subject to an Annual audit. A deposit premium will be collected at the time of inception. Adjustments in the premium will be done when the policy expires.

Uninsured Subcontractors who are unable to provide evidence of insurance will be picked up on your final audit and premium will be charged. Insured Subcontractors should be included in the appropriate subcontractor code.

Notice:

Removing or disconnecting safeguards, warning mechanisms or operating instructions from machinery and equipment can eliminate any liability coverage for injury or damage done.

You should periodically inspect to confirm they are all functioning properly and keep a written record of those inspections. This documentation is critical for defense of liability claims involving the machinery or equipment.

Umbrella/Excess Liability

Bay Point Golf Villas I Association, Inc.

Issuing Company	Midvale Indemnity Company
Policy Term	7/22/2025 - 7/22/2026

Description	Limits
Each Occurrence	\$5,000,000
Aggregate	\$5,000,000
Prod/Comp Ops	\$5,000,000
Retained Limit	

Current Underlying Limits		
	Limits	Carrier/Policy #/Dates
General Liability		Auto-Owners Insurance Company
Each Occurrence	\$1,000,000	78931230
General Aggregate	\$2,000,000	7/22/2025 – 7/22/2026
Business Auto Liability		Southern-Owners Insurance Company
Hired & Non-Owned Auto Liability	\$1,000,000	78931230
Directors & Officers Liability		Travelers Casualty and Surety Company of America
	\$1,000,000	107479517
Each Occurrence/Claim	\$1,000,000	7/22/2025 - 7/22/2026

Forms and Endorsements included but not limited to:

Form #	Endorsement Name
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Policyholder Notice

OFAC Advisory Notice

Policyholder Fraud Warning

Master Policy Declarations – Risk Purchasing Group Commercial Liability Umbrella Coverage Commercial Liability Umbrella Coverage Form

Common Policy Conditions

Additional Conditions

Calculation of Premium

Terrorism Coverage Disclosure Notice

Form Schedule

Amendment of Insuring Agreement

Amendatory Exclusions

Condominium/Co-operative Directors and Officers Liability Claims-Made Coverage

Employee Benefits Liability Limitation Claims Made Version

Garage Keepers Liability Limitation
Schedule of Underlying Insurance
Employee Benefits Liability Limitation Occurrence Based
Exclusion – Human Trafficking (With Limitations)
Coverage Enhancement (Program Version – Risk Purchasing Group)
Expenses in Addition to Limits of Insurance
Limits of Insurance Amendment
Limitation – Anti-stacking
Condition – Claims Reporting Amendment
Economic or Trade Sanctions
Knowledge of Occurrence
Additional Definitions
Member Policy Period
Insured and Named Insured Amendatory Endorsement
Amendment of Definition of Retained Limit and Schedule of Retained Limits
Exclusion – Absolute Access, Collection and Disclosure of Non-Public Information
Limitation – Auto Liability
Limitation – Commercial General Liability
Exclusion – Communicable Disease
Exclusion – Condominium and Cooperative Conversion
Exclusion – Construction Operations
Exclusion – Diving Board and Water Slide
Exclusion – Earth Movement
Limitation – Employers Liability
Exclusion – Financial Institutions
Limitation – Foreign Liability
Exclusion – Fungus and Bacteria
Exclusion – Marine Liability
Exclusion – No Coverage for Sublimits
Exclusion – Pesticide or Herbicide
Exclusion – Pollution and SIR Amendment
Act of Terrorism Self-Insured Retention
Exclusion – Water Sports
Limitation to Designated Premises
Exclusion - Designated Ongoing Operations
Exclusion – Cross Suits
Exclusion - Exterior Insulation and Finish Systems
Nuclear Energy Liability Exclusion Endorsement (Broad Form)
All State Amendatory Endorsements

Property

Bay Point Golf Villas I Association Inc.

Insuring Company	American Coastal Insurance Company
Policy Term	7/22/2025 - 7/22/2026

Coverage

Perils Covered	ISO Special	Coinurance:	N/A Agreed Amount Scheduled
Building Valuation	RCV	AOP Deductible:	\$10,000 Per Occurrence
Pers. Prop Valuation	RCV	Sinkhole Deductible:	AOP Per Occurrence
Roof Valuation	RCV	Hurricane Deductible:	5% Per Calendar Year
Exclusions	Existing Damage Exclusion (AC 00 10) Additional Property Not Covered Exclusion (AC 14 20)		
	Total Limits of Liability: \$8,089,875 (as per schedule attached, NOT blanket)		

Options/Endorsements/Standard Forms

Ordinance or Law Coverage - Y		Standard forms and endorsements to apply. Other options available upon request.
Coverage A Full Limit (y/n)	Y	Percent deductibles are per building
Coverage B Limit	\$0	10% Minimum Earned premium applies.
Coverage C Limit	\$0	This quote is subject to acceptance both sides with NO COVER GIVEN
Coverage B/C Combined Limit	\$202,247	Property Enhancement Endorsement - AC 00 01
Coverage A/B/C Combined Limit		
Any B or C or Combined Limit is sublimited to 2.5% per Building		Coverage explicitly excludes all flooding, including but not limited to flooding during windstorm events.
Equipment Breakdown Limit	\$8,089,875	Coverage excludes all damage directly or indirectly caused by any Named Storm in existence upon receipt of written request to bind.
<u>Sinkhole Coverage</u>		
Sinkhole coverage includes catastrophic ground cover collapse (AC 01 25) and sinkhole coverage endorsement (AC SLC-03-04)		

Schedule of Locations

Loc #	Bldg #	Property Description	Limit
1	1	4300 Bay Point Road Building 1-4 Units	\$811,375
1	2	4300 Bay Point Road Building 2-8 Units	\$1,657,750
1	3	4300 Bay Point Road Building 3-4 Units	\$846,375
1	4	4300 Bay Point Road Building 4-6 Units	\$1,253,625
1	5	4300 Bay Point Road Building 5-7 Units	\$1,455,750
1	6	4300 Bay Point Road Building 6-6 Units	\$1,253,625
1	7	4300 Bay Point Road Building 7-4 Units	\$811,375

Difference in Conditions

Bay Point Golf Villas I Association Inc.

Insuring Company	Certain Underwriters at Lloyds
Policy Term	7/22/2025 - 7/22/2026

Coverage

Covered Property	Building \$8,089,875
Perils Insured Against	Special
Valuation	RC

Sublimits and Extensions:

Accounts Receivable	\$1,000,000	
Backup of Sewers, Drains or Pumps	\$150,000	Annual Aggregate
Builders Risk	\$250,000	
Builders Risk Soft Costs	\$25,000	
Catastrophe Extra Expense	\$25,000	
Debris Removal	\$75,000	
Error or Omissions	\$25,000	
Fine Arts	\$100,000	
Fire Department Service Charge	\$100,000	
Fire Extinguisher Recharge	\$10,000	
Inflation Guard	5% of TIV	as per schedule
Leased or Rented Equipment	\$25,000	but not to exceed \$5,000 any one item
Lock Replacement	\$9,000	
Miscellaneous Unscheduled Property	\$10,000	
Newly Acquired Property	\$750,000	
Off Premises Power Failure	\$25,000	
Ordinance or Law	Lessor of: 5% per building; or \$1,000,000 per occurrence all buildings combined. Subject to ACIC providing primary coverage per CP 04 05.	
Outdoor Property	\$50,000	
except trees, shrubs, lawns or plants	\$40,000	
except any one tree, shrub or plant	\$4,750	
Pollutant Clean-up and Removal	\$100,000	Annual Aggregate
Professional Fees	\$100,000	Annual Aggregate
Property in Transit	\$150,000	
Property Off-Premises	\$25,000	
Reward Reimbursement	\$25,000	
Spoilage	\$25,000	
Valuable Papers and Records	\$500,000	
Wind-Driven Precipitation	\$150,000	Annual Aggregate

Crime Limits

Bay Point Golf Villas I Association Inc

Company	Berkley Specialty Insurance Company
Policy Term	7/22/2025 - 7/22/2026

Basis for Coverage:	Limit	Deductible
Employee Theft	\$500,000	\$5,000
ERISA	Not Covered	Not Covered
Employee Theft Governmental Crime	Not Covered	Not Covered
Forgery or Alteration		
Forgery of Negotiable Instruments	\$500,000	\$5,000
Forgery of Payment Card Instruments	\$500,000	\$5,000
Inside The Premises – Theft of Money and Securities	\$500,000	\$5,000
Inside The Premises – Robbery Or Safe Burglary Of Other Property	\$500,000	\$5,000
Outside The Premises	\$500,000	\$5,000
Computer And Funds Transfer Fraud	\$500,000	\$5,000
Fraudulent Impersonation	Not Covered	Not Covered
Money Orders and Counterfeit Paper Currency	\$500,000	\$5,000

Form and Edition	ST	Date Added*	Form Description
Reporting Claims			Crime Claim Reporting Instructions
CR DS 02 (06 22)			Commercial Crime Policy Declarations
BPS CR 77 00 (08 23)			Schedule of Forms and Endorsements
BPS CR 77 03 (08 23)			Premium Endorsement
CR 20 20 (06 22)			Calculation of Premium
CR 00 22 (06 22)			Commercial Crime Policy (Discovery Form)
BPS CR 77 02 (08 23)			Revised Definition of Theft
CR 25 02 (06 22)			Include Designated Agents as Employees
CR 25 08 (06 22)			Include Specified Non Compensated Officers as Employees
CR 25 10 (06 22)			Include Volunteer Workers Other Than Fund Solicitors as Employees
ILP 001 (01 04)			U.S. Treasury Department's OFAC Advisory Notice to Policyholders
BPS CR 77 04 (08 23)			Office of Foreign Asset Control (OFAC) Exclusion Endorsement
CR 20 21 (06 22)			Exclusion of Certain Computer-Related Losses
CR 02 06 (02 12)			Florida Changes

Directors' & Officer's Liability Limits

Bay Point Golf Villas I Association, Inc.

Insuring Company	Travelers Casualty and Surety Company of America
Policy Term	7/22/2025 - 7/22/2026

Coverage Details

Coverage Form	Claims Made	
Per Claim	\$1,000,000	\$10,000
Pending and Prior Litigation Date	7/22/2021	

Retroactive Date: Subject to the prior acts date and all conditions and exclusions set forth in the policy form.

POLICY FORMS APPLICABLE TO QUOTE OPTION # 1:

CAM-15001-0113	Community Association Management Liability Coverage Declarations
CAM-16001-0113	Community Association Management Liability Coverage

ENDORSEMENTS APPLICABLE TO QUOTE OPTION # 1:

AFE-19029-0719	Cap On Losses From Certified Acts Of Terrorism Endorsement
AFE-19030-0920	Federal Terrorism Risk Insurance Act Disclosure Endorsement
AFE-19038-1119	Premium, Tax And Surcharge Disclosure
CAM-17010-0113	Florida Changes Endorsement
CAM-19004-0113	Specified Claim, Event, Circumstance, Litigation, Person, or Entity Exclusion Endorsement
CAM-19004-0113	Specified Claim, Event, Circumstance, Litigation, Person, or Entity Exclusion Endorsement

*based upon or arising out of
Description*

Y

*Claim number: A00-251-536 / Carrier: Great American Insurance Co / Claimant:
jimmy d enterprises / Breach of contract*

CAM-19053-0113	Table of Contents Florida
CAM-19061-0315	Global Coverage Compliance Endorsement
CAM-19066-FL-0724	Amended Property Damage Exclusion – Add Exception For Decisions To Impose Assessment Or Approve Or Reject Request For Physical Changes To Tangible Property Endorsement – Florida

Standards of Conduct

MMA Insurance Comp Disclosure and LOL

Marsh & McLennan Agency LLC ("MMA") prides itself on being an industry leader in the area of transparency and compensation disclosure. We believe you should understand how we are paid for the services we are providing to you. We are committed to compensation transparency and to disclosing to you information that will assist you in evaluating potential conflicts of interest.

As a professional insurance producer, MMA and its subsidiaries facilitate the placement of insurance coverage on behalf of our clients. As an independent insurance agent, MMA may have authority to obligate an insurance company on behalf of our clients and as a result, we may be required to act within the scope of the authority granted to us under our contract with the insurer. In accordance with industry custom, we are compensated either through commissions that are calculated as a percentage of the insurance premiums charged by insurers, or fees agreed to with our clients.

MMA engages with clients on behalf of itself and in some cases as agent on behalf of its non-US affiliates with respect to the services we may provide. For a list of our non-US affiliates, please visit: <https://mma.marshmma.com/non-us-affiliates>. In those instances, MMA will bill and collect on behalf of the non-US Affiliates amounts payable to them for placements made by them on your behalf and remit to them any such amounts collected on their behalf.

MMA receives compensation through one or a combination of the following methods:

Retail Commissions – A retail commission is paid to MMA by the insurer (or wholesale broker) as a percentage of the premium charged to the insured for the policy. The amount of commission may vary depending on several factors, including the type of insurance product sold and the insurer selected by the client. If MMA places business through an affiliated wholesale broker or managing general agent, MMA will advise the client of this at or prior to placement.

Client Fees – Some clients may negotiate a fee for MMA's services in lieu of, or in addition to, retail commissions paid by insurance companies. Fee agreements are in writing, typically pursuant to a Client Service Agreement, which sets forth the services to be provided by MMA, the compensation to be paid to MMA, and the terms of MMA's engagement. The fee may be collected in whole, or in part, through the crediting of retail commissions collected by MMA for the client's placements.

Contingent Commissions – Many insurers agree to pay contingent commissions to insurance producers who meet set goals for all or some of the policies the insurance producers place with the insurer during the current year. The set goals may include volume, profitability, retention and/or growth thresholds. Because the amount of contingent commission earned may vary depending on factors relating to an entire book of business over the course of a year, the amount of contingent commission attributable to any given policy typically will not be known at the time of placement.

Supplemental Commissions – Certain insurers and wholesalers agree to pay supplemental commissions, which are based on an insurance producer's performance during the prior year. Supplemental commissions are paid as a percentage of premium that is set at the beginning of the calendar year. This percentage remains fixed for all eligible policies written by the insurer during the ensuing year. Unlike contingent commissions, the amount of supplemental commission is known at the time of insurance placement. Like contingent commissions, they may be based on volume, profitability, retention and/or growth.

Wholesale Broking Commissions – Sometimes MMA acts as a wholesale insurance broker. In these placements, MMA is engaged by a retail agent that has the direct relationship with the insured. As the wholesaler, MMA may have specialized expertise, access to surplus lines markets, or access to specialized insurance facilities that the retail agent does not have. In these transactions, the insurer typically pays a commission that is divided between the retail and wholesale broker pursuant to arrangements made between them.

Medallion Program and Sponsorships – Pursuant to MMA's Medallion Program, participating carriers sponsor educational programs, MMA events and other initiatives. Depending on their sponsorship levels, participating carriers are invited to attend meetings and events with MMA executives, have the opportunity to provide education and training to MMA colleagues and receive data reports from MMA. Insurers may also sponsor other national and regional programs and events.

Other Compensation & Sponsorships – From time to time, MMA may be compensated by insurers for providing administrative services on behalf of those insurers. Such amounts are typically calculated as a percentage of premium or are based on the number of insureds. Additionally, insurers may sponsor MMA training programs and events. MMA may also have arrangements with vendors who compensate MMA for referring clients for vendor services.

We will be pleased to provide you additional information about our compensation and information about alternative quotes upon your request. For more detailed information about the forms of compensation we receive please refer to our Marsh & McLennan Agency Compensation Guide at <https://www.marshmma.com/us/compensation-guide.html>.

MMA's aggregate liability arising out of or relating to any services on your account shall not exceed ten million dollars (\$10,000,000), and in no event shall we be liable for any indirect, special, incidental, consequential or punitive damages or for any lost profits or other economic loss arising out of or relating to such services. In addition, you agree to waive your right to a jury trial in any action or legal proceeding arising out of or relating to such services. The foregoing limitation of liability and jury waiver shall apply to the fullest extent permitted by law.

Rev March 15, 2024

Current Guide to Best's Ratings

For a complete explanation of Best's ratings, please refer to the *Best's Key Rating Guide®*. Best's ratings reflect their independent opinion, but are not a warranty of a company's ability to meet its obligations to policyholders.

BEST'S RATINGS & BEST'S FINANCIAL PERFORMANCE RATINGS (FPR)

A.M. Best assigns two types of rating opinions, Best's Ratings (letter scale) and Best's FPR (numerical scale). Both ratings involve a quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. The analysis performed for assigning a Best's FPR is not as rigorous as it is for assigning a Best's Rating. The FPR is assigned to small or new companies which do not meet the criteria required for a Best's Rating. Both ratings provide an overall opinion of an insurance company's ability to meet its obligations to its policy holders.

-----Secure Best's Ratings-----		-----Secure FPR Ratings-----	
A++ and A+	Superior	FPR 9	Very Strong
A and A-	Excellent	FPR 8 and 7	Strong
B++ and B+	Very Good	FPR 6 and 5	Good
-----Vulnerable Best's Ratings-----		-----Vulnerable FPR Ratings-----	
B and B-	Fair	FPR 4	Fair
C++ and C	Marginal	FPR 3	Marginal
C and C-	Weak	FPR 2	Weak
D	Poor	FPR 1	Poor
E	Under Regulatory Supervision		
F	In Liquidation		
S	Rating Suspended		

NOT RATED (NR) CATEGORIES

Companies not assigned either a Best's Rating or FPR opinion are assigned to one of five NR categories. The NR category identifies the primary reason a rating opinion was not assigned to the company.

NR-1.....Insufficient Data	NR-4.....Company Request
NR-2...Insufficient Size and/or Operating Experience	NR-5.....Not Formally Followed
NR-3.....Rating Procedure Inapplicable	

FINANCIAL SIZE CATEGORY (FSC)

Assigned to all companies and reflects their size based on their capital, surplus and conditional reserve funds in millions of U.S. dollars, using the scale below.

FSC I less than 1	FSC V 10 to 25	FSC IX 250 to 500	FSC XIII 1,250 to 1,500
FSC II 1 to 2	FSC VI 25 to 50	FSC X 500 to 750	FSC XIV 1,500 to 2,000
FSC III 2 to 5	FSC VII 50 to 100	FSC XI 750 to 1,000	FSC XV greater than 2,000
FSC IV 5 to 10	FSC VIII 100 to 250	FSC XII 1,000 to 1,250	

Explanation of Admitted Carrier and Non-Admitted Carrier

An **Admitted Insurer** is a company licensed or authorized to sell insurance to the general public. In the United States, admitted companies are licensed on a state-by-state basis and differentiated from surplus lines insurers, which are authorized to sell insurance in a state on a non-admitted basis.

A **non-admitted insurer** is an insurance company not licensed to do business in a certain state. Such insurers can nevertheless write coverage through an excess and surplus lines broker that is licensed in these jurisdictions.

Disclaimer

Important Notice: Your policies require timely payment of premiums to remain in force and effect!

Marsh & McLennan Agency's Role If Your Insurer Cancels Your Policy

Any policies that we bind for you require you to pay the specified premiums as indicated in the policy documents and/or any billing statements from the company issuing the policy. If the insurance company does not receive your premium payments on the date due in a timely manner, your coverage could be interrupted or discontinued. Your policies do not have any "grace period".

In most states, state statute will limit an insurer's right to cancel a policy and requires the insurer (company issuing the policy) to provide notice to you when a policy is cancelled. Should you become aware of or receive a notice of cancellation on your policy, please contact us immediately so that we can help you with the situation. While we may receive notices of cancellations on client policies, an insurance company is not required to notify us with the same priority regarding cancellations as it owes to you, our customer.

Although state statute does not require us, as an agent, to provide any notice of policy cancellation to you, our client, should we become aware of a policy cancellation, and have not been contacted by you, we will attempt to contact you about the cancellation to try and assist you in working with your insurance company through the situation causing the cancellation.

Each and every policy cancellation is an independent event. Only an insurance company has the authority to determine whether a policy will be cancelled or reinstated if cancelled. Should such circumstances occur with your policy, we will do our best to assist you in this matter.

Surplus Lines Disclaimer

Persons insured by Surplus Lines Carriers do not have the protection of the Insurance Guaranty Association in their state to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Some surplus lines (non-admitted) property insurance policies are written by multiple insurance companies and/or Lloyds of London syndicates. When multiple insurance companies or syndicates participate in underwriting the same property policy, the settlement of a claim can take longer than a policy where only one insurance company underwrites the policy. Since each insurance company or Lloyds of London syndicate must agree to the claim settlement terms, it can take longer for payment of any claim you may have under the policy.

Power of Attorney regarding Premium Financed Policies Disclaimer

Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC has minimum premium qualifications for financing premiums with an outside finance company. If you meet the requirements and decide to finance your premium, please note there is a limited Power of Attorney in the Agreement. This gives power to the finance company to cancel the financed policy(s) in the event you default in making payments under the Agreement. If the finance company requests cancellation from the insuring company; and cancellation documents are issued by the insuring company, any request for reinstatement of coverage (due to acceptance of late payment by the finance company) does not necessarily obligate the insuring company to reinstate coverage.

Proposal Presented to Bay Point Golf Villas I Association Inc.

Coverage	Proposed Premium	Expiring Premium	Accepted (Yes/No)
General Liability	\$ 3,799.62	\$ 3,137.06	Yes
Umbrella	\$ 1,180.00	\$ 1,180.00	Yes
Property	\$ 90,097.00	\$101,593.00	Yes
Difference in Conditions	\$ 2,543.10	\$ 2,385.60	Yes
Crime	\$ 1,218.06	\$ 1,203.00	Yes
Directors & Officers Liability	\$ 2,294.72	\$ 2,665.39	Yes
Total Premium	\$101,132.50	\$112,164.05	

Minimum and Deposit

Some policies may include a minimum and deposit endorsement and are noted above. Once coverage is bound, the premium amount in this Proposal represents the minimum premium due. The carrier has the right to audit your records for final premium determination. Additional premiums will be collected because of underestimated exposures. **No return premium shall be forthcoming.**

Minimum Earned Premium

Some policies may include a minimum earned premium endorsement and are noted above. **No Flat cancellations are allowed.**

Insurance Company:	AM Best Rating:	Admitted/Non-Admitted
Southern-Owners Insurance Company	A	Admitted
Berkley Specialty Insurance Company	A	Admitted
Midvale Indemnity Company	A	Admitted
Travelers Casualty and Surety Company of America	A	Admitted
Certain Underwriters at Lloyds	A	Non-Admitted
American Coastal Insurance Company	A	Admitted

Client Authorization to Bind Coverage:

We, Bay Point Golf Villas I Association Inc., confirm the values, schedules, and other data contained in the proposal are from our records and acknowledge it is our (Bay Point Golf Villas I Association Inc.) responsibility to see that they are maintained accurately.

Bay Point Golf Villas I Association Inc. accepts the above coverages as proposed, including any initialed handwritten changes, by Marsh & McLennan Agency. Please bind coverages effective 7/22/2025. I understand that this proposal is only an outline of the insurance policy. It does not include all of the terms, coverages, exclusions, limitations, and conditions included in the insurance policy. Regardless of the terms, limitations, and conditions carried in prior years, this proposal contemplates only the limited terms, conditions, warranties, and exposures represented herein. The insurance policies will include these specific details. An adjustment of premium(s) may be made at the time of policy issuance if necessary.

Signature:

DocuSigned by:

Marsha D. McLennan

6D9B4069838C468...

Title:

7/21/25

Date:

7/21/2025 | 11:34 PDT



Amwins Insurance Brokerage, LLC
10201 Centurion Parkway North
Suite 400
Jacksonville, FL 32256

amwins.com

Fisher Brown Bottrell, A Marsh & McLennan Agency LLC
19 West Garden Street
Suite 300
Pensacola, FL 32502

RE: Bay Point Golf Villas I Assoc Inc

PROPERTY QUOTATION

Please find the attached quotation for Bay Point Golf Villas I Assoc Inc. Here is a summary of the terms and conditions:

INSURED:	Bay Point Golf Villas I Assoc Inc		
MAILING ADDRESS:	PO BOX 27075 Panama City, FL 32411		
CARRIER:	American Coastal Insurance Company (Admitted)		
PROPOSED POLICY PERIOD:	From 7/22/2025 to 7/22/2026 12:01 A.M. Standard Time at the Mailing Address shown above		
POLICY PREMIUM:	Premium		\$89,113.00
	Fees		\$984.00
	Total		\$90,097.00
EQUIPMENT BREAKDOWN:	Equipment Breakdown Coverage Included in Premium Above		
TRIA OPTIONS:	TRIA can be purchased for an additional premium of \$890.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.		
MINIMUM EARNED PREMIUM:	See Attached Carrier Quote		
SUBJECTIVITIES:	<u>(See Attached Carrier Quote for Additional Subjectives)</u>		
	• Complete Copy of Signed Acord Application - <u>DUE PRIOR TO BINDING</u>		
	• Confirm if the Insured Accepts/ Rejects Terrorism Coverage (signed form attached) - <u>DUE PRIOR TO BINDING</u>		
	Payment is Due in Full within 20 Days from Binding Coverage		

FEES SUMMARY

FEES:

Fee	Amount
Emergency Management Preparedness and Assistance T	\$4.00
Fire College Trust Fund	\$89.00
FIGA (Admitted)	\$891.00
Total Fees	\$984.00

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

Matt Janicki
Executive Vice President
T 904.380.3923 | F 877.570.9323 | Matt.Janicki@amwins.com
Amwins Insurance Brokerage, LLC
In California: Amwins Brokerage Insurance Services | License 0F19710
10201 Centurion Parkway North | Suite 400 | Jacksonville, FL 32256 | amwins.com



Account Number 1262382

NOTICE OF CHANGE IN POLICY TERMS

Notice ID: N003

The purpose of this Notice of Change in Policy Terms is to inform you of changes to the terms, coverages, duties, and conditions of your renewal policy. If you choose to accept our renewal offer, you should carefully review the changes described below along with the enclosed policy. Please contact your agent if you have any questions regarding these changes. Receipt by American Coastal Insurance Company of premium payment for your renewal policy will be deemed acceptance of the new policy terms by the named insured.

Summary of Changes

The form **AC CL 1 04 23 – Declarations Page** has replaced form **AC CL 1 10 21 – Declarations Page**. The following changes apply:

- A claim or “reopened claim” for loss or damage caused by any peril is barred unless notice of the claim was given to us in accordance with the terms of the policy within one (1) year after the date of loss.
- A “supplemental claim” is barred unless notice of the “supplemental claim” was given to us in accordance with the terms of the policy within eighteen (18) months after the date of loss.
- If applicable, your AOP deductible has changed from per occurrence to per building. Please refer to the enclosed declarations page.

The form **AC 05 01 04 23 – Florida Changes – Assignment of Benefits** has replaced form **AC 05 01 10 19 – Florida Changes – Assignment of Benefits**. The following updates are now part of the policy.

- You may not assign, in whole or in part, any post-loss insurance benefit under this Policy. Any attempt to assign post-loss property insurance benefits under this Policy is void, invalid, and unenforceable.
 - This does not apply to a subsequent purchaser of the home, to a power of attorney, or to liability coverage under this policy.
- Please review the form in its entirety for the full terms and conditions.

The form **AC 01 25 04 23 – Florida Changes** has replaced form **AC 01 25 06 21 – Florida Changes**. The following updates are now part of the policy.

- This endorsement modifies insurance provided under the following:
 - Commercial Property Coverage Part
 - Causes of Loss – Special Form
 - Business Income (And Extra Expense) Coverage Form
 - Business Income (Without Extra Expense) Coverage Form
 - Extra Expense Coverage Form
 - Condominium Association Coverage Form
- Section G is amended as follows:
 - A claim or “reopened claim” for loss or damage caused by any peril is barred unless notice of the claim was given to us in accordance with the terms of the policy within 1 year after the date of loss.
 - A “supplemental claim” is barred unless notice of the “supplemental claim” was given to us in accordance with the terms of the policy within 18 months after the date of loss.
- Section H. (3), is amended as follows:
 - Within 60 days of receiving notice of an initial, “reopened” or “supplemental claim”, unless we deny the claim during that time or factors beyond our control reasonably prevent such payment. If a portion of the claim is denied, then the 60-day time period for payment of claim relates to the portion of the claim that is not denied.
 - The above paragraph applies only to the following:
 - A claim under a policy covering residential property;
 - A claim for building or contents coverage if the insured structure is 10,000 square feet or less and the policy covers only locations in Florida; or
 - A claim for contents coverage under a tenant's policy if the rented premises are 10,000 square feet or less and the policy covers only locations in Florida.



- Section J is added with the following conditions now a part of the policy:
 - CP 10 30 06 07 Exclusions B.2.f. is removed in its entirety and replaced as follows:

Constant or repeated seepage or leakage of water or steam or the presence or condensation of humidity, moisture or vapor that occurs over a period of 14 or more days, whether hidden or not. In the event this exclusion applies, we will not pay for any damages sustained starting from the first day the constant or repeated seepage or leakage of water or steam or the presence or condensation of humidity, moisture or vapor began;
- Section K is added with the following conditions now a part of the policy:
 - CP 10 30 06 07 Additional Coverage Extensions F.2. Water Damage, Other Liquids, Powder or Molten Material Damage is removed in its entirety and replaced as follows:

Water Damage, Other Liquids, Powder or Molten Material Damage

If loss or damage caused by or resulting from covered water or other liquid, powder or molten material damage loss occurs, we will also pay the reasonable cost you spend to tear out and replace only that particular part of the building or structure necessary to gain access to the specific point of that system or appliance from which the covered water or other substances escaped. We will not pay for the cost of repairing or replacing the system or appliance itself. This Coverage Extension does not increase the Limit of Insurance. We will not pay under this additional coverage extension until the repairs or replacement are made as soon as reasonable possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.

The form **AC 01 75 04 23 – Florida Changes – Legal Action Against Us** has replaced form **AC 01 75 06 21 – Florida Changes – Legal Action Against Us**. This endorsement modifies insurance provided under the Commercial Property Conditions endorsement.



Commercial Property Quote

Named Insured Bay Point Golf Villas I Association Inc

Account Number 1262382

Windstorm

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

Flood

FLOOD COVERAGE IS NOT PROVIDED BY THIS POLICY.

Policy Cancellation

WARNING!

If your policy includes windstorm coverage and you cancel your American Coastal Insurance Company (ACIC) policy mid-term for any reason other than buildings being sold, you may not be eligible to obtain a quote or binder for a period of up to three (3) years.

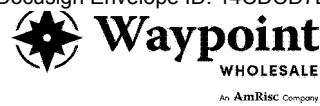
American Coastal is an admitted insurance company in the state of Florida. Our filed rates are approved by the State Office of Insurance Regulation and are based on an annual term policy even though exposure from the Wind Season is primarily during the months from June through November. Short term policies undermine the rate adequacy of the rating plan filed and approved by the State. American Coastal does not want to participate in or promote practices that undermine rate adequacy and the rate approval process of the State of Florida. If an insured cancels a policy after being in force all or part of the wind season, it may not be eligible to obtain another quote or binder from AmRisc or American Coastal for a period of up to three (3) years.

You should be aware that Citizens Property Insurance Company may not be able to offer you a policy if you purchase a short term interim policy. You should check their website for details.

<https://www.citizensfla.com> We recommend you talk to your current agent before cancelling any policy mid-term.

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

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Commercial Property Quote

General Information

Named Insured: Bay Point Golf Villas I Association Inc		
Address:	P O Box 27075	Company: Amwins Insurance Brokerage, LL
City, State, Zip:	Panama City Beach FL 32411	Account No.: 1262382

Company Information

Company:	American Coastal Insurance Company		Quote ID:	627498
Effective Date:	07/22/2025		Valid Until:	07/21/2025
Expiration Date:	07/22/2026			

Policy Information

Policy Type	Commercial Property	County	BAY	Location	Rest of State
Protection Class	02	BCEGS	Ungraded	EC Zone	Seacoast 3

Coverage

Perils Covered	ISO Special	Coinsurance:	N/A Agreed Amount Scheduled
Building Valuation	RCV	AOP Deductible:	\$10,000 Per Occurrence
Pers. Prop Valuation	RCV	Sinkhole Deductible:	AOP Per Occurrence
Roof Valuation	RCV	Hurricane Deductible:	5% Per Calendar Year
Exclusions	Existing Damage Exclusion (AC 00 10) Additional Property Not Covered Exclusion (AC 14 20)		
	Total Limits of Liability: \$8,089,875 (as per schedule attached, NOT blanket)		

Options/Endorsements/Standard Forms

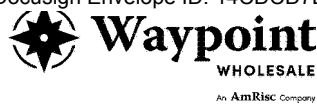
Ordinance or Law Coverage - Y		Standard forms and endorsements to apply. Other options available upon request.
Coverage A Full Limit (y/n)	Y	Percent deductibles are per building
Coverage B Limit	\$0	10% Minimum Earned premium applies.
Coverage C Limit	\$0	This quote is subject to acceptance both sides with NO COVER GIVEN
Coverage B/C Combined Limit	\$202,247	Property Enhancement Endorsement - AC 00 01
Coverage A/B/C Combined Limit		
Any B or C or Combined Limit is sublimited to 2.5% per Building		Coverage explicitly excludes all flooding, including but not limited to flooding during windstorm events.
Equipment Breakdown Limit	\$8,089,875	Coverage excludes all damage directly or indirectly caused by any Named Storm in existence upon receipt of written request to bind.
<u>Sinkhole Coverage</u>		
Sinkhole coverage includes catastrophic ground cover collapse (AC 01 25) and sinkhole coverage endorsement (AC SLC-03-14).		

Policy Totals	Without TRIPRA	With TRIPRA
Premium Subtotal:	\$88,791.00	\$88,791.00
Equipment Breakdown:	\$322.00	\$322.00
TRIPRA:	\$0.00	\$890.00
Emergency Management Preparedness and Assistance Trust Fund:	\$4.00	\$4.00
Citizens 2005 Emergency Assessment:	\$0.00	\$0.00
Florida Hurricane Catastrophe Fund (FHCF) Emergency Assessment:	\$0.00	\$0.00
Fire College Trust Fund:	\$89.00	\$90.00
Florida Insurance Guaranty Association (FIGA) Assessment:	\$891.00	\$900.00
Total Premium:	\$90,097.00	\$90,997.00

* See additional options for any available quote alternatives

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

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Commercial Property Quote
Commercial Property Schedule - Building Information

Building No	BUILDINGS			CONTENTS			OTHER			Premium Subtotals
	Building Values	Premium Group I	Premium Group II	Contents Values	Premium Group I	Premium Group II	Other Values	Premium Group I	Premium Group II	
1	\$811,375	\$2,187	\$6,315	\$0	\$0	\$0	\$0	\$0	\$0	\$8,502
2	\$1,657,750	\$4,636	\$12,923	\$0	\$0	\$0	\$0	\$0	\$0	\$17,559
3	\$846,375	\$2,281	\$6,586	\$0	\$0	\$0	\$0	\$0	\$0	\$8,867
4	\$1,253,625	\$3,506	\$9,774	\$0	\$0	\$0	\$0	\$0	\$0	\$13,280
5	\$1,455,750	\$4,073	\$13,166	\$0	\$0	\$0	\$0	\$0	\$0	\$17,239
6	\$1,253,625	\$3,506	\$11,336	\$0	\$0	\$0	\$0	\$0	\$0	\$14,842
7	\$811,375	\$2,187	\$6,315	\$0	\$0	\$0	\$0	\$0	\$0	\$8,502

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Commercial Property Quote

Additional Options		Full A Comb
Total Premium Including Taxes and Fees		B/C%
		2.5%
25,000 AOP/25,000 Sinkhole Per Occurrence		
5% Hurricane Per Calendar Year	With TRIPRA	87,791
	Without TRIPRA	86,921
10,000 AOP/10,000 Sinkhole Per Occurrence		
5% Hurricane Per Calendar Year	With TRIPRA	90,997
	Without TRIPRA	90,097

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Commercial Property Quote

The following documents are required within 30 days of binding:

- ☐ Fully Completed AmRisc SOV
- ☐ Signed Application - ACORD 125 and ACORD 140
- ☐ Prior Carrier three year loss history or signed no loss letter by corporate officer (unless the risk is a new construction or new purchase).
- ☐ Current Florida Building Code Mitigation Verification Affidavit if not on file or if out of date
- ☐ Consent to Rate Form if applicable
- ☐ Signed TRIPRA Disclosure
- ☐ Evidence of flood coverage (current DEC page or copy of quote & check) or Flood Waiver Form (Election Not To Buy Separate Flood Insurance) AC FW01
- ☐ Copy of signed Rental Occupancy Disclosure
- ☐ Copy of Signed Catastrophe Management Contact Information form

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisc, LLC disclaim any responsibility for your failure to reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.



Commercial Property Quote

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

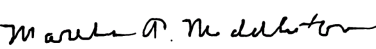
You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium provided in the Commercial Property Quote.
<input checked="" type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

DocuSigned by:


Policyholder/Applicant's Signature

American Coastal Insurance Company

Company

Martha Middleton

Print Name

Policy Number

7/21/2025 | 11:34 PDT

Date

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisc, LLC disclaim any responsibility for your failure to reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.

LMA9184
09 January 2020



Commercial Property Quote

Catastrophe Management Contact Information

Bay Point Golf Villas I Association Inc

Like all Florida properties, your Association is exposed to potential catastrophic losses due to hurricane. In order to provide you with the best and most prompt customer service in the event of a catastrophe, we want to make sure our contact records are complete and up-to-date

Please complete and return this form with the remaining documents required at binding.

Insured Contact 1

Contact Name Martha Middleton			
Title Manager		Email Address mamiddleton@knology.net	
Office Number 850-763-3620	Cell Number		Fax Number

Insured Contact 2

Contact Name Marcy Schneider			
Title President		Email Address marcy@cleanstartinc.com	
Office Number 334-467-7114	Cell Number		Fax Number

Management Company (if applicable)

Company Name			
Contact Name		Email Address	
Office Number	Cell Number		Fax Number

Retail Agent

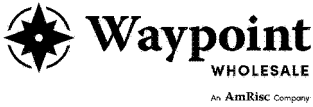
Company Name			
Contact Name		Email Address	
Office Number	Cell Number		Fax Number

Wholesaler (if applicable)

Company Name			
Contact Name		Email Address	
Office Number	Cell Number		Fax Number

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

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Commercial Property Quote

Rental Occupancy Disclosure

As a condition of binding, we need to know the total number of short term rental units (or % of total) in your association's building(s). We are aware that this percentage changes throughout the year and thus only need to verify the estimated percentage of short term rentals at the time of binding and/or at renewal.

As an admitted insurance carrier domiciled in the state of Florida, American Coastal Insurance Company is required to participate in the Florida Hurricane Catastrophe Fund (FHCF) for reinsurance coverage. However, by law the FHCF does not provide reinsurance coverage for Condominium Associations and Homeowner Associations that are primarily used for short term rentals. Short term rentals are defined by the FHCF as units that are non-owner occupied and rented for six (6) or more rental periods by different parties during the course of a twelve (12) month period. As such, our intent at American Coastal is to not provide coverage for properties that are primarily used for short term rentals. Please complete the questions below and return prior to binding.

Total Number of units 39 (rental and non-rental)

Total Percentage (%) of short term rental units (circle appropriate range)

- ☒ 1) 0% to 25% Short Term Rentals
- ☐ 2) 25.1% to 50% Short Term Rentals
- ☐ 3) 50.1% to 75% Short Term Rentals
- ☐ 4) 75.1% to 100% Short Term Rentals

DocuSigned by:

Martha P. Middleton

7/21/2025 | 11:34 PDT

Policyholder/Applicant's Signature

Date

Martha Middleton

Printed Name

7/21/25

Title/Position

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisc, LLC disclaim any responsibility for your failure to reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.



Commercial Property Quote

American Coastal Insurance Company

Election Not To Buy Separate Flood Insurance

I, Bay Point Golf Villas I Association Inc, have elected NOT to purchase, separate flood insurance for the property to be insured by American Coastal Insurance Company ("American Coastal") and affirm the following:

I UNDERSTAND AMERICAN COASTAL INSURANCE COMPANY DOES NOT PROVIDE COVERAGE FOR DAMAGE CAUSED BY FLOOD.

MY PROPERTY WILL NOT BE COVERED FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD.

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

I WILL HAVE NO COVERAGE FOR LOSSES CAUSED BY FLOOD.

I UNDERSTAND MY APPLICATION FOR COVERAGE MAY BE DENIED IF I DO NOT SIGN THIS FORM.

I UNDERSTAND MY 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 American Coastal Insurance Company strongly recommends 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.

DocuSigned by:
Application/Policy Number:
Martha P. Middleton
Policyholder/Applicant's Signature
Martha Middleton
Print Name
7/21/2025 | 11:34 PDT
Date

Ken Christian
Agent's Signature
Ken Christian
Printed Name
7/21/2025
Date

AC FW01 06 07

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisc, LLC disclaim any responsibility for your failure to reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.

Account ID: 1262382

Schedule

Insured: Bay Point Golf Villas I Association Inc

Bldg	Address	County	Num Bldgs	Year Built	Building	Contents	Other	BI/ Rents
1	4300 BAY POINT ROAD Panama City Beach FL 32408	BAY	1	1980	\$811,375	\$0	\$0	\$0
2	4300 BAY POINT ROAD Panama City Beach FL 32408	BAY	1	1982	\$1,657,750	\$0	\$0	\$0
3	4300 BAY POINT ROAD Panama City Beach FL 32408	BAY	1	1982	\$846,375	\$0	\$0	\$0
4	4300 BAY POINT ROAD Panama City Beach FL 32408	BAY	1	1982	\$1,253,625	\$0	\$0	\$0
5	4300 BAY POINT ROAD Panama City Beach FL 32408	BAY	1	1982	\$1,455,750	\$0	\$0	\$0
6	4300 BAY POINT ROAD Panama City Beach FL 32408	BAY	1	1982	\$1,253,625	\$0	\$0	\$0
7	4300 BAY POINT ROAD Panama City Beach FL 32408	BAY	1	1982	\$811,375	\$0	\$0	\$0
					\$8,089,875	\$0	\$0	\$0

Account ID: 1262382

Insured: Bay Point Golf Villas I Association Inc

Schedule

Bldg Num	Prot Class	AS	ACIC Class	ACIC Occupancy	Location	EC_Zone	Terrain	Group2 Constr	Roof Cover	Roof Shape	Roof Wall Attach	Roof Deck Attach
1	02	N	0331	Building & Contents	Rest of State	Seacoast 3	All HVHZ Locations	Ordinary	FBC Equivalent	Gable/ Other	Clips	Level C (8d@6"/6")
2	02	N	0331	Building & Contents	Rest of State	Seacoast 3	All HVHZ Locations	Ordinary	FBC Equivalent	Gable/ Other	Clips	Level C (8d@6"/6")
3	02	N	0331	Building & Contents	Rest of State	Seacoast 3	All HVHZ Locations	Ordinary	FBC Equivalent	Gable/ Other	Clips	Level C (8d@6"/6")
4	02	N	0331	Building & Contents	Rest of State	Seacoast 3	All HVHZ Locations	Ordinary	FBC Equivalent	Gable/ Other	Clips	Level C (8d@6"/6")
5	02	N	0331	Building & Contents	Rest of State	Seacoast 3	All HVHZ Locations	Ordinary	FBC Equivalent	Gable/ Other	Toe-Nail	Level C (8d@6"/6")
6	02	N	0331	Building & Contents	Rest of State	Seacoast 3	All HVHZ Locations	Ordinary	FBC Equivalent	Gable/ Other	Toe-Nail	Level C (8d@6"/6")
7	02	N	0331	Building & Contents	Rest of State	Seacoast 3	All HVHZ Locations	Ordinary	FBC Equivalent	Gable/ Other	Clips	Level C (8d@6"/6")

Account ID: 1262382

Schedule

Insured: Bay Point Golf Villas I Association Inc

Bldg Num	Wind Ded	AOP Ded	Bldg Val	Roof Cover Val	AS ISO	BCEGS	Vandl Excl	Cov A	Cov BC Limit	CovA/B/C Limit
1	.05	\$10,000	RCV	RCV	N	Ungraded	N	Y	\$20,284	\$0.00
2	.05	\$10,000	RCV	RCV	N	Ungraded	N	Y	\$41,444	\$0.00
3	.05	\$10,000	RCV	RCV	N	Ungraded	N	Y	\$21,159	\$0.00
4	.05	\$10,000	RCV	RCV	N	Ungraded	N	Y	\$31,341	\$0.00
5	.05	\$10,000	RCV	RCV	N	Ungraded	N	Y	\$36,394	\$0.00
6	.05	\$10,000	RCV	RCV	N	Ungraded	N	Y	\$31,341	\$0.00
7	.05	\$10,000	RCV	RCV	N	Ungraded	N	Y	\$20,284	\$0.00

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application for a claim that contains false, incomplete, or misleading information is guilty of a felony of the third degree.

To the best knowledge of the applicant and the producer, the above information is true and complete.

Applicant Printed Name

Title

Producer Printed Name

Martha Middleton

7/21/25

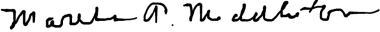
Ken Christian Senior Vice President

Applicant Signature

Date

Producer Signature

DocuSigned by:



6D9B4069838C468...

7/21/2025 | 11:34 PDT

Ken Christian



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

ACRADDOCK

 DATE (MM/DD/YYYY)
07/21/2025

AGENCY Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC 7522 Front Beach Road, 2nd Floor Panama City Beach, FL 32407		CARRIER American Coastal Insurance Company		NAIC CODE 12968
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER TBD		
CONTACT NAME: Kenneth A. Christian		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): (850) 785-7404				
FAX (A/C, No): (850) 438-4678				
E-MAIL ADDRESS:				
CODE:	SUBCODE:			
AGENCY CUSTOMER ID: BAYPOI0-03				
STATUS OF TRANSACTION		<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW
		BOUND (Give Date and/or Attach Copy):		
		<input type="checkbox"/> CHANGE	DATE	TIME
		<input type="checkbox"/> CANCEL		<input type="checkbox"/> AM <input type="checkbox"/> PM

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$		<input type="checkbox"/> YACHT	\$
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$	<input checked="" type="checkbox"/>	DIC	\$
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$			\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		<input type="checkbox"/> LIQUOR LIABILITY	\$			\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		<input type="checkbox"/> MOTOR CARRIER	\$			\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$		<input type="checkbox"/> TRUCKERS	\$			\$
<input type="checkbox"/> CRIME	\$		<input type="checkbox"/> UMBRELLA	\$			\$

ATTACHMENTS

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
07/22/2025	07/22/2026	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Bay Point Golf Villas I Association Inc. PO Box 27075 Panama City Beach, FL 32411		GL CODE	SIC 99	NAICS	FEIN OR SOC SEC # 23-7354698
		BUSINESS PHONE #: (850) 763-3620			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> LLC	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> LLC	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> LLC	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		

LOC # 1	STREET 4300 Bay Point Road		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD # 1	CITY: Panama City Beach	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Bay	ZIP: 32411				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Residential Condo						ANY AREA LEASED TO OTHERS? Y / N
LOC # 1	STREET 4300 Bay Point Road		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD # 2	CITY: Panama City Beach	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Bay	ZIP: 32411				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC # 1	STREET 4300 Bay Point Road		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD # 3	CITY: Panama City Beach	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Bay	ZIP: 32411				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC # 1	STREET 4300 Bay Point Road		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD # 4	CITY: Panama City Beach	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Bay	ZIP: 32411				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS										DATE BUSINESS STARTED (MM/DD/YYYY)	
APARTMENTS		CONTRACTOR		MANUFACTURING		RESTAURANT		SERVICE			
CONDOMINIUMS		INSTITUTIONAL		OFFICE		RETAIL		WHOLESALE			
DESCRIPTION OF PRIMARY OPERATIONS											
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:				INSTALLATION, SERVICE OR REPAIR WORK %				OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %			
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED											

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

AGENCY CUSTOMER ID: BAYPOI0-03

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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2017 - 2018	CARRIER			Certain Underwriters at Lloyds	
	POLICY NUMBER			097590099316S01	
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE			07/22/2017	
	EXPIRATION DATE			07/22/2018	

AGENCY CUSTOMER ID: BAYPOI0-03

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PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2018 2019	CARRIER			Certain Underwriters at Lloyds	
	POLICY NUMBER			097590099316S02	
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE			07/22/2018	
	EXPIRATION DATE			07/22/2019	
2019 2020	CARRIER			Certain Underwriters at Lloyds	
	POLICY NUMBER			097590099316S03	
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE			07/22/2019	
	EXPIRATION DATE			07/22/2020	

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS						TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N	

SIGNATURE

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials):

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

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

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

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

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

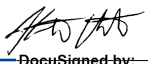
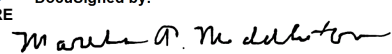
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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

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

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

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

PRODUCER'S SIGNATURE  DocuSigned by:	PRODUCER'S NAME (Please Print) Kenneth A. Christian	STATE PRODUCER LICENSE NO (Required in Florida) A046961
APPLICANT'S SIGNATURE 	DATE 7/21/2025 11:34	NATIONAL PRODUCER NUMBER 498801



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC		CARRIER American Coastal Insurance Company		NAIC CODE 12968
POLICY NUMBER TBD	EFFECTIVE DATE 07/22/2025	NAMED INSURED(S) Bay Point Golf Villas I Association Inc.		

PREMISES INFORMATION

LOC # 1	STREET 4300 Bay Point Road	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 5	CITY: Panama City Beach STATE: FL COUNTY: Bay ZIP: 32411			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 4300 Bay Point Road	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 6	CITY: Panama City Beach STATE: FL COUNTY: Bay ZIP: 32411			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 4300 Bay Point Road	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 7	CITY: Panama City Beach STATE: FL COUNTY: Bay ZIP: 32411			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 4300 Bay Point Road	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 8	CITY: Panama City Beach STATE: FL COUNTY: Bay ZIP: 32411			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:

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)

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.

**COMMERCIAL INSURANCE APPLICATION -
PRIOR CARRIER INFORMATION SCHEDULE****BAYPOI0-03****ACRADDOCK****PAGE 1****OF 1**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
2020 - 2021	CARRIER			Lloyds of London	
	POLICY NUMBER			097590099316S04	
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE			07/22/2020	
	EXPIRATION DATE			07/22/2021	
2021 - 2022	CARRIER			Lloyds of London	
	POLICY NUMBER			097590099316S05	
	PREMIUM	\$	\$	\$ 48,059.00	\$
	EFFECTIVE DATE			07/22/2021	
	EXPIRATION DATE			07/22/2022	
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				



AGENCY CUSTOMER ID: BAYPOI0-03

ACRADDOCK

PROPERTY SECTION

DATE (MM/DD/YYYY)
07/21/2025

AGENCY NAME Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC		CARRIER American Coastal Insurance Company	NAIC CODE 12968
POLICY NUMBER TBD	EFFECTIVE DATE 07/22/2025	NAMED INSURED(S) Bay Point Golf Villas I Association Inc.	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1		STREET ADDRESS: 4300 Bay Point Road, Panama City Beach, FL 32411							
BUILDING #: 1		BLDG DESCRIPTION: Building 1 - 4 units							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	811,375		R	Special (Including theft)		10,000			Hurricane Deductible 5% Per Calendar Year
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input checked="" type="checkbox"/> Y	DESCRIPTION OF PROPERTY COVERED	LIMIT \$ 250,000	REFRIG MAINT AGREEMENT (Y / N) <input checked="" type="checkbox"/> N	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____
CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT Thomas Drive	CODE NUMBER 6
BUILDING IMPROVEMENTS <input checked="" type="checkbox"/> WIRING, YR: 2019 <input type="checkbox"/> ROOFING, YR: 2019 <input type="checkbox"/> OTHER: YR: _____		BLDG CODE GRADE	TAX CODE	ROOF TYPE
OTHER OCCUPANCIES		WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER	
CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>		WITH KEYS		
CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>		CLOCK HOURLY		

ADDITIONAL INTEREST

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

ADDITIONAL PREMISES INFORMATION		PREMISES #: 1		STREET ADDRESS: 4300 Bay Point Road, Panama City Beach, FL 32411					
		BUILDING #: 2		BLDG DESCRIPTION: Building 2 - 8 Units					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,657,750		R	Special (Including theft)		10,000			Hurricane Deductible5% Per Calendar Year
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION									
SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED				LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS		
<input type="checkbox"/>					DEDUCTIBLE \$	<input type="checkbox"/>	<input type="checkbox"/> BREAKDOWN OR CONTAMINATION		
							<input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE		
SINKHOLE COVERAGE (Required in Florida)				ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)				ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$			
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____					

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry	FT	MI	Thomas Drive		6	2	0	1982	13,262
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2019 <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:		WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____		
OTHER: YR:		RESISTIVE		MANUFACTURER: _____					
PRIMARY HEAT				SECONDARY HEAT					
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION	LOCAL GONG
								WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION
									LOCAL GONG

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

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

SIGNATURE

AGENCY CUSTOMER ID:

BAYPOI0-03

ACRADDCK

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

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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

Applicable in OR

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

Applicable in PR

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

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

PRODUCER'S SIGNATURE



PRODUCER'S NAME (Please Print)

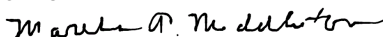
Kenneth A. Christian

STATE PRODUCER LICENSE NO
(Required in Florida)

A046961

APPLICANT'S SIGNATURE

DocuSigned by:



DATE

7/21/2025 | 11:34 PM

NATIONAL PRODUCER NUMBER

495801



AGENCY CUSTOMER ID: BAYPOIO-03

ACRADDOCK

PROPERTY SECTION

DATE (MM/DD/YYYY)
07/21/2025

AGENCY NAME Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC		CARRIER American Coastal Insurance Company	NAIC CODE 12968
POLICY NUMBER TBD	EFFECTIVE DATE 07/22/2025	NAMED INSURED(S) Bay Point Golf Villas I Association Inc.	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1		STREET ADDRESS: 4300 Bay Point Road, Panama City Beach, FL 32411							
BUILDING #: 3		BLDG DESCRIPTION: Building 3 - 4 Units							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	846,375		R	Special (Including theft)		10,000			Hurricane Deductible 5% Per Calendar Year

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

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

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE

DISTANCE TO
HYDRANT
FT
FIRE STAT
MI

FIRE DISTRICT

CODE NUMBER

PROT CL

STORIES

BASM'TS

YR BUILT

TOTAL AREA

Joisted Masonry**Thomas Drive****6****2****0****1982****6,771**

BUILDING IMPROVEMENTS

☐ WIRING, YR:☐ PLUMBING, YR:☒ ROOFING, YR: **2019**☐ HEATING, YR:☐ OTHER:

YR:

BLDG CODE
GRADE

TAX CODE

ROOF TYPE

OTHER OCCUPANCIES

WIND CLASS

SEMI- RESISTIVE

☐ RESISTIVE☐ HEATING SOURCE INCL WOODBURNING
STOVE OR FIREPLACE INSERTDATE
INSTALLED: _____

MANUFACTURER:

PRIMARY HEAT

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

SECONDARY HEAT

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

RIGHT EXPOSURE & DISTANCE

LEFT EXPOSURE & DISTANCE

FRONT EXPOSURE & DISTANCE

REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE

CERTIFICATE #

EXPIRATION DATE

CENTRAL
STATION☐ LOCAL
GONG

WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY

EXTENT

GRADE

GUARDS / WATCHMEN

CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)

% SPRNK

FIRE ALARM MANUFACTURER

CENTRAL STATION

LOCAL GONG

ADDITIONAL INTEREST

ACORD 45 attached for additional names

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

ACORD 140 (2014/12)

Attach to ACORD 125

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AGENCY CUSTOMER ID: BAYPOI0-03										ACRADDOCK					
ADDITIONAL PREMISES INFORMATION		PREMISES #: 1		STREET ADDRESS: 4300 Bay Point Road, Panama City Beach, FL 32411											
		BUILDING #: 4		BLDG DESCRIPTION: Building 4 - 6 Units											
SUBJECT OF INSURANCE		AMOUNT		COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY				
Building		1,253,625			R	Special (Including theft)		10,000			Hurricane Deductible5% Per Calendar Year				
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810						VALUE REPORTING INFORMATION - Attach ACORD 811							
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION															
SPOILAGE COVERAGE (Y / N)		DESCRIPTION OF PROPERTY COVERED				LIMIT \$		REFRIG MAINT AGREEMENT (Y / N)		OPTIONS					
<input type="checkbox"/>						DEDUCTIBLE \$		<input type="checkbox"/>		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE					
SINKHOLE COVERAGE (Required in Florida)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$							
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$							
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK										# OF OPEN SIDES ON STRUCTURE: _____					
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA		
Joisted Masonry		FT		MI		Thomas Drive			6	2	0	1982	10,029		
BUILDING IMPROVEMENTS				BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR:															
<input checked="" type="checkbox"/> ROOFING, YR: 2019 <input type="checkbox"/> HEATING, YR:				WIND CLASS		SEMI- RESISTIVE		<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____					
<input type="checkbox"/> OTHER: YR:				RESISTIVE				MANUFACTURER: _____							
PRIMARY HEAT						SECONDARY HEAT									
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>						<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>									
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N									
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE				FRONT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE				CERTIFICATE #						EXPIRATION DATE		<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG		
												WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY						EXTENT		GRADE		# GUARDS / WATCHMEN		<input type="checkbox"/>	CLOCK HOURLY		
												<input type="checkbox"/>			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)						% SPRNK		FIRE ALARM MANUFACTURER						<input type="checkbox"/>	CENTRAL STATION
														<input type="checkbox"/>	LOCAL GONG
ADDITIONAL INTEREST		ACORD 45 attached for additional names													
INTEREST		NAME AND ADDRESS RANK: _____				EVIDENCE: _____		CERTIFICATE _____		INTEREST IN ITEM NUMBER					
<input type="checkbox"/> LOSS PAYEE										LOCATION: _____					
<input type="checkbox"/> MORTGAGEE										BUILDING: _____					
<input type="checkbox"/>										ITEM CLASS: _____					
<input type="checkbox"/>										ITEM: _____					
		REFERENCE / LOAN #:								ITEM DESCRIPTION					
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)															

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 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

DocuSigned by:

PRODUCER'S NAME (Please Print)

Kenneth A. Christian

STATE PRODUCER LICENSE NO
(Required in Florida)

A046961

APPLICANT'S SIGNATURE

DATE

7/21/2025 | 11:30:58 AM

NATIONAL PRODUCER NUMBER

405801



AGENCY CUSTOMER ID: BAYPOIO-03

ACRADDOCK

PROPERTY SECTION

DATE (MM/DD/YYYY)

07/21/2025

AGENCY NAME Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC		CARRIER American Coastal Insurance Company	NAIC CODE 12968
POLICY NUMBER TBD	EFFECTIVE DATE 07/22/2025	NAMED INSURED(S) Bay Point Golf Villas I Association Inc.	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1		STREET ADDRESS: 4300 Bay Point Road, Panama City Beach, FL 32411							
BUILDING #: 5		BLDG DESCRIPTION: Building 5- 7Units							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,455,750		R	Special (Including theft)		10,000			Hurricane Deductible 5% Per Calendar Year

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

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

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE

DISTANCE TO
HYDRANT
FIRE STAT
FT MI

FIRE DISTRICT

CODE NUMBER

PROT CL

STORIES

BASM'TS

YR BUILT

TOTAL AREA

Joisted Masonry**Thomas Drive****6****2****0****1982****11,646**

BUILDING IMPROVEMENTS

☐ WIRING, YR:☐ PLUMBING, YR:☒ ROOFING, YR: **2019**☐ HEATING, YR:☐ OTHER:

YR:

BLDG CODE
GRADE

TAX CODE

ROOF TYPE

OTHER OCCUPANCIES

WIND CLASS

SEMI- RESISTIVE

☐ HEATING SOURCE INCL WOODBURNING
STOVE OR FIREPLACE INSERTDATE
INSTALLED: _____

MANUFACTURER:

PRIMARY HEAT

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

SECONDARY HEAT

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

RIGHT EXPOSURE & DISTANCE

LEFT EXPOSURE & DISTANCE

FRONT EXPOSURE & DISTANCE

REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE

CERTIFICATE #

EXPIRATION DATE

CENTRAL
STATION☐ LOCAL
GONG

WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY

EXTENT

GRADE

GUARDS / WATCHMEN

CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)

% SPRNK

FIRE ALARM MANUFACTURER

CENTRAL STATION

LOCAL GONG

ADDITIONAL INTEREST

ACORD 45 attached for additional names

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

ACORD 140 (2014/12)

Attach to ACORD 125

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AGENCY CUSTOMER ID: BAYPOI0-03										ACRADDOCK					
ADDITIONAL PREMISES INFORMATION		PREMISES #: 1		STREET ADDRESS: 4300 Bay Point Road, Panama City Beach, FL 32411											
		BUILDING #: 6		BLDG DESCRIPTION: Building 6- 6 Units											
SUBJECT OF INSURANCE		AMOUNT		COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY				
Building		1,253,625			R	Special (Including theft)		10,000			Hurricane Deductible5% Per Calendar Year				
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810						VALUE REPORTING INFORMATION - Attach ACORD 811							
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION															
SPOILAGE COVERAGE (Y / N)		DESCRIPTION OF PROPERTY COVERED				LIMIT \$		REFRIG MAINT AGREEMENT (Y / N)		OPTIONS					
<input type="checkbox"/>						DEDUCTIBLE \$		<input type="checkbox"/>		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE					
SINKHOLE COVERAGE (Required in Florida)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$							
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$							
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK										# OF OPEN SIDES ON STRUCTURE: _____					
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA		
Joisted Masonry		FT		MI		Thomas Drive			6	2	0	1982	10,029		
BUILDING IMPROVEMENTS				BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR:															
<input checked="" type="checkbox"/> ROOFING, YR: 2019 <input type="checkbox"/> HEATING, YR:				WIND CLASS		SEMI- RESISTIVE		<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____					
<input type="checkbox"/> OTHER: YR:				RESISTIVE				MANUFACTURER:							
PRIMARY HEAT						SECONDARY HEAT									
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>						<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>									
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N									
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE				FRONT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE				CERTIFICATE #						EXPIRATION DATE		<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG		
												WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY						EXTENT		GRADE		# GUARDS / WATCHMEN		<input type="checkbox"/>	CLOCK HOURLY		
												<input type="checkbox"/>			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)						% SPRNK		FIRE ALARM MANUFACTURER				<input type="checkbox"/>	CENTRAL STATION		
												<input type="checkbox"/>	LOCAL GONG		
ADDITIONAL INTEREST		ACORD 45 attached for additional names													
INTEREST		NAME AND ADDRESS				RANK: _____		EVIDENCE: _____		CERTIFICATE _____		INTEREST IN ITEM NUMBER			
<input type="checkbox"/> LOSS PAYEE												LOCATION: _____		BUILDING: _____	
<input type="checkbox"/> MORTGAGEE												ITEM CLASS: _____		ITEM: _____	
<input type="checkbox"/>												ITEM DESCRIPTION			
		REFERENCE / LOAN #:													
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)															

AGENCY CUSTOMER ID: _____

BAYPOI0-03

ACRADD0CK

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

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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.

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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.

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PRODUCER'S SIGNATURE



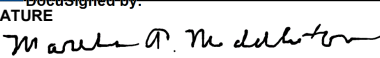
PRODUCER'S NAME (Please Print)

Kenneth A. Christian

STATE PRODUCER LICENSE NO
(Required in Florida)

A046961

APPLICANT'S SIGNATURE



DATE

7/21/2025 | 11:34

NATIONAL PRODUCER NUMBER

485801

BAYPOI0-03

PROPERTY SECTION

07/21/2025

AGENCY NAME Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC		CARRIER American Coastal Insurance Company	NAIC CODE 12968
POLICY NUMBER TBD	EFFECTIVE DATE 07/22/2025	NAMED INSURED(S) Bay Point Golf Villas I Association Inc.	

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES #: 1	STREET ADDRESS: 4300 Bay Point Road, Panama City Beach, FL 32411
BUILDING #: 7	BLDG DESCRIPTION: Building 7- 4 Units

[illegible]**VALUE REPORTING INFORMATION - Attach ACORD 811**

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

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

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry	FT	MI	Thomas Drive		6	2	0	1982	6,491

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES		
X	WIRING, YR: <input type="text"/>	PLUMBING, YR: <input type="text"/>	WIND CLASS	SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____	
	ROOFING, YR: 2019						HEATING, YR: <input type="text"/>
	OTHER: _____						

PRIMARY HEAT				SECONDARY HEAT			
<input type="checkbox"/>	BOILER	<input type="checkbox"/>	SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/>	BOILER	SOLID FUEL
IF BOILER, IS INSURANCE PLACED ELSEWHERE?		<input type="checkbox"/>	Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE?		<input type="checkbox"/>	Y / N

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

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

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

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

ADDITIONAL INTEREST: ACCOUNT #s attached for additional parties		NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE		INTEREST IN ITEM NUMBER	
INTEREST				LOCATION:	BUILDING:
LOSS PAYEE				ITEM CLASS:	ITEM:
MORTGAGEE				ITEM DESCRIPTION	
		REFERENCE / LOAN #:			

ADDITIONAL PREMISES INFORMATION		PREMISES #:		STREET ADDRESS:												
		BUILDING #:		BLDG DESCRIPTION:												
SUBJECT OF INSURANCE		AMOUNT		COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY					
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810						VALUE REPORTING INFORMATION - Attach ACORD 811								
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION																
SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED					LIMIT		REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>		OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE						
						\$										
						DEDUCTIBLE										
						\$										
SINKHOLE COVERAGE (Required in Florida)						ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$						
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)						ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$						
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK											# OF OPEN SIDES ON STRUCTURE: _____					
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT		CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA		
		FT		MI												
BUILDING IMPROVEMENTS			BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES							
<input type="checkbox"/>	WIRING, YR:		<input type="checkbox"/>	PLUMBING, YR:												
<input type="checkbox"/>	ROOFING, YR:		<input type="checkbox"/>	HEATING, YR:		WIND CLASS		SEMI- RESISTIVE		<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____				
<input type="checkbox"/>	OTHER: YR:		<input type="checkbox"/>	RESISTIVE						MANUFACTURER: _____						
PRIMARY HEAT						SECONDARY HEAT										
<input type="checkbox"/>	BOILER		<input type="checkbox"/>	SOLID FUEL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOILER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N										
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE							
BURGLAR ALARM TYPE				CERTIFICATE #						EXPIRATION DATE		<input type="checkbox"/>	CENTRAL STATION	<input type="checkbox"/>	LOCAL GONG	
													WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY						EXTENT		GRADE		# GUARDS / WATCHMEN		<input type="checkbox"/>	CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)						% SPRNK		FIRE ALARM MANUFACTURER						<input type="checkbox"/>	CENTRAL STATION	
															LOCAL GONG	
ADDITIONAL INTEREST		ACORD 45 attached for additional names														
INTEREST		NAME AND ADDRESS				RANK: _____		EVIDENCE: _____		CERTIFICATE _____		INTEREST IN ITEM NUMBER				
<input type="checkbox"/>	LOSS PAYEE											LOCATION: _____		BUILDING: _____		
<input type="checkbox"/>	MORTGAGEE											ITEM CLASS: _____		ITEM: _____		
<input type="checkbox"/>												ITEM DESCRIPTION				
		REFERENCE / LOAN #:														
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																

SIGNATURE

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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.

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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.

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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.

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

Applicable in PR

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

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

PRODUCER'S SIGNATURE



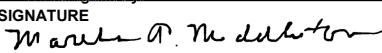
PRODUCER'S NAME (Please Print)

Kenneth A. Christian

STATE PRODUCER LICENSE NO
(Required in Florida)

A046961

APPLICANT'S SIGNATURE



DATE

7/21/2025 | 11:34

NATIONAL PRODUCER NUMBER

495801

* Code EQBRK; Description Equipment Breakdown Endorsement; Limit 1 \$8,089,875; Deductible \$10,000;

* Code ORDLA; Description A full Limits Any B or C combined limit \$202,247;



Amwins Insurance Brokerage, LLC
 10201 Centurion Parkway North
 Suite 400
 Jacksonville, FL 32256

 amwins.com

Fisher Brown Bottrell, A Marsh & McLennan Agency LLC
 19 West Garden Street
 Suite 300
 Pensacola, FL 32502

RE: Bay Point Golf Villas I Assoc Inc

DIFFERENCE IN CONDITIONS QUOTATION

Please find the attached quotation for Bay Point Golf Villas I Assoc Inc. Here is a summary of the terms and conditions:

INSURED: Bay Point Golf Villas I Assoc Inc

MAILING ADDRESS: PO BOX 27075
 Panama City, FL 32411

CARRIER: Certain Underwriters at Lloyd's, London (Non-Admitted)

PROPOSED POLICY PERIOD: From 7/22/2025 to 7/22/2026
 12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:	Premium	\$2,022.00
	Fees	\$400.00
	Surplus Lines Taxes and Fees	\$121.10
	Total	\$2,543.10

TRIA OPTIONS: TRIA can be purchased for an additional premium of \$101.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

MINIMUM EARNED PREMIUM: See Attached Carrier Quote

SUBJECTIVITIES: (See Attached Carrier Quote for Additional Subjectives)

- Complete Copy of Signed Acord Application - **DUE PRIOR TO BINDING**
- Confirm if the Insured Accepts/ Rejects Terrorism Coverage (signed form attached) - **DUE PRIOR TO BINDING**
- Signed Affidavit of Diligent Effort - **DUE PRIOR TO BINDING**

Payment is Due in Full within 20 Days from Binding Coverage

SURPLUS LINES TAX SUMMARY

HOME STATE: Florida

FEES:

Fee	Taxable	Amount
Amwins Service Fee	Yes	\$150.00
Market Inspection Fee	Yes	\$250.00
Total Fees		\$400.00

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$2,022.00	\$400.00	\$2,422.00	4.940%	\$119.65
	Stamping Fee	\$2,022.00	\$400.00	\$2,422.00	0.060%	\$1.45
Total Surplus Lines Taxes and Fees						\$121.10

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

Matt Janicki
Executive Vice President
T 904.380.3923 | F 877.570.9323 | Matt.Janicki@amwins.com
Amwins Insurance Brokerage, LLC
In California: Amwins Brokerage Insurance Services | License 0F19710
10201 Centurion Parkway North | Suite 400 | Jacksonville, FL 32256 | amwins.com

SURPLUS LINES DISCLOSURE

Florida

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

FLORIDA SURPLUS LINES NOTICE (GUARANTY ACT)

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

LMA9037

September 1, 2013

FLORIDA SURPLUS LINES NOTICE (RATES AND FORMS)

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

LMA9038

September 1, 2013

Wrap

This Authorization or Binder is based on the coverage, terms and conditions listed herein. AmRisc, LLC disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms shown in this Authorization or Binder and those terms requested in your original submission or shown in your Certificates of Insurance or produced binder. All quotes and binders are subject to satisfactory inspections, recommendation compliance and financials. Carrier's participation may change at the time of binding or throughout the coverage period.



To: Amwins Insurance Brokerage, LLC

AccountID : 1262382

Valid Until: 7/21/2025

ACIC Wrap
Authorization

If ACIC Wrap coverage authorized herein is bound, this policy shall run concurrently with and be subject to the same terms, conditions and limitations of the American Coastal Insurance Company (hereinafter "ACIC") policy stated herein which shall be on file with Waypoint Wholesale, an AmRisc Company ; except as regards premium amount, coverages and limits of liability, or as stated elsewhere herein.

Names Insured Bay Point Golf Villas I Association Inc
Mailing Address P O Box 27075
Panama City Beach, FL 32411
Policy Period 7/22/2025 to 7/22/2026
Limit of Liability As Per Schedule on file with Waypoint Wholesale, an AmRisc Company
subject to a maximum limit of 5% multiplied by scheduled values Any one occurrence

Issuing Company Certain Underwriters at Lloyd's - Approved/Non-Admitted

Interest	Buildings	\$8,089,875
	Contents	\$0
	Other	\$0
	Rents	\$0
	Sum of TIV	\$8,089,875

Perils Special excluding Flood and Earthquake
Coverage is limited to the specified coverage indicated in the Wrap Policy wording.

Deductibles As per the American Coastal Insurance Company Policy, except Wind Driven Precipitation deductible shall be equal to the Hurricane deductible

Policy Premium	\$2,022.00	Premium
	\$250.00	Inspection Fee
	\$0.00	Policy Fee
	\$0.00	Surplus Lines (if applicable)
	\$2,272.00	Total
Any Additional or Return Premium under \$500 shall be waived		
TRIPRA Premium	\$101.00	Not included in the above premium
		Additional charges will apply if purchased
		Not included in tax summary

Minimum Earned Premium 35%

Information Due at binding OR within 30 days of inception:
Signed Surplus Lines Documentation (required at binding)
Signed TRIA Disclosure Notice

Wrap

This Authorization or Binder is based on the coverage, terms and conditions listed herein. AmRisc, LLC disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms shown in this Authorization or Binder and those terms requested in your original submission or shown in your Certificates of Insurance or produced binder. All quotes and binders are subject to satisfactory inspections, recommendation compliance and financials. Carrier's participation may change at the time of binding or throughout the coverage period.

ACIC Wrap Authorization

If ACIC Wrap coverage authorized herein is bound, this policy shall run concurrently with and be subject to the same terms, conditions and limitations of the American Coastal Insurance Company (hereinafter "ACIC") policy stated herein which shall be on file with Waypoint Wholesale, an AmRisc Company ; except as regards premium amount, coverages and limits of liability, or as stated elsewhere herein.

Sublimits and Extensions:

Accounts Receivable	\$1,000,000	
Backup of Sewers, Drains or Pumps	\$150,000	Annual Aggregate
Builders Risk	\$250,000	
Builders Risk Soft Costs	\$25,000	
Catastrophe Extra Expense	\$25,000	
Debris Removal	\$75,000	
Error or Omissions	\$25,000	
Fine Arts	\$100,000	
Fire Department Service Charge	\$100,000	
Fire Extinguisher Recharge	\$10,000	
Inflation Guard	5% of TIV	as per schedule
Leased or Rented Equipment	\$25,000	but not to exceed \$5,000 any one item
Lock Replacement	\$9,000	
Miscellaneous Unscheduled Property	\$10,000	
Newly Acquired Property	\$750,000	
Off Premises Power Failure	\$25,000	
Ordinance or Law	Lessor of: 5% per building; or \$1,000,000 per occurrence all buildings combined. Subject to ACIC providing primary coverage per CP 04 05.	
Outdoor Property	\$50,000	
except trees, shrubs, lawns or plants	\$40,000	
except any one tree, shrub or plant	\$4,750	
Pollutant Clean-up and Removal	\$100,000	Annual Aggregate
Professional Fees	\$100,000	Annual Aggregate
Property in Transit	\$150,000	
Property Off-Premises	\$25,000	
Reward Reimbursement	\$25,000	
Spoilage	\$25,000	
Valuable Papers and Records	\$500,000	
Wind-Driven Precipitation	\$150,000	Annual Aggregate

Wrap

This Authorization or Binder is based on the coverage, terms and conditions listed herein. AmRisc, LLC disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms shown in this Authorization or Binder and those terms requested in your original submission or shown in your Certificates of Insurance or produced binder. All quotes and binders are subject to satisfactory inspections, recommendation compliance and financials. Carrier's participation may change at the time of binding or throughout the coverage period.

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**Insured:** Bay Point Golf Villas I Association Inc**AccountID:** 1262382**Limits:** As per the attached Authorization or Indication

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

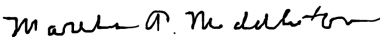
THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

I hereby elect to purchase coverage for acts of terrorism for a prospective premium of **\$101.00**

x

I hereby elect to have coverage for acts of terrorism excluded from my policy.
I understand that I will have no coverage for losses arising from acts of terrorism.

DocuSigned by:



Policyholder/Applicant's Signature

Martha Middleton

Print Name

7/21/2025 | 11:34 PDT

Date

LMA9184

09 January 2020

This notice applies to the following carriers and their respective participation quoted herein:

Certain Underwriters at Lloyds

Wrap

This Authorization or Binder is based on the coverage, terms and conditions listed herein. AmRisc, LLC disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms shown in this Authorization or Binder and those terms requested in your original submission or shown in your Certificates of Insurance or produced binder. All quotes and binders are subject to satisfactory inspections, recommendation compliance and financials. Carrier's participation may change at the time of binding or throughout the coverage period.



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

ACRADDOCK

 DATE (MM/DD/YYYY)
07/21/2025

AGENCY Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC 7522 Front Beach Road, 2nd Floor Panama City Beach, FL 32407		CARRIER Certain Underwriters at Lloyds		NAIC CODE 15792
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER TBD		
CONTACT NAME: Kenneth A. Christian		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): (850) 785-7404				
FAX (A/C, No): (850) 438-4678				
E-MAIL ADDRESS:				
CODE:	SUBCODE:			
AGENCY CUSTOMER ID: BAYPOI0-03				
STATUS OF TRANSACTION		<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW
		BOUND (Give Date and/or Attach Copy):		
		<input type="checkbox"/> CHANGE	DATE	TIME
		<input type="checkbox"/> CANCEL		<input type="checkbox"/> AM <input type="checkbox"/> PM

LINE OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM		PREMIUM
BOILER & MACHINERY	\$		CYBER AND PRIVACY	\$		YACHT	\$
BUSINESS AUTO	\$		FIDUCIARY LIABILITY	\$	<input checked="" type="checkbox"/>	DIC	\$
BUSINESS OWNERS	\$		GARAGE AND DEALERS	\$			\$
COMMERCIAL GENERAL LIABILITY	\$		LIQUOR LIABILITY	\$			\$
COMMERCIAL INLAND MARINE	\$		MOTOR CARRIER	\$			\$
COMMERCIAL PROPERTY	\$		TRUCKERS	\$			\$
CRIME	\$		UMBRELLA	\$			\$

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
07/22/2025	07/22/2026	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Bay Point Golf Villas I Association Inc. PO Box 27075 Panama City Beach, FL 32411		GL CODE	SIC 99	NAICS	FEIN OR SOC SEC # 23-7354698
		BUSINESS PHONE #: (850) 763-3620			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		

AGENCY CUSTOMER ID: BAYPOI0-03

ACRADDOCK

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2017 - 2018	CARRIER			Certain Underwriters at Lloyds	
	POLICY NUMBER			097590099316S01	
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE			07/22/2017	
	EXPIRATION DATE			07/22/2018	

AGENCY CUSTOMER ID: BAYPOI0-03

ACRADD0CK

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2018 2019	CARRIER			Certain Underwriters at Lloyds	
	POLICY NUMBER			097590099316S02	
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE			07/22/2018	
	EXPIRATION DATE			07/22/2019	
2019 2020	CARRIER			Certain Underwriters at Lloyds	
	POLICY NUMBER			097590099316S03	
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE			07/22/2019	
	EXPIRATION DATE			07/22/2020	

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS						TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N	

SIGNATURE

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials):

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

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

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

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

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


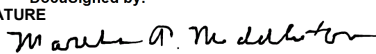
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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

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

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

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Kenneth A. Christian	STATE PRODUCER LICENSE NO (Required in Florida) A046961
APPLICANT'S SIGNATURE 	DATE 7/21/2025 11:34	NATIONAL PRODUCER NUMBER 498801

**COMMERCIAL INSURANCE APPLICATION -
PRIOR CARRIER INFORMATION SCHEDULE****BAYPOI0-03****ACRADDCK****PAGE 1****OF 1**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
2020 - 2021	CARRIER			Lloyds of London	
	POLICY NUMBER			097590099316S04	
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE			07/22/2020	
	EXPIRATION DATE			07/22/2021	
2021 - 2022	CARRIER			Lloyds of London	
	POLICY NUMBER			097590099316S05	
	PREMIUM	\$	\$	\$ 48,059.00	\$
	EFFECTIVE DATE			07/22/2021	
	EXPIRATION DATE			07/22/2022	
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC			CARRIER Certain Underwriters at Lloyds		NAIC CODE 15792
POLICY NUMBER TBD		EFFECTIVE DATE 07/22/2025	NAMED INSURED(S) Bay Point Golf Villas I Association Inc.		

PREMISES INFORMATION

LOC # 1	STREET 4300 Bay Point Road		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 5	CITY: Panama City Beach	STATE: FL			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: Bay	ZIP: 32411				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 4300 Bay Point Road		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 6	CITY: Panama City Beach	STATE: FL			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: Bay	ZIP: 32411				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 4300 Bay Point Road		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 7	CITY: Panama City Beach	STATE: FL			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: Bay	ZIP: 32411				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC # 1	STREET 4300 Bay Point Road		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 8	CITY: Panama City Beach	STATE: FL			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: Bay	ZIP: 32411				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

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)

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.



Named Insured:

Policy Description:

Policy Term:

Bay Point Golf Villas I Association Inc.

Difference In Condition

7/22/2025 to 7/22/2026

FLOOD INSURANCE ACKNOWLEDGEMENT FORM

Standard property policies, including but not limited to homeowners’ policies, dwelling policies, or commercial property insurance policies exclude coverage for flooding events. As your insurance agency, we strongly recommend that you purchase flood insurance and excess flood coverage if values exceed the maximum coverage available on the primary policy. It is possible that coverage as recommended below may not be available from the carriers we represent.

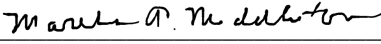
I hereby acknowledge the acceptance, rejection, or unavailability of flood and excess flood coverage as indicated below. It will be conclusively presumed this election, rejection, and/or acknowledgement of unavailability will apply to all future renewals, continuations, changes, or replacements thereof.

Type of Coverage	Accept	Reject	Unavailable
Building Coverage		X	
Contents/Personal Property		X	
Excess Building Coverage		X	
Excess Contents/Personal Property		X	

Address of Property: 4300 Bay Point Road

Insured’s Signature:

DocuSigned by:



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Date Signed: 7/21/2025 | 11:34 PDT

Fisher Brown Bottrell

A Marsh & McLennan Agency LLC Company

Named Insured: Bay Point Golf Villas I Association Inc.
Policy Description: Difference In Condition
Policy Term: 7/22/2025 to 7/22/2026

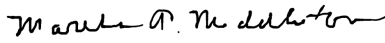
**EARTHQUAKE COVERAGE EXCLUSION
ACKNOWLEDGEMENT**

I acknowledge and understand that the above referenced insurance policy from Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC **DOES NOT PROVIDE COVERAGE FOR EARTHQUAKE AT THE FOLLOWING LOCATION(S)**

Address of Property: 4300 Bay Point Road

Insured's Signature:

DocuSigned by:



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Date Signed: 7/21/2025 | 11:34 PDT

Fisher Brown Bottrell

A Marsh & McLennan Agency LLC Company

Named Insured:	Bay Point Golf Villas I Association Inc.
Policy Description:	Difference In Condition
Policy Term:	7/22/2025 to 7/22/2026

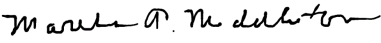
**COMMERCIAL PROPERTY VALUATION
ACKNOWLEDGEMENT**

The property values illustrated are estimates only based upon the information you have furnished. Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC assumes no responsibility for the accuracy of these values.

If you are not sure of the accuracy of the values stated, a property appraisal should be obtained from a qualified, licensed real estate appraiser or contractor.

Insured's Signature:

DocuSigned by:



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Date Signed: 7/21/2025 | 11:34 PDT

Fisher Brown Bottrell

A Marsh & McLennan Agency LLC Company

Named Insured:

Policy Description:

Policy Term:

Bay Point Golf Villas I Association Inc.

Difference In Condition

7/22/2025 to 7/22/2026

PROTECTIVE SAFEGUARD WARRANTIES

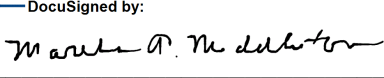
This policy includes several protective safeguard warranties. By signing below, you acknowledge that the policy contains the following warranties.

- ☐ Burglary & Robbery-Protective Safeguards: Active central station alarm system & burglar alarm
- ☐ Automatic Sprinkler System: must be operational and maintained by annual professional service contract.
- ☒ Smoke detectors and currently tagged fire extinguishers
- ☐ Ansul System-Protective Safeguard: Automatic extinguishing system over all cooking surfaces that is operational and maintained by semi/annual professional cleaning contract (hoods/vents) on quarterly professional cleaning contract).

As a condition of your insurance you are responsible to maintain the protective devices listed above. *Failure to maintain these protective safeguards devices could jeopardize your coverage including denial of a claim.*

Insured's Signature:

DocuSigned by:



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Date Signed:

7/21/2025 | 11:34 PDT

Fisher Brown Bottrell

A Marsh & McLennan Agency LLC Company

EXPLANATION OF ADMITTED CARRIER AND NON-ADMITTED CARRIER

An **Admitted Insurer** is a company licensed or authorized to sell insurance to the general public. In the United States, admitted companies are licensed on a state-by-state basis and differentiated from surplus lines insurers, which are authorized to sell insurance in a state on a non-admitted basis.

A **Non-admitted Insurer** is an insurance company not licensed to do business in a certain state. Such insurers can nevertheless write coverage through an excess and surplus lines broker that is licensed in these jurisdictions.

Insurance Company	AM Best Rating	Demotech Rating	KBRA Rating	Admitted/Non Admitted
Certain Underwriters at Lloyds	A	N/A	N/A	Non-Admitted

Your signature constitutes acceptance that at the time of coverage being bound through the above Insurance Company, they held a (Best's/Demotech/KRBA) Financial rating of **A** or above.

Marsha A. McClinton

7/21/2025 | 11:34 PDT

Insured's Name: (Bay Point Golf Villas I Association Inc.)

Date Signed

Fisher Brown Bottrell

A Marsh & McLennan Agency LLC Company

Named Insured:	Bay Point Golf Villas I Association Inc.
Policy Description:	Difference In Condition
Policy Term:	7/22/2025 to 7/22/2026
Excess and Surplus Lines Carrier:	Certain Underwriters at Lloyds
Carrier Rating:	A

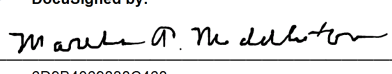
**SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT
FLORIDA**

At my direction, Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to the placement.

I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

DocuSigned by:



Insured's Signature: _____

Date Signed: 7/21/2025 | 11:34 PDT

Fisher Brown Bottrell

A Marsh & McLennan Agency LLC Company

Named Insured:	Bay Point Golf Villas I Association Inc.
Policy Description:	Difference In Condition
Policy Term:	7/22/2025 to 7/22/2026

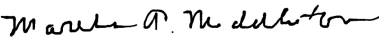
ATTENTION: MINIMUM PREMIUM APPLIES TO YOUR POLICY

This policy is subject to a minimum earned premium of **35%** plus applicable taxes. Policy fees apply to this policy and are fully earned at your request to bind. Premium charges for additional insured's and waivers of subrogation (if applicable) are fully earned at inception.

By signing below you acknowledge and accept responsibility for the full amount of these earned premiums, taxes and policy fees, and agree to pay the earned premium and policy fees to Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC should you cancel this policy for any reason.

Insured's Signature:

DocuSigned by:



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Date Signed: 7/21/2025 | 11:34 PDT

Fisher Brown Bottrell

A Marsh & McLennan Agency LLC Company

PREMIUM PAYMENT DISCLAIMER

Important Notice: Your policies require timely payment of premiums to remain in force and effect!

Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC Agency's Role If Your Insurer Cancels Your Policy

Any policies that we bind for you require you to pay the specified premiums as indicated in the policy documents and/or any billing statements from the company issuing the policy. If the insurance company does not receive your premium payments on the date due in a timely manner, your coverage could be interrupted or discontinued. Your policies do not have any "grace period".

In most states, state statute will limit an insurer's right to cancel a policy and requires the insurer (company issuing the policy) to provide notice to you when a policy is cancelled. Should you become aware of or receive a notice of cancellation on your policy, please contact us immediately so that we can help you with the situation. While we may receive notices of cancellations on client policies, an insurance company is not required to notify us with the same priority regarding cancellations as it owes to you, our customer.

Although state statute does not require us, as an agent, to provide any notice of policy cancellation to you, our client, should we become aware of a policy cancellation, and have not been contacted by you, we will attempt to contact you about the cancellation in order to try and assist you in working with your insurance company through the situation causing the cancellation.

Each and every policy cancellation is an independent event. Only an insurance company has the authority to determine whether a policy will be cancelled or reinstated if cancelled. Should such circumstances occur with your policy, we will do our best to assist you in this matter.



500 West Putnam Avenue
Suite 400
Greenwich, CT 06831
Phone: (877) 505-3226
www.greatpointins.com

Application Information

Brokerage/Agency Information

Brokerage/Agency Name **FBINSURANCE**
Address **248 E Capitol St**
City **Jackson** County **MS** State **MS** Zip Code **39201**
Phone **(850) 462-6598** Fax
Contact Person **Ann Craddock**
Email **ann.craddock@marshmma.com**

Applicant Information

Insured Name * **Bay Point Golf Villas I Assoc Inc.**
Website
Contact First Name **Martha**
Contact Last Name **Middleton**
Phone **(850) 763-3620**
Email

Domiciled Address

Street * **4300 Bay Point Road**
Suite
Zip * **32411**
City * **Panama City**
State * **Florida**
County **Bay**

Mailing Address

Street **4300 Bay Point Road**
Suite
Zip **32411**
City **Panama City**
State **Florida**
County **Bay**

Year Established	1980
# of Employees	0

Policy Information

Coverage terms must be one of the following: (a) Annual - 12 month policy term , (b) Short Term – Policy period greater than 6 months or (c) Long Term - Policy period no greater than 18 months

Effective Date * **7/22/2025** Expiration Date * **7/22/2026**
Limit Option **\$5M**

Expiring Policy Information

This Account is a:	RENEWAL (Currently Placed with GREAT POINT)
Has the Insured ever had their Umbrella coverage non-renewed	Yes

Expiring Placement Detail

Are you the Incumbent * Agent? **Yes**
Expiring Placement Type * **PG Program**
Expiring Carrier * **Midvale Indemnity Company**
Expiring Broker * **FBINSURANCE**
Expiring Program Name *

Expiring Limit & Pricing

Expiring Limit * **\$5,000,000**
Expiring Premium * **\$1,000**
Expiring PG Dues Amount **\$170**
Expiring Total **\$1,170**
Expiring Commission * **0%**
Percentage

Operations / Exposures

Governing Code	SIC Code	NAICS Code	ISO Code	ISO Description	Industry Class	UmbrellaPro Eligibility	Exposure
Yes*	8641	813990	62003	Condominiums - Residential (Association Only)	Real Estate	Eligible	N/A

Operations Exposure Summary:

Gross Sales **0**

Exposure Summary:

Insurance. One & Done.

Apartment Units	0	Retail LRO SqFt	0	Private Passenger	0
Dwelling Units	0	Office LRO SqFt	0	Light Trucks / Vans / SUV's (WITHOUT PASSENGERS)	0
HOA Units With D&O	0	Warehouse LRO SqFt	0	Courtesy Shuttle / SUV (WITH PASSENGERS) - 1 - 8 Passengers	0
HOA Units Without D&O	0	Industrial LRO SqFt	0	Medium Trucks (WITHOUT PASSENGERS)	0
Condo/ Co-Op Units With D&O	39	Vacant Land Acres	0	Courtesy Shuttle - 9 – 20 Passengers	0
Condo/ Co-Op Units Without D&O	0	Open Parking* SqFt * Only if considered a separate location	0	Heavy Truck	0
Condo Units (3rd Party)	0	Enclosed Parking* SqFt * Only if considered a separate location	0	Extra Heavy Truck	0
Hotel Rooms	0			Heavy Tractor	0
Timeshare Units	0			Extra Heavy Tractor	0
Pools	0			Bus - 21+ Passengers	0
B&B Rooms	0			Limousine	0
Boat Slips	0			Total Vehicles	0
Golf Courses (18 HOLES = '1')	0	Total # of Locations	1		

Industry / Program Supplemental Questionnaire

1	Has the insured ever (total years of ownership/operations) experienced a claim involving one or more of (1) Fatality, (2) Severe Burns, (3) Traumatic Brain Injury, (4) Dismemberment/Amputations, (5) Paralysis, (6) Loss of or impairment of eyesight and/or hearing and severe scarring, (7) Any type of assault including Sexual assault or Battery but not limited to rape, molestation or sexual abuse, (8) fungus/lead exposures?	No
2	Are all locations currently in compliance with all property statutes, local ordinances and building codes?	Yes
3	Does the Insured have any of the following: (1) Housing Authorities / Housing Projects, subsidized housing at any one scheduled location? N/A IN CALIFORNIA, (2) Assisted Living, Nursing Homes, Nursing Care, or Medical Services, (3) Religious Institutions or Religious Organizations at any of the insured's locations?, (4)Senior Housing, (5) Adult and/or Children's Day Care, Babysitting, Camps or "other" organized activities available, (6) Museums, (7) Schools or Student at any one scheduled location (Example: dorms, or locations that are solely rented out to students; Trade / Vocational Schools; Kindergarten), (8) Mobile Homes, RV or Trailer Park, (9) Tenants engaged in heavy industrial / manufacturing operations?, (10) Storage of any chemicals, explosives or high-hazard materials at any scheduled locations, (11) Dump Trucks, (13) Animal exposures such as guard dogs, animal services etc, (14) Any scheduled location operating as a Gasoline Station, (15) Life Safety "Pull Cords" for habitational occupancies (16) Homeless shelters (17) Hospital Exposure (18) Marijuana Dispensary tenant?	No
4	Is any scheduled location an enclosed mall over 1,000,000 square feet?	No
5	Is any scheduled location a Nightclubs or Disco* - A "Nightclub or Disco" is defined as: an establishment open to the public, other than a theater with fixed seating, which is characterized by any of the following: 1) it stays open past 10:00 pm and 2) it provides live entertainment by paid performing artists or by the way of recorded music conducted by a person employed or engaged to do so and 3) it has as its primary source of revenue (a) the sale of beverages of any kind for consumption on the premises, (b) cover charges, or (c) both and 4) it has a maximum occupancy of two hundred (200) or more people	No
6	Do exposures include any Armed Security personnel?	No
7	Prior to performing any work at an Insured location are all Vendors, Suppliers and Contractors required to have a signed contract in place that requires: (1) A Hold Harmless & Indemnification Agreement in favor of the Insured, (2) the Maintainenace of at least \$1M of GL coverage, (3) Receiving a Certificate of Insurance (updated annually) showing the Insured added as Additional Insured?	Yes
8	Are all buildings at least 70% occupied and/or 70% Operational?	Yes

9	Other than the Insureds tenants, are there any scheduled locations with operations/entities that are owned/operated by someone other than the Insured? [This does not apply to locations the Insured leases from an unrelated third party such as an "office" or "warehouse"]	No
10	Are carbon monoxide detection units installed and maintained in all locations in which it is required by law? <i>TIP: ANSWER "YES" IF THERE ARE NO LAWS IN PLACE THAT REQUIRED CO2 DETECTORS</i>	Yes
11	Are any scheduled buildings currently under construction (exposure beyond normal maintenance and repair)?	No
12	Have any scheduled locations been newly constructed or undergone any renovations that required a building permit within the last 12 months?	No
13	Does the Insured have any physical exposures / locations in the State of Georgia, Louisiana, or New York?	No
14	Does any scheduled location contain a restaurant that is leased to a third party (Lessors Risk Only "LRO")?	No
15	Have all locations, not newly constructed or acquired, (1) Been inspected by a GL carrier within the past 3 years and (2) Have all Loss Control Recommendation's been addressed?	Yes
16	Does the Insured/Management have more than 5 years of management experience?	Yes
17	Does the Insured employ a Safety Director?	No
18	Is there an Accident Investigation procedure in place?	Yes
19	Is there a Loss Control/Safety Program in place?	Yes
20	Is any scheduled location a Hotel / Motel with guest rooms that open to an "exterior corridor" aka doors are visible / accessible from the exterior of the building?	No
21	Is Ownership and/or Management aware of any Human Trafficking / Sex Trafficking / Labor Trafficking or Prostitution occurring on the premises of any scheduled location?	No
22	Has the occupancy type and/or operations of any tenant changed within the last 12 months?	No
23	Are Hotel and/or B&B guests allowed to occupy rooms on a long term (14 days or greater) basis?	No

Underlying Insurance

1	Are Defense costs outside policy limits for all scheduled underlying policies?	Yes
2	I understand that coverage will not apply to any "unscheduled" policies.	I agree
3	Will all scheduled underlying policies, other than Employers Liability, be placed with carriers rated A-VII or better?	Yes
4	Does the Insured have any Foreign Liability Exposure?	No
5	Do any primary coverages contain any sub-limits less than (other than Medical Payments or Fire Legal) \$1,000,000? WE WILL NOT DROP DOWN – SUBLIMIT EXCLUSION	No
6	Are all underlying Auto and General Liability policies on an occurrence form?	Yes
7	Is the GL policy written with an ISO Form CG0001 or equivalent?	Yes
8	Do you want to schedule Hired & Non-owned Automobile Coverage? [Pick One]	Yes - Included in GL
8.1	Hired / Non Owned Auto Liability Limit:	1,000,000
8.2	Will Hired and Non-Owned Automobile losses erode (count against) any coverage aggregate?	No
8.3	Does the Insured have employees using their own vehicles on company business on a regular basis?	No
7.4	Does the Insured engage in any (1) Rapid Delivery Operations (i.e. pizza and/or other food delivery, newspaper, and magazine) , (2) Gasoline Hauling, (3) Waste/Red Label Hauling, (4) Commodity II or IV Hauling, or (5) Hauling of "Other" Hazardous Material?	No
9	Does the Insured have a Personal Umbrella Liability Policy, with limits of \$5M or greater?	No
10	Do you want to schedule underlying coverage for Garage Keepers Legal Liability ("GKLL")?	No
11	Do you want to schedule underlying coverage for NOT FOR PROFIT D&O for a community association? <i>The answer to this question is read only. It changes based on the exposure type you enter in the Locations section of the application.</i>	Yes
11.1	Is D&O provided on a stand alone policy or within the GL policy?	Stand Alone
12	Do you want to schedule underlying Employers Liability?	No

13	Do you want to schedule an underlying Auto Liability policy?	No
14	Do you want to schedule Liquor Liability? <i>Tip: This is for other than "Host" Liquor Liability</i>	No
15	Do you want to schedule an Employee Benefits Liability policy?	No
16	Are there any "Other" policies you want to schedule?	No

General Liability

Carrier	Effective Date	Expiration Date	Premium
Auto-Owners Insurance Company	7/22/2025	7/22/2026	\$ 3,762

Limits

Each Occurrence	\$ 1,000,000
General Aggregate	\$ 2,000,000
Does the General Aggregate limit apply on a "Per Location" basis without any "sub - limit" or "cap" limitations?	Yes
Products / Completed Operations Aggregate	Included
Products / Completed Operations Aggregate Limit	\$ 1,000,000
Advertising Injury / Personal Injury (Each Offense)	\$ 1,000,000
Is coverage issued with an SIR or Deductible?	No
Includes Hired & Non-owned Liability coverage?	Yes
Includes Employee Benefits Liability?	No
Includes NOT FOR PROFIT Community Association D&O	No
Includes Liquor Liability	No
UPLOAD: Select the "Upload" button to attach one or more of the following (1) Quote, (2) Binder, (3) Policy Declarations Page, (4) Schedule of Forms & Endorsements or (5) GL Classification Schedule Page that clearly show each of the following (a) PREMIUM, (b) ISO CODE'S, (c) RATABLE BASIS, (d) CARRIER NAME & EFFECTIVE DATE and (e) FORMS & ENDORSEMENTS ATTACHED AT INCEPTION. Any discrepancy between the data uploaded and the data entered on the Application for Insurance may affect your coverage including cancellation of coverage retroactive to inception. <div>1 File Uploaded</div>	
NOTE: iPad Users you will need to take a "photo" of the document to create an "image" of a document page to upload.	
Are there any additional General Liability policies you want to schedule? Must have common ownership in order to schedule. If not common ownership, you must create a new Umbrella application.	No

D&O Liability

Carrier	Effective Date	Expiration Date	Premium
Travelers Casualty and Surety Company	6/22/2025	6/22/2026	\$ 2,639

Limits

Each Occurrence	\$ 1,000,000
Aggregate	\$ 1,000,000
D&O Liability- "Upload" one of the following evidencing Carrier, Limits, Ratable Basis and all applicable scheduled endorsements: (1) Quote, (2) Binder or (3) Declarations Page, Classification Schedule / Ratable basis Page and schedule of endorsements. <div>1 File Uploaded</div>	
Are any locations a "Condo - Hotel"?	No

Are any of the units Time Shares and/or in a Rental Pool?	No
Are there any additional D&O Liability policies you want to schedule?	No

Loss History - General Liability

1	Please select how many years the Insured has been in business?	5 Or More Years
2	Have there been any New York Labor Law claims in the last five years?	No
3	Has the Insured ever (total years of ownership/operation) experienced a claim involving one or more of a (1) Fatality, (2) Severe Burns, (3) Traumatic Brain Injury, (4) Dismemberment / Amputation, (5) Paralysis, (6) Loss of or impairment of eyesight and/or hearing and severe scarring, (7) Sexual Assault or Battery including, but not limited to, rape, molestation or sexual abuse, (8) fungus/lead exposure?	No
4	For GENERAL LIABILITY, does (1) The Aggregate Incurred Loss total for the last 3 years (current period and two prior) that the insured has been in business, exceed \$100,000? AND / OR (2) has there been any single claim in the last 3 years (current period and two prior) that the insured has been in business, over \$300,000?	No
4.1	Do you have or will you be able to get Currently Valued General Liability Loss Runs for the last 3 years that the Insured has been in business? <small>Tip: "Currently Valued" is defined as dated within six months of the proposed effective date</small>	Yes
4.1.a	UPLOAD Currently Valued General Liability Loss Runs for each of the last 3 years that the Insured has been in business. <small>(Tip: "Currently Valued" is defined as dated within six months of the proposed effective date) Note: To upload more than a single Document (desktop PC Users) or more than a single Image/Photo of a Document (iPad Users) go to Main Menu and select 'Upload/View Supporting Files' button from the bottom of the page.</small>	1 File Uploaded
5	Are General Liability losses "First Dollar" (not reduced by Deductible or SIR)?	Yes
6	Total Aggregate over the last 3 years in business.	\$0.00
YOU WILL BE REQUIRED TO COMPLETE THE LOSS SUMMARY SECTION FOR THE LESSER OF THREE (3) YEARS OR THE NUMBER OF YEARS THE INSURED HAS BEEN IN BUSINESS.		

LOSS SUMMARY INFORMATION:						
Policy Term	Loss Run Valuation Date	Premium	# of Claims	Total Paid	Total Reserved	Total Aggregate
Current Year	6/23/2025	\$ 3,106	0	\$ 0	\$ 0	\$0.00
Prior Year 1	6/23/2025	\$ 3,161	0	\$ 0	\$ 0	\$0.00
Prior Year 2	6/23/2025	\$ 2,537	0	\$ 0	\$ 0	\$0.00
Prior Year 3						
Prior Year 4						

Auto

1	Do you want to schedule an underlying Auto Liability policy?	No
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Loss History - Auto Liability

1	Do you want to schedule an underlying Auto Liability policy?	No
---	--	----

LOSS SUMMARY INFORMATION:						
Policy Term	Loss Run Valuation Date	Premium	# of Claims	Total Paid	Total Reserved	Total Aggregate
Current Year						
Prior Year 1						

Policy Term	Loss Run Valuation Date	Premium	# of Claims	Total Paid	Total Reserved	Total Aggregate
Prior Year 2						
Prior Year 3						
Prior Year 4						

Locations - Schedule

All covered Locations are shown on a separate "Locations - Schedule" which is incorporated and made a part of this application. See the last page(s) of this PDF and/or print out for details.

Locations - Questions

1.	LOCATIONS OLDER THAN 20 YEARS OLD ONLY: Have all locations more than 20 years old had plumbing, roof, and electrical systems upgraded and/or replaced and if not will the work be completed within 60 days of Binding?	Yes
2.	LOCATIONS OVER 2 STORIES ONLY: Do ALL Locations over 2 stories have at least two (2) means of egress per floor?	N/A
3.	DWELLINGS ONLY: Do ALL of the following apply: (a) All dwellings are utilized as rentals to third parties, (b) The insured/management company inspects all dwellings at least once a year, (c) The insured/management company have a formal safety / inspection program in place, (d) The insured/management company addresses all tenant concerns regarding repairs in what would be generally accepted as in a "timely manner" and (e) All repairs, whether as a function of a tenant concern or otherwise, are conducted by a licensed independent third party?	N/A
4.	POOLS ONLY: Do ALL of the following apply: (a) There are NO diving boards, (b) All Outdoor Pools are fenced and secured with a self latching gate, (c) Entry to all Indoor Pools are secured with a self-locking door and (c) All Pools are clearly marked with Swim at Your Own Risk signs AND depth markers?	N/A
5.	BOAT SLIPS ONLY: Do ALL of the following apply: (a) All entrances are protected with a self-locking gate and possess fencing / railings to segment off nearby adjacent walk ways, (b) There are NO refueling stations/operations, (c) No unauthorized third parties are permitted to access boat slips, (d) Boat Slips are not owned or used by any individual other than an owner of a Condo / COOP / HOA unit or a Hotel Guest?	N/A
6.	VACANT LAND ONLY: Do ALL of the following apply: (a) Vacant Land is not (a) undergoing any construction operations of any kind for the in-force effective period, (b) Vacant Land is not accessible by unauthorized third parties, (c) Vacant Land is not leased to third parties for a fee or (d) Vacant Land is not in use in any other way not described above	N/A
7.	HOTELS / B&B ONLY: Do you perform, and maintain on file, background checks (including criminal and reference checks) for all prospective and current employees?	N/A
8.	BATTERY OPERATED SMOKE DETECTORS ONLY: Are all Battery Operated smoke detectors regularly maintained?	N/A

Locations - Supplemental

Named Insureds

#	Name	Description of Operations
1	Bay Point Golf Villas I Assoc Inc.	

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

PRIOR TO RELEASING ANY COVERAGE DOCUMENTS I WILL CAUSE THE INSURED TO SIGN THIS APPLICATION AND WILL MAINTAIN A COPY ON FILE THAT WILL BE AVAILABLE UPON REQUEST.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED 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 MATERIAL 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN

APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.


ALL WRITTEN STATEMENTS, AGREEMENTS AND SUPPLEMENTAL MATERIAL FURNISHED TO GREAT POINT AND/OR THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE UNDERSIGNED, HAVING MADE DUE INQUIRY (INCLUDING BUT NOT LIMITED TO DUE INQUIRY OF THE LEGAL AND RISK MANAGEMENT DEPARTMENTS), DECLARES THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN OR ATTACHED HERETO ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT OR UPLOAD HERETO) CHANGES GREAT POINT INSURANCE AND/OR THE INSURER WILL BE IMMEDIATELY NOTIFIED OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SELECTING "I AGREE" WILL ACKNOWLEDGE MY RECEIPT, AND AFFIX MY ELECTRONIC SIGNATURE, ACCEPTING THESE TERMS & CONDITIONS. AGREEMENTS EXECUTED VIA ELECTRONIC SIGNATURE WILL HAVE THE SAME VALIDITY AND EFFECT AS A SIGNATURE AFFIXED BY HAND CONSISTENT WITH CONNECTICUT LAW (CONN. GEN. STATE §1-266 ET SEQ. OR AS AMENDED IN THE FUTURE). GREAT POINT ACCEPTS NO OBLIGATION TO VERIFY THE AUTHENTICITY OF ANY SIGNATURE.

Producer:

DocuSigned by:

 ☒ I AGREE ☐ I DO NOT AGREE
6D9B4069838C468...

Legal Name of Organization: FBINSURANCE

Producer Name:

Telephone: (850) 432-7474

Email: ann.craddock@marshmma.com

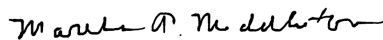
Sign Date:

Insured {Signature to be maintained on file by Producer}:

Legal Name of Organization: Bay Point Golf Villas I Assoc Inc.

Signature:

DocuSigned by:



6D9B4069838C468...

Printed Name:

Martha Middleton

Sign Date:

7/21/2025 | 11:34 PDT

Locations - Schedule

PHYSICAL ADDRESS		COPE DATA							HABITATIONAL EXPOSURES										
#	Address	# of Buildings	Year Built	Stories	Construction	Fully Sprinklered	Smoke Alarm Type	Fire/Life Safety Features	HOA Units With D&O	Condo/Co-Op Units With D&O	HOA Units Without D&O	Condo/Co-Op Units Without D&O	Dwelling Units	Apartment Units	Condo Units (3rd Party)	Timeshare Units			
1	4300 Bay Point Road Panama City Beach FL, 32408	7	1980	2	Joisted Masonry	No	Community Association Risk N/A	None of the Above		39		0	0						
PHYSICAL ADDRESS		HOSPITALITY EXPOSURES					LESSORS RISK ONLY EXPOSURES						OTHER EXPOSURES						
#	Address	Hotel Rooms	Franchise Name [HOTEL ONLY]	B&B Rooms	Room Receipts	Food Receipts	Liquor Receipts	Retail LRO SqFt	Office LRO SqFt	Warehouse LRO SqFt	Industrial LRO SqFt	Open Parking* SqFt *Only if considered a separate location	Enclosed Parking* SqFt *Only if considered a separate location	Pools	Water Exposures	Vacant Land Acres	Boat Slips	Golf Courses (18 HOLES = '1')	'Other' - Exposure the GL Carrier rated for and/or scheduled for coverage.
1	4300 Bay Point Road Panama City Beach FL, 32408		Not Applicable		\$0.00	\$0.00	\$0.00							0	No				No



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

ACRADDCK

 DATE (MM/DD/YYYY)
07/21/2025

AGENCY Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC 7522 Front Beach Road, 2nd Floor Panama City Beach, FL 32407		CARRIER Midvale Indemnity Company		NAIC CODE N/A
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER TBD		
CONTACT NAME: Kenneth A. Christian		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): (850) 785-7404				
FAX (A/C, No): (850) 438-4678				
E-MAIL ADDRESS:				
CODE:	SUBCODE:			
AGENCY CUSTOMER ID: BAYPOI0-03				
STATUS OF TRANSACTION		<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW
		BOUND (Give Date and/or Attach Copy):		
		<input type="checkbox"/> CHANGE	DATE	TIME
		<input type="checkbox"/> CANCEL		<input type="checkbox"/> AM <input type="checkbox"/> PM

LINE OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM		PREMIUM
BOILER & MACHINERY	\$		CYBER AND PRIVACY	\$		YACHT	\$
BUSINESS AUTO	\$		FIDUCIARY LIABILITY	\$			\$
BUSINESS OWNERS	\$		GARAGE AND DEALERS	\$			\$
COMMERCIAL GENERAL LIABILITY	\$		LIQUOR LIABILITY	\$			\$
COMMERCIAL INLAND MARINE	\$		MOTOR CARRIER	\$			\$
COMMERCIAL PROPERTY	\$		TRUCKERS	\$			\$
CRIME	\$	<input checked="" type="checkbox"/>	UMBRELLA	\$			\$

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
07/22/2025	07/22/2026	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Bay Point Golf Villas I Association, Inc. PO Box 27075 Panama City Beach, FL 32411		GL CODE 62003	SIC 6514	NAICS	FEIN OR SOC SEC # 23-7354698
		BUSINESS PHONE #: (850) 763-3620			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	<input checked="" type="checkbox"/> Condo Association	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		

CONTACT TYPE: Inspection Contact				CONTACT TYPE: Accounting Contact			
CONTACT NAME: Martha Middleton				CONTACT NAME: Martha Middleton			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
(850) 769-3620				(850) 769-3620			
PRIMARY E-MAIL ADDRESS: mamiddleton@knology.net				PRIMARY E-MAIL ADDRESS: mamiddleton@knology.net			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 4300 Bay Point Road		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Panama City Beach	STATE: FL			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: Bay	ZIP: 32411				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Residential Condo						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

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

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

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

AGENCY CUSTOMER ID: BAYPOI0-03

ACRADDOCK

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: CUMBR
2018 - 2019	CARRIER				Great American Insurance Company
	POLICY NUMBER				UM30133104
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				07/22/2018
	EXPIRATION DATE				07/22/2019

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: CUMBR
2017-2018	CARRIER				Great American Insurance Company
	POLICY NUMBER				UM30100304
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				07/22/2017
	EXPIRATION DATE				07/22/2018
2016-2017	CARRIER				Great American Insurance Company
	POLICY NUMBER				UM30070778
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				07/22/2016 CUMBR
	EXPIRATION DATE				07/22/2017

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

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS						TOTAL LOSSES: \$ 0		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N	

SIGNATURE

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials):

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

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

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

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

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


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

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

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

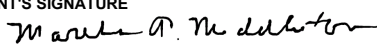
Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage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

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

PRODUCER'S SIGNATURE 

PRODUCER'S NAME (Please Print)
Kenneth A. Christian

STATE PRODUCER LICENSE NO (Required in Florida)
A046961

DocuSigned by:
APPLICANT'S SIGNATURE 

DATE
7/21/2025 | 11:34:58 AM

NATIONAL PRODUCER NUMBER
455801

**COMMERCIAL INSURANCE APPLICATION -
PRIOR CARRIER INFORMATION SCHEDULE****BAYPOI0-03****ACRADDCK****PAGE 1****OF 1**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CUMBR
2015 - 2016	CARRIER				Great American Insurance Company
	POLICY NUMBER				UM3305282
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				07/22/2015
	EXPIRATION DATE				07/22/2016
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CUMBR
2014 - 2015	CARRIER				Great American Insurance Company
	POLICY NUMBER				UM1942898
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				07/22/2014
	EXPIRATION DATE				07/22/2015
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				



AGENCY CUSTOMER ID: BAYPOI0-03

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UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

07/21/2025

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

AGENCY Fisher Brown Bottrell, a Marsh & McLennan Agency, LLC		CARRIER Midvale Indemnity Company	NAIC CODE N/A
POLICY NUMBER TBD	EFFECTIVE DATE 07/22/2025	NAMED INSURED(S) Bay Point Golf Villas I Association, Inc.	

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT	
NEW	<input checked="" type="checkbox"/>	UMBRELLA	<input checked="" type="checkbox"/>	OCCURRENCE	\$ 5,000,000 EA OCC	\$	
<input checked="" type="checkbox"/> RENEWAL		EXCESS		CLAIMS MADE	\$ 5,000,000 Aggregate		
EXPIRING POL #:					\$ 5,000,000 Prod/Comp Ops	FIRST DOLLAR DEFENSE (Y / N)	N

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE						+ - RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY	Southern-Owners Insurance Company 78931230	07/22/2025	07/22/2026	CSL EA ACC \$	\$	
				BI EA ACC \$	\$	
				BI EA PER \$	\$	
				PD EA ACC \$	\$	
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	Auto-Owners Insurance Company 78931230	07/22/2025	07/22/2026	EACH OCCURRENCE \$ 1,000,000	PREM / OPS	
				GENERAL AGGR \$ 2,000,000	\$	
				PROD & COMP OPS AGGREGATE \$ 2,000,000	PRODUCTS	
				PERSONAL & ADV INJURY \$ 1,000,000	\$	
				DAMAGE TO RENTED PREMISES \$ 300,000	OTHER	
				MEDICAL EXPENSE \$ 10,000	\$	
EMPLOYERS LIABILITY				EACH ACCIDENT \$	\$	
				DISEASE		
				EACH EMPLOYEE \$		
				DISEASE POLICY LIMIT \$		
PD&O	Travelers Casualty and Surety Company of 107479517	07/22/2025	07/22/2026	\$1,000,000.00	\$	
					\$	

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS:

WITHIN AGGREGATE LIMITS?

A SEPARATE LIMIT?

UNLIMITED?

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? (Y / N)

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) EFF. DATE:

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
	ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL		PROFESSIONAL LIABILITY (E&O)	
	CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY		VENDORS LIABILITY	
X	CGL - OCCURRENCE	FOREIGN LIABILITY / TRAVEL		WATERCRAFT LIABILITY	
COVERAGE		GARAGEKEEPERS LIABILITY			
	AIRCRAFT LIABILITY	INCIDENTAL MEDICAL MALPRACTICE			
	AIRCRAFT PASSENGER LIABILITY	LIQUOR LIABILITY			
	ADDITIONAL INTERESTS	POLLUTION LIABILITY			

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

X NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

AGENCY CUSTOMER ID: BAYPOI0-03

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ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y / N
ADVERTISERS LIABILITY										
1. MEDIA USED: ANNUAL COST: \$										
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?										
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?										
AIRCRAFT LIABILITY										
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?										
AUTO LIABILITY										
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?										N
6. ARE PASSENGERS CARRIED FOR A FEE?										N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?										N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?										N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?										Y
CONTRACTORS LIABILITY										
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?										
11. DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
12. DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?										
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?										
EMPLOYERS LIABILITY										
15. IS APPLICANT SELF-INSURED IN ANY STATE?										
16. SUBJECT TO:										
		JONES ACT		FELA		STOP GAP		OTHER:		
INCIDENTAL MALPRACTICE LIABILITY										
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?										
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?										
19. INDICATE # OF DOCTORS:										
NURSES:										
BEDS:										

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

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, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

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 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 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.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.



APPLICABLE ONLY IN WISCONSIN:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) COVERAGE.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Kenneth A. Christian	STATE PRODUCER LICENSE NO (Required in Florida) A046961
APPLICANT'S SIGNATURE 	DATE 7/21/2025 11:34	NATIONAL PRODUCER NUMBER 495801

Certificate Of Completion

Envelope Id: 14CDCD7B-DD6A-4D53-8F09-78C062038115

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Document Pages: 96

Signatures: 23

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ID: 31cfc9a8-2a35-4d8b-95ed-61cd6113d343

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Agent Delivery Events

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Timestamp

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Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

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Certified Delivered

Security Checked

7/21/2025 1:32:56 PM

Signing Complete

Security Checked

7/21/2025 1:34:03 PM

Completed

Security Checked

7/21/2025 1:34:03 PM

Payment Events

Status

Timestamps

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Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum

Enabled Security Settings:	Allow per session cookies
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