**HHELTON** 

# COMMERCIAL INSURANCE APPLICATION

-		_				AP	PL	ICANT INFORM	1AT	ION	SECTIO	N					"	12/18/	2024
	SENCY Crisure Southea	st Pa	ırtners İnsu	ranc	e Services				CAF	RRIE			alfy In	surance	- Com	nany		1	AIC CODE 6275
13	17 Citizens Blv esburg, FL 347	d				,					POLICY OR PE				, 00,	рину			AM CODE
									POLI		UMBER 427								
CO	NTACT Hou	se -	1SE							ERWR				West and the second	HNDER	WRITER C	PEFICE		
PH		84	5-8437						0.110						GRIDEII		,,,,,,,		
FA (A/	X C, No):						•						QUOTE			ISSUE PO	LICY	F	RENEW
E-N AD	MAIL DRESS:								STAT	US O	F		BOUND	) (Give Date	and/or At	tach Copy)	:		
СО	DE:				SUBCODE:								CHANG	se c	ATE		TIME		AM
AG	ENCY CUSTOMER II	: M/	RSLAK-0	2									CANCE	iL.					РМ
LI	NES OF BUSIN	ESS									,								
INE	ICATE LINES OF BL	SINES	iS	PRE	MUIM						PREMIUM			T				PREM	IUM
	BOILER & MACHIN	IERY		\$			С	YBER AND PRIVACY			\$			YACHT				\$	
	BUSINESS AUTO			\$			F	IDUCIARY LIABILITY			\$		_					\$	
	BUSINESS OWNE	RS		\$			G	ARAGE AND DEALERS			\$							\$	
	COMMERCIAL GE			\$		_	LI	QUOR LIABILITY			\$	_						\$	
~	COMMERCIAL INL			\$		-		OTOR CARRIER			\$							\$	
X	COMMERCIAL PR	OPERT	ΓY	\$			-	RUCKERS			\$							\$	
	CRIME			\$			ļυ	MBRELLA			\$			<u> </u>				\$	
AI	TACHMENTS ACCOUNTS RECE	II / A Pal	C ///ALLIABLE I	ADED	.0		T_	LACO AND CION CECTION						07175115	NT ( OO!				
				APER	3		+	LASS AND SIGN SECTION OTEL / MOTEL SUPPLEMI						STATEME				5	
	ADDITIONAL INTE			CONE	DI II E			ISTALLATION / BUILDERS		CECT	TON		-	VACANT 6					
	APARTMENT BUIL			SOIL	DOLL			ITERNATIONAL LIABILITY		~~~~		-		VEHICLE			AEN I		
	CONDO ASSN BYL			ge onl				ITERNATIONAL PROPERT						VEHICLE	SCHEDU				
	CONTRACTORS S			go arri	"			OSS SUMMARY	I LA		TE GOT I ELIVE								
	COVERAGES SCH						+	PEN CARGO SECTION											
	DEALERS SECTIO						_	REMIUM PAYMENT SUPP	LEME	ΝT	***************************************	-							****
	DRIVER INFORMA		SCHEDULE					ROFESSIONAL LIABILITY			NT								
	ELECTRONIC DAT	A PRO	CESSING SEC	TION			_	ESTAURANT / TAVERN SI											
PC	LICY INFORM	ATIC	N			,													***************************************
PRO	POSED EFF DATE	PROP	OSED EXP DA	ſΕ	BILLIN	G PLAN	ı	PAYMENT PLAN	МЕ	THO	O OF PAYMENT		AUDIT	DEPO	SIT	MINII PREM	MUM	POLIC	Y PREMIUM
1	01/01/2025	0	1/01/2026	X	DIRECT	A	GEN	CY						\$		\$		\$	
AF	PLICANT INFO	DRM.	ATION	'	'			,		***************************************									
	ME (First Named Insursh Lake Comm			DDRES	SS (including	ZIP+4)			GL C	DDE		SIC			NAICS		F	EIN OR S	OC SEC#
	0 First Coast H nandina Beach		32034						BUSIN	IESS	PHONE #:								
-		,							WEBS	SITE A	ADDRESS								
X	CORPORATION INDIVIDUAL		JOINT VENTU		BERS			NOT FOR PROFIT ORG			SUBCHAPTER *	s" c	ORPOR	ATION					
NAI	ME (Other Named Ins	ured)				g ZIP+4	)		GL CC			ic			NAICS		F	EIN OR S	OC SEC#
									DUCK	IECC	DUONE #.								
											PHONE #:								
	CORPORATION		JOINT VENTU		BFRS			NOT FOR PROFIT ORG	F		SUBCHAPTER "	s" C	ORPOR	ATION					
	INDIVIDUAL		LLC NO. OF				L	PARTNERSHIP			RUST								
NA	ME (Other Named Ins	ured) .	AND MAILING A	DDRE	SS (including	g ZIP+4	)		GL CC	DDE	5	ilC			NAICS		Fi	EIN OR S	DC SEC#
								_	BUSIN	IESS	PHONE #:								
									WEBS	ITE A	DDRESS								
	CORPORATION INDIVIDUAL		JOINT VENTU		BERS			NOT FOR PROFIT ORG		-	UBCHAPTER "	3" C	ORPORA	ATION					
			VIAD IA	111101	.,,			1	i	_									

ΑD	DITIONAL I	NTE	REST (Not	all fields apply to	all scenario	s - provide	on	ly the neces	ssar	y data)	Att	tach ACO	RD 45 for more	e Additional Interest:	3
INT	EREST			NAME AND ADDRESS	RANK:	EVIDENCE:		CERTIFICATE		POLICY		SEND BILL	INTERES	ST IN ITEM NUMBER	
	ADDITIONAL INSURED		LIENHOLDER										LOCATION:	BUILDING:	
	BREACH OF WARRANTY		LOSS PAYEE										VEHICLE:	BOAT:	
	CO-OWNER		MORTGAGEE										AIRPORT:	AIRCRAFT:	
	EMPLOYEE AS LESSOR		OWNER										ITEM CLASS:	ITEM:	
	LEASEBACK OWNER		REGISTRANT										ITEM DESCRIPTION	N	
	LENDER'S LOSS PAYABLE		TRUSTEE	REFERENCE / LOAN #:			INT	EREST END DAT	E:						
				LIEN AMOUNT:			PHC	ONE (A/C, No, Ext	):				FAX (A/C, No):		
REA	SON FOR INTER	EST:					E-M	AIL ADDRESS:							

GEN	ERAL INFORMATION	ON			COLITO I C	OSTOMER ID.								
EXPLA	IN ALL "YES" RESPONSE	S							- Last a refragative manufacture contract	Y/N				
1a. IS	S THE APPLICANT A S	JBSIDIARY OF ANOTHER ENTI	TY?							N				
	PARENT COMPANY NAMI	Ē				RELATIONSHIP I	DESCRIPTION		% OWNED					
										N				
		HAVE ANY SUBSIDIARIES?								in				
	SUBSIDIARY COMPANY N	IAME				RELATIONSHIP I	DESCRIPTION		% OWNED					
			CARLET (							N				
2. 18		PROGRAM IN OPERATION?	HONTH V HEETINGS	ļ	OSHA					'				
2 4	SAFETY MANUAL	SAFETY POSITION  AMMABLES, EXPLOSIVES, CHE	MONTHLY MEETINGS		USHA					N				
3. A	INY EXPUSURE TO FL	AMMABLES, EXPLOSIVES, CHI	EWICAES?											
4 A	NV OTHED INGLIDAN	CE WITH THIS COMPANY? (Li	et nolicy numbers)							N				
	LINE OF BUSINESS	POLICY NUMBER	or paney namedia,	LINE	OF BUSINES	is	POLICY NUMBER							
F	ENTE OF BOOMEOU	1 OLIO TIOMBER												
5. A	NY POLICY OR COVE	RAGE DECLINED, CANCELLED	OR NON-RENEWED DU	JRING .	THE PRIOR	THREE (3) YEARS	S FOR ANY PREM	ISES OR		N				
C	PERATIONS? (Missou	ıri Applicants - Do not answer t	his question)		7									
-	NON-PAYMENT	AGENT NO LONGER REPRE	1	<u></u>										
	NON-RENEWAL	UNDERWRITING	CONDITION CORRECTED			IO DIOCDIMINATI	ON OR NECLICE	NT LUDINOS		N				
6. A	NY PAST LOSSES OR	CLAIMS RELATING TO SEXUA	L ABOSE OK MOLESTA	HON A	LLEGATION	15, DISCRIMINATI	ON OR NEGLIGE	NI HIKING!						
					•									
7 5	NIDINO THE LACT EN	YEARS (TEN IN RI), HAS ANY	ADDI ICAN'T DEEN INDI	CTED		NIVICTED OF ANY	DEGREE OF THE	E CRIME OF	FRALID	N				
P	RIBERY ARSON OR A	NY OTHER ARSON-RELATED (	CRIME IN CONNECTION	I WITH	THIS OR A	NY OTHER PROPE	RTY?							
(1	RIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?  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 a sentence of up to one year of imprisonment).													
J	y a sentence of up to of	o year or implication,												
ο Λ	NV INCORDECTED E	RE AND/OR SAFETY CODE VIO	OLATIONS?							N				
a. F	OCCUR DATE EXPLAN		DEATIONS:			RESOLUTION			RESOLVE DATE					
H	OCCURDATE EXPLAN	ATION				KEGGEGTION			TEGGET EXTE					
F														
9 F	IAS APPLICANT HAD A	FORECLOSURE, REPOSSESS	ION. BANKRUPTCY OR	FILED	FOR BANK	RUPTCY DURING	THE LAST FIVE (	5) YEARS?		N				
Γ.	OCCUR DATE EXPLAN					RESOLUTION			RESOLVE DATE					
r														
F														
10. F	IAS APPLICANT HAD A	JUDGEMENT OR LIEN DURING	3 THE LAST FIVE (5) YE	ARS?										
Г	OCCUR DATE EXPLAN	ATION				RESOLUTION		I	RESOLVE DATE					
Γ														
		PLACED IN A TRUST? NAME OF								N				
12. A	NY FOREIGN OPERAT	TONS, FOREIGN PRODUCTS D 815 for Liability Exposure and/or	ISTRIBUTED IN USA, OF	R US P	RODUCTS:	SOLD / DISTRIBUT	TED IN FOREIGN	COUNTRIES	6?	N				
		E OTHER BUSINESS VENTURE				ESTED?								
13. L	OLS ALL LIOANT TIAV	E OTTEN BOOMEOU VENTONE		102.10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
14. C	OOES APPLICANT OWN	I / LEASE / OPERATE ANY DRO	NES? (If "YES", describ	e use)										
15. C	OES APPLICANT HIRE	OTHERS TO OPERATE DRON	ES? (If "YES", describe	use)										
REM	ARKS / PROCESSIN	IG INSTRUCTIONS (ACORE	0 101, Additional Rer	narks	Schedule,	may be attache	ed if more spac	e is require	ed)					
שמע	OR CARRIER INFO	MATION			_									
YEAR		GENERAL LIABILITY	ALITOR	MOBILE		PROF	PERTY	OTHER:						
LEAR	CARRIER	THP	ACTOR			THP		1						
2021 2022		PKG												
2022	PREMIUM		84.98 s			\$		\$						
	EFFECTIVE DATE	01/01/2021	· ·				1/2021							
	EXPIRATION DATE	01/01/2022				01/0	1/2022							

PRIOR CARRIER INFORMATION (continued)

PRIO	R CARRIER INFOR	RIVIA I ION (continuea)			
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	THP		THP	
2020 - 2021	POLICY NUMBER	PKG			
2021	PREMIUM	\$ 5,684.65	\$	\$	\$
	EFFECTIVE DATE	01/01/2020		01/01/2020	
	EXPIRATION DATE	01/01/2021		01/01/2021	
	CARRIER	THP		THP	
2019 - 2020	POLICY NUMBER	PKG			
2020	PREMIUM	\$ 5,271.24	\$	\$	\$
	EFFECTIVE DATE	01/01/2019		01/01/2019	
	EXPIRATION DATE	01/01/2020		01/01/2020	

LOSS HISTOR	RY	X Check if none (Attach Loss	Summary for Additional	Loss Information)			
ENTER ALL CLAIMS FOR THE LAST	S OR LOSSES (RE YEARS	EGARDLESS OF FAULT AND WHETHER OR NOT	INSURED) OR OCCURRENCES T	HAT MAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE	OR CLAIM DATE OF CL	AIM AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N

#### **SIGNATURE**

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

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

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

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)  House - 1SE		(Required in Florida) A085984
APPLICANT'S SIGNATURE		DATE 12/18/2024	NATIONAL PRODUCER NUMBER



AGENCY

# ADDITIONAL PREMISES INFORMATION SCHEDULE

CARRIER

Page 1 of 3

NAIC CODE

Acris	ure Southeast Partners Insurance S	ervic	es, LLC		Vantag	e R	isk Specialty	Insurance Con	npany	16275
1 ' '	NUMBER		EFFECTIVE D		NAMED IN		· ·			
ICF101	9427		01/01/202	5	Marsh I	Lak	e Communit	y Assn Inc		
PREM	ISES INFORMATION									
LOC#	STREET			CIT	YLIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	96135 Marsh Lakes Drive			Х	INSIDE	X	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Fernandina Beach	STATE	: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
5	COUNTY:	ZIP: 3	2034						TOTAL BUILDING AREA:	SQ FT
DESCRI	rtion of operations: tennis court					•			ANY AREA LEASED TO OTHERS? Y	N:
LOC#	STREET			CIT	YLIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	96135 Marsh Lakes Drive			X	INSIDE	Χ	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Fernandina Beach	STATE	: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
6	COUNTY:	ZIP: 3	2034						TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS: Irrigation pump								ANY AREA LEASED TO OTHERS? Y	N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	96135 Marsh Lakes Drive			X	INSIDE	X	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Fernandina Beach	STATE	: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
7	COUNTY:	ZIP: 3	2034						TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS: Shed	·							ANY AREA LEASED TO OTHERS? Y	N:
LOC#	STREET 96135 Marsh Lakes Drive			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	96135 Marsh Lakes Drive			Х	INSIDE	Х	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Fernandina Beach	STATE	: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
8	COUNTY:	ZIP: 3	2034						TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS: Wall and Sign								ANY AREA LEASED TO OTHERS? Y	N:
LOC#	STREET			CIT	YLIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	96135 Marsh Lakes Drive			Х	INSIDE	Х	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Fernandina Beach	STATE	: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
9	COUNTY:	ZIP: 3	2034		Ì				TOTAL BUILDING AREA:	SQ FT
DESCRI	TION OF OPERATIONS: Pump Lake								ANY AREA LEASED TO OTHERS? Y	N:
LOC#	STREET 96135 Marsh Lakes Drive			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	96135 Marsh Lakes Drive			X	INSIDE	Х	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Fernandina Beach	STATE	: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
10	COUNTY:	ZIP: 3	2034						TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS: Signs	,		1					ANY AREA LEASED TO OTHERS? Y	N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	96135 Marsh Lakes Drive			Х	INSIDE	X	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Fernandina Beach	STATE	: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
11	COUNTY:	ZIP: 3	2034						TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS: VIllage Pool Equip	mnt							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 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.



### ADDITIONAL PREMISES INFORMATION SCHEDULE

Page 2 of 3

AGENCY	•				CARRII	ER				NAIC CODE	
Acris	ure Southeast Partners Insurance S	ervice	es, LLC		Vantag	e R	lisk Specialt	y Insurance Con	ipany	16275	
POLICY	NUMBER		EFFECTIVE D	ATE	NAMED I	ISUR	RED(S)				
ICF101	19427		01/01/202	5	Marsh	Lak	ce Communi	ty Assn Inc			
PREM	ISES INFORMATION										
LOC#	STREET			CIT	YLIMITS	ГИІ	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$		
1	96135 Marsh Lakes Drive			X	INSIDE	X	OWNER		OCCUPIED AREA:	SQ FT	
BLD#	CITY: Fernandina Beach	STATE	⊪ FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT	
12	COUNTY:	ZIP: 3	2034		1				TOTAL BUILDING AREA:	SQ FT	
DESCRI	PTION OF OPERATIONS: Estates Pool Equip	omnt							ANY AREA LEASED TO OTHERS	?Y/N:	
LOC#	STREET			СІТ	YLIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$		
1	96135 Marsh Lakes Drive			X	INSIDE		OWNER		OCCUPIED AREA:	SQ FT	
BLD#	CITY: Fernandina Beach	STATE	: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT	
13	COUNTY:	ZIP: 3	2034		<u> </u>				TOTAL BUILDING AREA:	SQ FT	
DESCRI	TION OF OPERATIONS: Small Fountain Ea	ANY AREA LEASED TO OTHERS	?Y/N:								
LOC#	STREET 96135 Marsh Lakes Drive			CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$		
1	90135 Warsh Lakes Drive			X	INSIDE		OWNER		OCCUPIED AREA:	SQ FT	
BLD#	CITY: Fernandina Beach	STATE	: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT	
14	COUNTY:	ZIP: 3	2034						TOTAL BUILDING AREA:	SQ FT	
DESCRI	PTION OF OPERATIONS: Large Fountain We	est						_	ANY AREA LEASED TO OTHERS? Y / N:		
LOC#	STREET 96135 Marsh Lakes Drive			CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$		
1	90133 Warsh Lakes Drive			X	INSIDE		OWNER		OCCUPIED AREA:	SQ FT	
BLD#	CITY: Fernandina Beach	STATE	: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT	
15	COUNTY:	ZIP: 3	2034						TOTAL BUILDING AREA:	SQ FT	
DESCRI	TION OF OPERATIONS: Tennis Court Fenc	ing							ANY AREA LEASED TO OTHERS	? Y / N:	
LOC#	STREET 96135 Marsh Lakes Drive			CIT	Y LIMITS	TNI	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$		
1	90133 Warsh Lakes Drive			X	INSIDE		OWNER		OCCUPIED AREA:	SQ FT	
BLD#	сіту: Fernandina Beach	STATE	⊪ FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT	
16	COUNTY:	ZIP: 32	2034						TOTAL BUILDING AREA:	SQ FT	
DESCRI	PTION OF OPERATIONS: Playground								ANY AREA LEASED TO OTHERS	? Y / N:	
LOC#	STREET 96135 Marsh Lakes Drive			CIT	Y LIMITS	TMI	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$		
1	96135 Marsh Lakes Drive			X	INSIDE		OWNER		OCCUPIED AREA:	SQ FT	
BLD#	CITY: Fernandina Beach	STATE	: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT	
17	COUNTY:	ZIP: 32	2034				]		TOTAL BUILDING AREA:	SQ FT	
DESCRI	PTION OF OPERATIONS: 2 Aerators in Large	e Lake	e & Electri	cal					ANY AREA LEASED TO OTHERS	? Y / N:	
LOC#	STREET 96135 Marsh Lakes Drive			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$		
1	96135 Marsh Lakes Drive			X	INSIDE		OWNER		OCCUPIED AREA:	SQ FT	
BLD#	CITY: Fernandina Beach	STATE	∷ FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT	
18	COUNTY:	ZIP: 3							TOTAL BUILDING AREA:	SQ FT	
DESCRI	PTION OF OPERATIONS: Aerator in front La	ke an	d Electric	al					ANY AREA LEASED TO OTHERS	? Y / N:	
ANY F	PERSON WHO KNOWINGLY AND WITH INTE	ENT TO	DEFRAUD A	NY I	NSURANO	CE C	OMPANY OR A	NOTHER PERSON FI	ES AN APPLICATION FOR INS	SURANCE OR	

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)

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NAIC CODE



AGENCY

## ADDITIONAL PREMISES INFORMATION SCHEDULE

**CARRIER** 

Page 3 of 3

Acris	ure Southeast Partners Insurance S	ervices, LL	_C	vanta	ge r	risk Speciaity	y insurance con	ірапу	102/5
POLICY			TIVE DAT			RED(S) ke Communit	tv Assn Inc		
	ISES INFORMATION	10170							
LOC#			C	ITY LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	STREET 96135 Marsh Lakes Drive		3	( INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Fernandina Beach	STATE: F		OUTSID	E	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
19	COUNTY:	ZIP:32034		-				TOTAL BUILDING AREA:	SQ FT
	PTION OF OPERATIONS: VILLAGE POOL Equip	ment	L					ANY AREA LEASED TO OTHERS	57 Y / N:
LOC#				ITY LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	STREET 96135 Marsh Lakes Drive		3	<b>K</b> INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Fernandina Beach	STATE: F	L	OUTSID	E	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
20	COUNTY:	ZIP:32034				7		TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS: Estates Pool Equip	ment						ANY AREA LEASED TO OTHERS	5? Y / N:
LOC#	STREET		C	ITY LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
2	88010 Marsh View Way			INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Fernandina Beach	STATE: F	L	OUTSID	E	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY:	ZIP: 32034						TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:		· · · · · · · · · · · · · · · · · · ·					ANY AREA LEASED TO OTHERS	3? Y / N:
LOC#	STREET		C	ITY LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
2	88010 Marsh View Way			INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Fernandina Beach	STATE: F	L	OUTSID	E	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
2	COUNTY:	ZIP:32034						TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS	3? Y / N:
LOC#	STREET		C	ITY LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
2	88010 Marsh View Way			INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Fernandina Beach	STATE: F	L	OUTSID	E	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
3	COUNTY:	ZIP:32034						TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS	3? Y / N:
LOC#	STREET		c	ITY LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSID	E	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:						TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS	3? Y / N:
LOC#	STREET		C	ITY LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSID	E	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:				***************************************		TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS	3? Y / N:
T		NETO DEED	ALID AND	/ INIOLID AN	IOF (	OOMBANN OD AN	NOTHER REPORT OF	LEGANIADDI ICATION EOD IN	CUDANCE OD

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**COMMERCIAL INSURANCE APPLICATION -**OF 1 PAGE 1 MARSLAK-02 **HHELTON** PRIOR CARRIER INFORMATION SCHEDULE GENERAL LIABILITY OTHER YEAR AUTOMOBILE PROPERTY CATEGORY CARRIER THP THP 2018 -2019 POLICY NUMBER **PKG** PREMIUM 5,191.16 \$ 01/01/2018 EFFECTIVE DATE 01/01/2018 EXPIRATION DATE 01/01/2019 01/01/2019 YEAR **GENERAL LIABILITY** AUTOMOBILE PROPERTY OTHER CATEGORY CARRIER POLICY NUMBER PREMIUM \$ \$ \$ EFFECTIVE DATE EXPIRATION DATE OTHER GENERAL LIABILITY AUTOMOBILE PROPERTY YEAR CATEGORY CARRIER POLICY NUMBER \$ PREMIUM EFFECTIVE DATE EXPIRATION DATE OTHER PROPERTY YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE CARRIER POLICY NUMBER \$ PREMIUM EFFECTIVE DATE EXPIRATION DATE PROPERTY OTHER AUTOMOBILE YEAR GENERAL LIABILITY CATEGORY CARRIER POLICY NUMBER PREMIUM \$ \$ EFFECTIVE DATE EXPIRATION DATE OTHER YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY CARRIER POLICY NUMBER PREMIUM \$ \$ EFFECTIVE DATE EXPIRATION DATE OTHER YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY CARRIER POLICY NUMBER \$ PREMIUM \$ \$ EFFECTIVE DATE EXPIRATION DATE OTHER AUTOMOBILE PROPERTY YEAR CATEGORY **GENERAL LIABILITY** CARRIER POLICY NUMBER \$ PREMIUM EFFECTIVE DATE EXPIRATION DATE AUTOMOBILE PROPERTY OTHER YEAR CATEGORY GENERAL LIABILITY CARRIER POLICY NUMBER \$ \$ PREMIUM

EFFECTIVE DATE EXPIRATION DATE



# PROPERTY SECTION

DATE (MM/DD/YYYY) 12/18/2024

6			P	ROI	CKII	SE		A				12/18/2024
AGENC'		tners Insurance Se	ervices, LI	_C		CARF Vanta		Specialt	y Insuran	ce Compa	ny	NAIC CODE 16275
	NUMBER 19427			1	FECTIVE DATE 1/01/2025		insured(s		ity Assn lı	nc		
BLAN	IKET SUMMARY			,								
BLKT#	AMOUNT		TYPE			BLKT#	. AN	MOUNT			TYPE	
		PREMISES #: 1	STREET	ADDRES	s: 96135 Ma	arsh La	akes Driv	e, Fernar	ndina Bead	h, FL 32034	1	
PREM	IISES INFORMATIO	N BUILDING #: 1	BLDG DE	SCRIPT	ION: Village	No Poo	ol Buildin	ıg				
s	UBJECT OF INSURANCE	AMOUNT	COINS %	VALU-	CAUSES OF L	oss IN	FLATION SUARD %	DED	DED BL TYPE	KT FORM	IS AND COND	ITIONS TO APPLY
∕illag	e No Pool Building	51,6		R	SPECI			5,000			d and Hai	l Deductible
Lift St	ation	47,0	00		SPECI			5,000		5% Wind	d and Hai	l Deductible
Mailbo	οx	2,3	00	R	SPECI			5,000		5% Wine	d and Hai	l Deductible
_ands	scape Fencing	15,0	00	R	SPECI		The state of the s	5,000		5% Wind	d and Hai	l Deductible
ADDITIO	ONAL INFORMATION	BUSINESS INCOME / E	XTRA EXPENS	E - Atta	ch ACORD 810		VA	LUE REPORT	TING INFORMA	ATION - Attach A	CORD 811	
		S, OPTIONS, RESTR				AND D						
SPOIL		ROPERTY COVERED	ic nons, E	NDON	JEIVILIVI O	- 1	ATTING INT IMIT	OKWAT	REFRIG MA	INT OPTIONS		
COVER	AGE	NOI ENTI GOVERNED				s		45,893	AGREEME		AKDOWN OR	CONTAMINATION
(Y / I	v)					-	EDUCTIBLE	<u>.</u>	(Y/N)		ER OUTAGE	SELLING
N						s			N		LINGOMOL	PRICE
CINIVUO	DLE COVERAGE (Required	in Elorida)			ACCEPT			REJECTIC	OVERAGE	LIMIT: \$		
		Required in IL, IN, KY and W	ΛΛ		ACCEPT			<u> </u>	OVERAGE	LIMIT: \$		
		SNATED AN HISTORICAL LA			7,002,11						IDES ON STR	UCTURE:
CONST	RUCTION TYPE	DISTANCE T	O LE STAT	FIR	E DISTRICT	(	CODE NUMB	ER PROT	CL #STORI	ES # BASM'TS	YR BUILT	TOTAL AREA
DIN DIA	NG IMPROVEMENTS	FT	MI BLDG CODE	TAX C	ODE ROOF	TYPE	0.	THER OCCU	PANCIES			
			GRADE									
		PLUMBING, YR:	WIND CLASS		95111 BE916			HEATING	SOURCE INC	L WOODBURNII INSERT	IG DATE	
	OOFING, YR:	HEATING, YR:		<u>,</u>	SEMI- RESIS	SIIVE	M			INSERT	INSTA	ALLED:
	HER:	YR:	RESISTIN	/E		SECON	DARY HEAT				nananan	
	RY HEAT DILER SOLID F	:UE)				H	DILER		D FUEL			
	BOILER, IS INSURANCE PL		Y/N						PLACED ELSE	WHERE?	Y/N	
	EXPOSURE & DISTANCE		SURE & DISTA	ANCE		ļ	EXPOSURE				OSURE & DIS	TANCE
BURGL	AR ALARM TYPE		CERTI	FICATE	#	1			1	EXPIRATION DA	ST.	NTRAL LOCAL ATION GONG IH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY						EXTEN	T	GR	RADE	# GUARDS / WA		CLOCK HOURLY
PREMIS	PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Syste			ems)	% SPF	RNK FII	RE ALARM N	MANUFACTU	RER			CENTRAL STATION
ADD										****		200/12 00/40
	TIONAL INTEREST	ACORD 45 att		EVIDE		RTIFICAT	E				ITEDES TO	rest suppers
INTERE		NAME AND ADDRESS I		EVIDE	voe.   GEI	KIITIGAT	-					TEM NUMBER
	OSS PAYEE									ITEM CLASS:		BUILDING:
MC	ORTGAGEE										PIPTICN	ITEM:
										ITEM DESC	METION	
		DEFENSE COMM.										
		REFERENCE / LOAN #:								1		

ADDITIONAL	PREMISES #: 1	STREET	ADDRE	ss: 96135 Ma	arsh	Lakes Dri	ve, Ferna	ndina Be	ach,	FL 32034		
PREMISES INFORMATION	BUILDING #: 2			ion: Estates	Sou							
SUBJECT OF INSURANCE	AMOUNT	COINS %		CAUSES OF L	.oss	INFLATION GUARD %	DED	DED TYPE	BLKT #			IONS TO APPLY
Estates South Pool Building	72,444		R	SPECI			5,000			5% Wind and	Hail	Deductible
					W 100 T T T T							
ADDITIONAL INFORMATION	BUSINESS INCOME / EXTR	A EXPENS	E - Atta	ch ACORD 810		v	ALUE REPOR	TING INFOR	MATIC	DN - Attach ACORD 81	1	
ADDITIONAL COVERAGES, O		IONS, E	NDOI	RSEMENTS	AND		VFORMAT			T		
SPOILAGE COVERAGE (Y / N)	PERTY COVERED					\$ DEDUCTIBE	<b>64,40</b>	REFRIG AGREEI (Y / I	MENT N)			ONTAMINATION SELLING PRICE
SINKHOLE COVERAGE (Required in F	lorida)			ACCEPT	COVE		REJECT	COVERAGE		LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Required PROPERTY HAS BEEN DESIGNATION OF THE PROPERTY HAS BEEN DESIGNATION OF T		MARK		ACCEPT	COVE	RAGE	REJECT	COVERAGE		LIMIT: \$ # OF OPEN SIDES ON	STRU	CTURE:
CONSTRUCTION TYPE Frame		<sub>MI</sub> nas	sau	E DISTRICT		CODE NUM	0	5 1		# BASM'TS YR BU	- 1	TOTAL AREA
ROOFING, YR: HEA	JMBING, YR:	G CODE RADE D CLASS RESISTIV	TAX	SEMI- RESIS	STIVE		MANUFACTU	3 SOURCE I OR FIREPLA	NGL V CE IN:		ATE NSTAL	LED:
PRIMARY HEAT  BOILER SOLID FUEL  IF BOILER, IS INSURANCE PLACE		N				BOILER IF BOILER, IS	SOL	ID FUEL EPLACED EI	.SEWI	HERE? Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSUR	E & DIST	ANCE		FRO	NT EXPOSUR	E & DISTANC	E		REAR EXPOSURE &	DISTA	NCE
BURGLAR ALARM TYPE		CERTI	FICATE	#					EXF	PIRATION DATE	CEN STAT WITH	
BURGLAR ALARM INSTALLED AND SE		nical Syste	ems)	% SPI		ENT		RADE JRER	# G	UARDS / WATCHMEN		CLOCK HOURLY  CENTRAL STATION
												LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attach		edditi EVIDE		RTIFIC							
LOSS PAYEE MORTGAGEE	AME AND ADDRESS RANI	···	EVIDE	NGE. GE	KIIIIC					LOCATION: ITEM CLASS: ITEM DESCRIPTION	E	M NUMBER BUILDING: I'EM:
	EFERENCE / LOAN #:											
REMARKS (ACORD 101, A	<u>dditional Remarks S</u>	chedul	e, ma	y be attache	ed If	more spa	ce is requ	ired)				



# 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

APPLICANT'S SIGNATUR

PRODUCER'S NAME (Please Print)

House - 1SE

STATE PRODUCER LICENSE NO (Required in Florida) A085984

NATIONAL PRODUCER NUMBER

ACORD 140 (2014/12)

CENTRAL STATION

							AGEN	CY C	USTOME	R ID:		MAI	RSL	4K-02			Н	IHELTON
A	CORL	<b>&gt;</b> *		F	PRC	PEI	RTY	SE	ECTIO	N							TE (MM/D	2024
AGENCY	NAME							CAF	RRIER								NAI	CODE
	e Southeast Par	rtners In	surance Ser	vices, L	.LC			Van	tage Ris	k Sp	ecialt	y Insur	ance	e Compar	ıy		162	75
POLICY N	UMBER				E	EFFECTIV	/E DATE	NAM	ED INSURED	)(S)								
ICF101	9427					01/01/	2025	Mar	sh Lake	Con	ımuni	ty Assr	ı Inc	;				
BLANK	ET SUMMARY																	
BLKT#	AMOUNT			TYPE				BLK	Т#	AMOU	NT				TYPE			
		PR	EMISES #: 1	STREE	r Addr	ess: 96	135 M	arsh	Lakes Dr	ive, I	Fernan	idina Be	each	, FL 32034				
PREMI	SES INFORMATIO	ON BU	ILDING#: 3	BLDG E	ESCRI	PTION: S	outh S	Swim	ming Poo									
SU	BJECT OF INSURANCE		AMOUNT	COINS 9	VALL ATIO	N CAU	SES OF L	.oss	INFLATION GUARD %	E	DED	DED TYPE	BLKT #	FORM	S AND C	ודומאכ	ONS TO	APPLY
South S	Swimming Pool		420.00		R	SPEC	) I				5,000			5% Wind	l and h	lail I	Jeduc	tible
			120,00	3							3,000							
													ļ					
					L				<u> </u>				<u> </u>	<u> </u>				
ADDITION	IAL INFORMATION	BUSIN	IESS INCOME / EXT	RA EXPEN	ISE - AI	ttach ACC	ORD 810			VALUE	REPORT	ING INFO	RMATI	ON - Attach At	CORD 81	1		
ADDITI	ONAL COVERAGE	S, OPTIC	ONS, RESTRIC	TIONS,	ENDO	DRSEM	ENTS	AND	RATING I	NFO	RMATIC	QΝ						
SPOILAG		PROPERTY	COVERED						LIMIT			REFRIG						
(Y/N)	JE								\$	12	20,000	AGREE (Y /		BREA	KDOWN	OR CC	NTAMIN	ation Lling
N									DEDUCTIB	LE		N		POW	ER OUTA	GE		ICE
						1 1			\$									
SINKHOL	E COVERAGE (Required	d in Florida)				1	ACCEPT	COVER	RAGE	RI	EJECT C	OVERAGE		LIMIT: \$				
MINE SUE	SSIDENCE COVERAGE (	(Required in	IL, IN, KY and WV)				ACCEPT	COVER	RAGE	RI	EJECT C	OVERAGE		LIMIT: \$				
PRO	PERTY HAS BEEN DESI	GNATED AN	HISTORICAL LAN	DMARK										# OF OPEN S	ides on	STRU	CTURE: .	
CONSTRI	JCTION TYPE		DISTANCE TO		F	IRE DIST	RICT		CODE NUI	MBER	PROT	CL #ST	ORIES	# BASM'TS	YR BUI	LT	TOTAL A	REA
FIRE R			HYDRANT FIRE	зтат З <sub>МІ</sub> nas							05					-		
	IMPROVEMENTS		FT B	LDG CODE		X CODE	ROOF	TYPE		OTHE	R OCCU	PANCIES		l!				
		]	2 1/0	GRADE				_										
	NG, YR:	PLUMBING	14	IND CLASS	3	-	M. DEC:			ŀ	HEATING	SOURCE	INCL V	VOODBURNIN	IG D	ATE		
	FING, YR:	HEATING,	IK.	_	-	SE	MI- RESI	SIIVE			STOVE O	R FIREPLA RER:	ACE IN	SERT	IN	ISTALI	.EU:	
OTH		YR		RESIST	IVE			SEC	ONDARY HE			,,						
PRIMARY		EUE!						<b>—</b>	BOILER		SOLIF	) FUEL						
	DILER, IS INSURANCE P	_	EWHEDES .	//N					IF BOILER.	 ISNI 2			LSEW	HERE?	Y/N			
	POSURE & DISTANCE	TWOED EF?	LEFT EXPOS		TANCE			-	NT EXPOSU					REAR EXPO		DISTA	NCE	
KIGHIEX	COOUNT & DISTANCE		LL, I LAI OG	a Dio	.,			, KO	HI EXPOSU	, L & D	SIANUE							
nue e :	ALADH TVD			CED	TIFICAT	TE #		1 .					EV	PIRATION DAT	re	CENT		LOCAL
BUKGLAI	R ALARM TYPE			CER	, ar iGM1	· ⊷ π									-	STAT	ION ∟ KEYS	GONG
DUDG! !	R ALARM INSTALLED A	UD GEDUICE	n RV					EXT	FNT		GP	ADE	# 6	SUARDS / WAT	CHMEN	VVIII		HOURLY
BUKGLAI	T ALAKM IND I ALLED AF	AN SEKAICE						-A11			-		,,,			1		

ACORD 45 attached for additional names ADDITIONAL INTEREST CERTIFICATE INTEREST NAME AND ADDRESS RANK: INTEREST IN ITEM NUMBER LOCATION: ITEM CLASS: LOSS PAYEE BUILDING: MORTGAGEE ITEM DESCRIPTION

% SPRNK FIRE ALARM MANUFACTURER

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

ADDITIONAL	PREMIS	ses #:1	STREET	ADDRE	ss: 9613	35 Marsh	Lakes Dr	ive, Ferr	andina	Beach	, FL 3203	1			
PREMISES INFORMATION	BUILDI	NG#: 4				lages No	rth Swimr								
SUBJECT OF INSURANCE	1	AMOUNT	COINS %	VALU- ATION	CAUSE	S OF LOSS	INFLATION GUARD %	DED	DEI	BLKT	FORM	IS AND C	ONDI	TIONS T	O APPLY
Villages North Swimming Pool		80,000		R	SPECI			5,00			5% Wind	d and	Hail	Dedu	ctible
		1.172_17859555													
ADDITIONAL INFORMATION	BUSINESS	S INCOME / EXT	RA EXPEN	SE - Atta	ch ACORI	D 810	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	VALUE REP	ORTING IN	IFORMATI	ON - Attach A	CORD 81	1		
ADDITIONAL COVERAGES,	OPTIONS	S, RESTRICT	IONS, E	ENDO	RSEMEN	NTS AND	RATING I	NFORMA	TION						
SPOILAGE DESCRIPTION OF PROCEED (Y / N)							LIMIT \$	80,0	00 AG	RIG MAIN REEMENT (Y / N)		AKDOWN	OR C		INATION SELLING
N							DEDUCTIB	LE		N	POW	ER OUTA	√GE		PRICE
SINKHOLE COVERAGE (Required in I						CEPT COVE			T COVERA		LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Reg PROPERTY HAS BEEN DESIGNA			MARK		ACC	CEPT COVE	RAGE	REJEC	T COVER#	AGE	# OF OPEN S	IDES ON	STRU	JCTURE	-
CONSTRUCTION TYPE FIRE RES	нуг	DISTANCE TO DRANT FIRE S	TAT 3 <sub>Mi</sub> nas		RE DISTRIC	CT	CODE NUA		от сь # <b>05</b>	STORIES	# BASM'TS	YR BU 198		TOTAL	AREA
BUILDING IMPROVEMENTS		BL	DG CODE SRADE		CODE	ROOF TYPE		OTHER OC	CUPANCIE	ES	*****				
WIRING, YR: PL	UMBING, YF			L.,											
ROOFING, YR:	ATING, YR:	WI	ND CLASS		SEMI-	RESISTIVE			NG SOUR E OR FIRE		VOODBURNII SERT	1G D	DATE NSTAL	LED: _	
OTHER:	YR:		RESISTI	VE		-		MANUFAC	TURER:						
PRIMARY HEAT						SEC	ONDARY HE		NID FUEL						
BOILER SOLID FUE	٠ا	IEDES V	/ N				BOILER IF BOILER, I		OLID FUEL	L	HEDE2	Y/N			
IF BOILER, IS INSURANCE PLAC RIGHT EXPOSURE & DISTANCE	ED EL9EMA	LEFT EXPOSU		ANCE		FRC	NT EXPOSUR			DLLOLY	REAR EXP	L	DIST	ANCE	
Monte 2/4 Obotton & Biotismon						1.116									
BURGLAR ALARM TYPE			CERT	IFICATE	#	•				EX	PIRATION DA	TE	STA	TRAL TION HKEYS	LOCAL GONG
BURGLAR ALARM INSTALLED AND S	ERVICED B	Y				EXT	ENT		GRADE	# 6	UARDS / WA	TCHMEN		CLOC	K HOURLY
PREMISES FIRE PROTECTION (Sprint	ders, Standp	oipes, CO2 / Che	mical Syst	ems)		% SPRNK	FIRE ALARM	MANUFAC	TURER					1	RAL STATION L GONG
ADDITIONAL INTEREST	ACOF	RD 45 attacl	ned for	<u>additi</u>	onal na						Т				
INTEREST	NAME AND A	ADDRESS RAN	K:	EVIDE	NCE:	CERTIFIC	ATE				II	NTEREST	IN ITE	EM NUM	BER
LOSS PAYEE											LOCATION			BUILDIN	G;
MORTGAGEE											ITEM CLASS: ITEM DESC	DIDTION		TEM:	
											HEM DESC	KIPTION			
	REFERENCE	: / LOAN #:													
REMARKS (ACORD 101, A	dditiona	I Remarks	Schedu	le, ma	y be att	tached if	more spa	ice is red	uired)						

# 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

APPLICANT'S SIGNATURE

PRODUCER'S NAME (Please Print)

House - 1SE

STATE PRODUCER LICENSE NO (Required in Florida)

A085984

NATIONAL PRODUCER NUMBER

ACORD 140 (2014/12)



ACORD°	PR	OPERTY	SECTION	DATE (MM/DD/YYYY) 12/18/2024
AGENCY NAME Acrisure Southeast Partners Insurance Se	ervices, LLC		CARRIER Vantage Risk Specialty Insurance Company	NAIC CODE 16275
POLICY NUMBER ICF1019427			NAMED INSURED(S) Marsh Lake Community Assn Inc	

POLICY N						- 1		VE DATE /2025		b insured h Lake		ommur	nity A	Assn I	nc						
BLAN	(ET SUMMARY																				
BLKT#	AMOUNT			Т	YPE				BLKT	#	AMO	TNUC						TYPE			
																		2.5			
			PREMISES	#: 1	STREET	ADDRE	SS: 9	3135 M	arsh I	akes Dr	ive	. Ferna	ndin	a Bea	ch. I	FL 32	2034				
DDEM	SES INFORMAT	TION	BUILDING #					rennis				,									_
	SES INFORMAT			OUNT	COINS %			ISES OF L		INFLATION GUARD %	П	DED	D	ED BI	LKT	F	ORMS	AND C	ONDIT	TIONS TO APPLY	_
	BJECT OF INSURANC	it.	АМС	JUNI	CUINS %	R	SPE		.033	GUARD %	-	DED	TY	PE						Deductible	
Tennis	Court			50,000		'`	JFL.	OI .				5,000	)			. ,					
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				won							-		-								
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											-										
ADDITIO	NAL INFORMATION	T I B	LISINESS IN	COME / EXTR	A FYPEN	SF - Att	ach AC	ORD 810		Ι,	VAL	UE REPO	RTING	INFORM	ATIO	N - Atta	ach AC	ORD 81	1		
									A NID D												
	ONAL COVERA				IONS, E	טטא:	KZEN	IEN 15		LIMIT	NE	URIVIA				ОРТІ	ONS				
SPOILA		OF PROPE	RTY COVER	RED								50,00		FRIG MA				VDOWN:	00.0	ONTAMINATION	
(Y / N	•								-	\$		00,00	-	(Y / N)		-				ONTAMINATION SELLING	
N										DEDUCTIE	BLE			N		$\vdash$	POWE	R OUTA	(GE	PRICE	
										\$											
SINKHOL	E COVERAGE (Requi	red in Flo	rida)					ACCEPT	COVER	AGE		REJECT	COVE	RAGE	L	.IMIT:	\$				
MINE SU	BSIDENCE COVERAG	E (Require	ed in IL, IN, I	(Y and WV)				ACCEPT	COVER	AGE		REJECT	COVE	RAGE	L	.IMIT:	\$				
PRO	PERTY HAS BEEN DI	SIGNATE	D AN HISTO	RICAL LAND	MARK										#	OF OF	PEN SI	DES ON	STRU	JCTURE:	
														T							_
CONSTR	UCTION TYPE		HYDRA	TANCE TO NT FIRE S	TAT		RE DIS	TRICT		CODE NUI	MBE		TCL	# STOR	IES I	# BASI	M'IS	YR BU		TOTAL AREA	
MNC					3 <sub>MI</sub> nas	sau				т			5					198	О		_
BUILDIN	G IMPROVEMENTS			BLI	OG CODE SRADE	TAX	CODE	ROOF	TYPE		ОТ	HER OCC	UPAN	CIES							
WIF	ING, YR:	PLUM	IBING, YR:																		
	OFING, YR:	HEAT	ING, YR:	Wil	ID CLASS	-	SE	EMI- RESI	STIVE			HEATIN	IG SOL OR FII	JRCE INC REPLACE	CL WO	OODBL ERT	JRNING	3 D	DATE NSTAL	LED:	_
	HER:		YR:		RESISTI	ve [					MA	NUFACT	JRER:								
PRIMAR								-	SECO	NDARY HE	ΑT										
<u> </u>		ID FUEL							E	BOILER	ſ	sol	LID FU	EL							
<b> </b>	OILER, IS INSURANC		EL SEWHER	F2 V	/ N				ļ ,	F BOILER,	AI SI	 ISURANC	E PLAC	CED ELS	 EWHI	ERE?		Y/N			
<b>}</b>				EFT EXPOSU		ANCE			-	T EXPOSU					$\neg$		EXPO	SURE &	DIST	ANCE	_
RIGHTE	XPOSURE & DISTANC	_		_1 1 EXI 000	itt a bioi	,			I KON	I LAI OGO		z DIOTAIN	-								
															EVDI	DATIO	N DAT	_	CEN	TRAL LOCAL	_
BURGLA	R ALARM TYPE				CERT	IFICAT	E#								EXPI	KATIO	IN DAT	F	STA	TION L GONG	i
									1			т								H KEYS	
BURGLA	R ALARM INSTALLED	AND SER	VICED BY						EXTE	NT		0	SRADE		# GU	IARDS	/WAT	CHMEN		CLOCK HOURLY	
PREMISI	S FIRE PROTECTION	(Sprinkler	rs, Standpipe	s, CO2 / Che	mical Syst	ems)		% SP	RNK I	IRE ALAR	м м.	ANUFACT	URER							CENTRAL STATION	1
																				LOCAL GONG	
ADDIT	IONAL INTERE	ST	ACORD	45 attacl	ned for	addit	ional	names	·												

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

ADDITIONAL	PREMISES #: 1	STREET	ADDRE	ss: 96135	Marsh	Lakes Dr	ive, Ferr	andina E	Beach	, FL 3203	4		
PREMISES INFORMATION	BUILDING #: 6			TION: Irriga	tion pu	ımp							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-	CAUSES C	F LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FOR	MS AND C	ONDI	TIONS TO APPLY
Irrigation Pump	2,000		R	SPECI			5,00				d and	Hail	Deductible
								-					
ADDITIONAL INFORMATION	BUSINESS INCOME / EXTR	A EXPENS	SE - Atta	ach ACORD 8	10		VALUE REP	ORTING INFO	DRMATI	ON - Attach	ACORD 81	11	
ADDITIONAL COVERAGES,	OPTIONS, RESTRICT	IONS, E	NDO	RSEMENT	S AND	RATING I	NFORMA	TION					
SPOILAGE DESCRIPTION OF PRO	PERTY COVERED					LIMIT		1	G MAIN		5		
COVERAGE (Y/N)						\$	2,0		EMENT / N)	BRE	AKDOWN	I OR C	ONTAMINATION
N						DEDUCTIB	BLE		N	POV	VER OUT	4GE	SELLING PRICE
SINKHOLE COVERAGE (Required in	Florida)			ACCE	PT COVE	RAGE	REJEC	T COVERAG	E	LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Req				ACCE	PT COVE	RAGE	REJEC	T COVERAG	E	LIMIT: \$			
PROPERTY HAS BEEN DESIGNA	TED AN HISTORICAL LAND	MARK								# OF OPEN	SIDES ON	I STRL	JCTURE:
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE S	rat 3 <sub>MI</sub> nas		RE DISTRICT		CODE NU		от сь # s	TORIES	# BASM'TS	YR BU		TOTAL AREA
BUILDING IMPROVEMENTS	BLI	OG CODE SRADE	1	CODE ROO	OF TYPE		OTHER OC	CUPANCIES					
WIRING, YR: PL	UMBING, YR:		L				LICAT	ING SOURCE	" INCL 1	VOODBURN	NC I	DATE	
ROOFING, YR:	ATING, YR: WIN	ID CLASS	-	SEMI- RE	SISTIVE		STOV	E OR FIREP			1	NSTAL	LED:
OTHER:	YR:	RESISTI	VE		T		MANUFAC	TURER:					
PRIMARY HEAT					SEC	ONDARY HE		DUD FUE					
BOILER SOLID FUE						BOILER IF BOILER, I		OLID FUEL		uenea	Y/N		
IF BOILER, IS INSURANCE PLACE	ED ELSEWHERE? Y		ANCE		rno	NT EXPOSU			ELSEV	REAR EXF		DIST	ANCE
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSE	VE & DIGIT	ANGL		FRU	NI EXPOSU	& DISTAI	NGE		, (E/(( E/(		.,	
BURGLAR ALARM TYPE		CERT	IFICATE	E#					EX	PIRATION D	ATE	STA	TRAL LOCAL TION GONG H KEYS
BURGLAR ALARM INSTALLED AND S	ERVICED BY				EXT	ENT		GRADE	# 6	UARDS / WA	ATCHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprint	ders, Standpipes, CO2 / Che	nical Syst	ems)	%	SPRNK	FIRE ALARM	M MANUFAC	TURER					CENTRAL STATION
													LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attach		1										
<del></del>	NAME AND ADDRESS RAN	к:	EVIDE	INCE:	CERTIFIC	AIE							EM NUMBER
LOSS PAYEE										ITEM CLASS:	<b>{</b> :		BUILDING:
MORTGAGEE										CLASS: ITEM DES	CRIPTION		TEM:
										TILM DEG	on non		
	REFERENCE / LOAN #:												
REMARKS (ACORD 101, A		Schedul	le, ma	y be attac	ched if	more spa	ace is red	uired)		,			

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PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

A085984

House - 1SE

NATIONAL PRODUCER NUMBER

tru

202

									AGEN	CY C	UST	OMER	ID:		MAF	RSL	4K-02			<b>}</b>	HELTON
A	CORI	>≅				Р	RO	PEI	RTY	SE	EC	ГΙΟΝ	N						D	ATE (MM/I	· ·
AGENCY Acrisu	NAME re Southeast Pai	tners	Insu	ırance Se	ervice	s, Ll	LC			1	RRIE		Specia	lty Ir	isura	ance	e Comp	any		NAI 162	C CODE
POLICY N	IUMBER						EF		/E DATE /2025	NAM	ED IN	SURED(S									
BLAN	KET SUMMARY									L											
BLKT#	AMOUNT				TYPE	;				BLK	Т#	AM	MOUNT					TYP	E		
			PREMI	SES #: 1	ST	REET	ADDRE	ss: 96	135 Ma	ırsh	Lake	s Driv	e. Ferna	andin	a Be	ach	FL 320	34			
PREMI	SES INFORMATIO	)N	BUILDI	NG#: 7			SCRIP														
su	BJECT OF INSURANCE		,	AMOUNT	co	INS %	VALU- ATION	CAU	SES OF L	oss	INFL	ATION RD %	DED	D TY	ED 'PE	BLKT #	FO	RMS AND	CONDI	TIONS TO	APPLY
Shed				1,5			R	SPEC					5,00					nd and	d Hail	Deduc	tible
															The state of the s						
ADDITION	NAL INFORMATION	BU	JSINESS	S INCOME / E	XTRA E	XPENS	E - Atta	ch ACC	ORD 810			VAI	LUE REPO	RTING	INFOR	MATIC	ON - Attac	ACORD	811		
ADDITI	ONAL COVERAGE	S, OP	TIONS	s, RESTRI	CTION	NS, E	NDO	RSEM	ENTS A	(ND	RATI	NG INF	ORMA	ΙΟΝ							
SPOILAG		PROPE	RTY CO	VERED							LIMI	Г	4 50		FRIG		OPTIO	ıs			
(Y / N)	1										\$		1,50	OU A	GREEN Y/N					ONTAMIN	ATION LLING
N	OTHER PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROP										DED!	UCTIBLE			N		PO	OWER OU	TAGE		ICE
SINKHOL	E COVERAGE (Required	in Flori	ıda)						ACCEPT (	COVER			REJECT	COVER	RAGE		LIMIT: \$				
MINE SU	SSIDENCE COVERAGE (	Require	d in IL,	IN, KY and W	v)			A	ACCEPT (	OVER	RAGE		REJECT	COVE	RAGE		LIMIT: \$	•			
PRO	PERTY HAS BEEN DESIG	3NATEC	) AN HIS	STORICAL LA	NDMAR	K											# OF OPE	N SIDES (	ON STRU	JCTURE:	
CONSTRU	JCTION TYPE		HYE	DISTANCE TO DRANT FIR	O E STAT		FIF	E DIST	RICT		COD	E NUMBI	ER PRO	TCL	#STO	RIES	# BASM'	S YRE	UILT	TOTAL A	REA
BUILDING	IMPROVEMENTS			FT	BLDG C	ODE	TAX	CODE	ROOF T	YPE	L	O	THER OCC	UPANC	IES		<u> </u>				
WIR	ING, YR:	PLUMP	BING, YE	₹:	GRAD	<b>J</b> E															
	FING, YR:		NG, YR:		WIND CI	LASS		SEM	VI- RESIS	TIVE			HEATIN	IG SOU	RCE II	VCL W	OODBUR	VING	DATE	LED:	
отн	· · · · · · · · · · · · · · · · · · ·		YR:		RE	SISTIN	Æ.					M	ANUFACTU								
PRIMARY	HEAT									SEC	ONDAF	RY HEAT				navannam,					
BOIL	ER SOLID I	UEL									BOILE	R	sol	ID FUE	EL [			_			
IF BO	DILER, IS INSURANCE PL	ACED E	ELSEW	HERE?	Y/N						IF BOI	LER, IS II	NSURANC	E PLAC	ED EL	SEW	HERE?	Y/N			
RIGHT EX	POSURE & DISTANCE			LEFT EXPO	SURE &	DISTA	NCE			FRO	NT EXF	OSURE	& DISTANC	CE			REAR EX	POSURE	& DIST	ANCE	
BURGLA	R ALARM TYPE				(	CERTI	FICATE	#								EXF	PIRATION I	DATE		TRAL TION	LOCAL GONG
BURGLA	R ALARM INSTALLED AN	D SERV	ICED B	Y						EXTE	ENT		G	RADE		# G	UARDS / V	/ATCHME		CLOCK	HOURLY
PREMISE	S FIRE PROTECTION (Sp	rinklers	, Standp	oipes, CO2 / C	Chemical	l Syste	ms)		% SPR	NK	FIRE A	LARM M	IANUFACT	URER		J				CENTRA LOCAL (	L STATION
Δηηιτί	ONAL INTEREST	T	۸۲۵۲	RD 45 atta	chad	for -	additi.	onal r	amec											LOOKE	
INTERES				ADDRESS R		וטן	EVIDE	- (		RTIFICA	ATE							INTERES	ST IN IT	EM NUMBE	R

REFERENCE / LOAN #:

LOSS PAYEE

MORTGAGEE

INTEREST IN ITEM NUMBER

BUILDING:

LOCATION: ITEM CLASS:

ITEM DESCRIPTION

ADDITIONAL	PREMISES #: 1	STREET	ADDRE	ss: <b>96135 M</b> ai	rsh Lakes I	Orive, Fe	rnandi	na Be	ach,	FL 32034	ļ.	
PREMISES INFORMATION	BUILDING #: 8			TION: Wall & S	ign							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION		SS INFLATIO	N DED	1	DED YPE	BLKT #			IDITIONS TO APPLY
Wall & Sign	25,50	ס	R	SPECI			000			5% Wind	l and Ha	ail Deductible
				nove processing and the second								
18.000												
ADDITIONAL INFORMATION	BUSINESS INCOME / EXT	RA EXPEN	SE - Atta	ch ACORD 810	<u> </u>	VALUE RE	PORTING	3 INFORI	MATIC	N - Attach A	CORD 811	
ADDITIONAL COVERAGES,	OPTIONS, RESTRIC	TIONS, E	NDOF	RSEMENTS A	ND RATING	INFORM	ATION					
SPOILAGE DESCRIPTION OF PRO	PERTY COVERED				LIMIT		l l	EFRIG M		OPTIONS		
COVERAGE (Y/N)					\$		000	AGREEN (Y/N				CONTAMINATION SELLING
N					DEDUCT	IBLE		N		POW	ER OUTAG	PRICE
SINKHOLE COVERAGE (Required in F	Elorida)			ACCEPT C	\$ OVERAGE	REJE	CT COVE	ERAGE		LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Reg				ACCEPT CO			CT COVE			LIMIT: \$		
PROPERTY HAS BEEN DESIGNA		DMARK		II	*****	<u> </u>			1	# OF OPEN S	IDES ON S	TRUCTURE:
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE	STAT	FIF	RE DISTRICT	CODE N	UMBER P	ROT CL	# STO	RIES	# BASM'TS	YR BUILT	TOTAL AREA
Frame	FT	3 <sub>MI</sub> nas	sau				05				1986	
BUILDING IMPROVEMENTS	В	.DG CODE GRADE	TAX	CODE ROOF TY	/PE	OTHER O	CCUPAN	ICIES				
WIRING, YR: PL	UMBING, YR:					HEA	TING SO	URCE IN	ICL W	OODBURNIN	IG DAT	·F
	Alino, IX.	IND CLASS	_	SEMI- RESIST	TIVE		VE OR F	IREPLAC				TALLED:
OTHER: PRIMARY HEAT	YR:	RESISTI	VE		SECONDARY H	<u> </u>	JI OILLIN	•				
BOILER SOLID FUE	L				BOILER		SOLID FL	JEL				
IF BOILER, IS INSURANCE PLAC	ED ELSEWHERE?	′/N			IF BOILER	, IS INSURA	NCE PLA	CED EL	SEWH	IERE?	Y/N	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOS	JRE & DIST	ANCE		FRONT EXPOS	URE & DISTA	ANCE			REAR EXPO	SURE & DI	STANCE
		T							EVD	IRATION DAT	er C	ENTRAL LOCAL
BURGLAR ALARM TYPE		CERT	IFICATE	#					EAF	IKAHUN DA	- S	TATION GONG
BURGLAR ALARM INSTALLED AND S	ERVICED BY				EXTENT		GRADI	 E	#GL	JARDS / WAT		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprink	ders, Standpipes, CO2 / Ch	emical Syste	ems)	% SPR	NK FIRE ALA	RM MANUFA	CTURER	t			-	CENTRAL STATION
												LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attac		additi EVIDE		TIFICATE							
INTEREST NO. 1	NAME AND ADDRESS RA	NK:	EAIDE	NGE; GER	IIFICATE					LOCATION:	ITEREST IN	ITEM NUMBER BUILDING:
MORTGAGEE										ITEM CLASS:		ITEM:
										ITEM DESCI	RIPTION	
	MATERIAL TO THE PARTY OF THE PA											
	REFERENCE / LOAN #:						40					
REMARKS (ACORD 101, A	dditional Remarks	Schedul	e, ma	y be attached	d if more sp	oace is re	quired	d)(t				

### 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 KNOWI FDGE

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

House - 1SE

STATE PRODUCER LICENSE NO (Required in Florida)
A085984

NATIONAL PRODUCER NUMBER

ACORD 140 (2014/12)

APPLICANT'S SIGNATURE



PRO	DED	TV CI	ECT	IAN
PRU	PFK	1 Y .31		IL JIV

DATE (MM/DD/YYYY) 12/18/2024

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		PREM	ISES #: <b>1</b>	STREET	ADDRE	ss: 9613	5 Marsh	Lal	kes Dr	ive, Fern	andi	ina Bea	ach,	FL 3203	4				
PREM	IISES INFORMATIO	N BUILD	ING#: <b>9</b>				np Lake												
s	UBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAUSES	OF LOSS	INF	LATION JARD %	DED	-	DED I	BLKT #			DITIONS TO APPLY			
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ADDIT	IONAL COVERAGE	S. OPTION	S. RESTRIC	IONS. E	NDOF	RSEMEN	ITS AND	RA'	TING IN	VFORMA	TION	J							
SPOIL	AGE DESCRIPTION OF I			•				1	VIT			REFRIG M	MAINT OPTIONS						
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-	, 1							DE	DUCTIBI	LE		(Y / N	) 1	POW	ER OUTAGE	SELLING PRICE			
N	]							\$				N	J			- PRICE			
SINKHO	LE COVERAGE (Required	in Florida)				ACC	EPT COVE	RAGI	E	REJECT	COV	ERAGE	L	IMIT: \$					
	JBSIDENCE COVERAGE (F		IN, KY and WV)			ACC	EPT COVE	RAGI	E	REJECT				IMIT: \$					
	OPERTY HAS BEEN DESIG			MARK		II			1				#	OF OPEN 5	SIDES ON ST	RUCTURE:			
		T	DISTANCE TO									T			T	T			
CONSTR	RUCTION TYPE	HY	DRANT FIRES		FIR	RE DISTRIC	T	CC	DDE NUM		OT CL	# STOF	RIES	# BASM'TS	YR BUILT	TOTAL AREA			
			FT S	3 <sub>MI</sub> DG CODE							)5	<u></u>			1986				
BUILDIN	IG IMPROVEMENTS		- C	SRADE	TAX	CODE R	OOF TYPE			OTHER OCC	CUPAN	VCIES							
WII	RING, YR:	PLUMBING, Y			L					UEATIN	JO 60	NIDOE IN	CL 14/	OODBURNIN	IC DATE				
RO	OFING, YR:	HEATING, YR:	WIN	ID CLASS	-	SEMI- F	RESISTIVE		-	STOVE	OR F	IREPLAC	E INSI	ERT	NG DATE INST	ALLED:			
ОТ	HER:	YR:		RESISTI	/E					MANUFACT	URER	:							
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	ILER SOLID F	ــــا						BOIL		LJ	LID FU	L			1				
	BOILER, IS INSURANCE PL	ACED ELSEW		/ N						SINSURANC		ACED ELS			Y/N				
RIGHT E	XPOSURE & DISTANCE		LEFT EXPOSU	RE & DISTA	ANCE		FRO	NT E	XPOSUR	E & DISTAN	CE			REAR EXPO	OSURE & DIS	TANCE			
			<u> </u>													-NTDAL LC	DCAL		
BURGL	AR ALARM TYPE			CERTI	FICATE	#							EXPI	RATION DA	TE ST	ENTRAL LO FATION GO	ONG		
															W	ITH KEYS			
BURGLA	AR ALARM INSTALLED AN	D SERVICED B	Y				EXT	ENT		(	GRAD	E	# GUARDS / WATCHMEN CLOCK HOURL						
PREMIS	ES FIRE PROTECTION (Spi	ınklers, Stand	sipes, CO2 / Cher	nical Syste	ms)	9	& SPRNK	FIRE	ALARM	MANUFACT	TUREF	₹				CENTRAL STAT	TION		
																LOCAL GONG			
ADDI	TIONAL INTEREST		RD 45 attach																
INTERES	ST	NAME AND	ADDRESS RAN	к:	EVIDE	NCE:	CERTIFIC	ATE					-	41	NTEREST IN I	ITEM NUMBER			
LO	SS PAYEE													LOCATION:		BUILDING:			
МО	RTGAGEE												L	ITEM CLASS:		ITEM:			
														ITEM DESC	RIPTION				
		REFERENCE	:/LOAN#:			ALL PROPERTY.													

ADDITIONAL	PREMISES #:1	STREET	ADDRE	ss: <mark>96135</mark>	Marsh	Lakes Dr	ive, Ferr	andina	Beac	h, FL 3203	4		100000000000000000000000000000000000000
PREMISES INFORMATION	BUILDING #: 10			กอง: Sign	ıs								
SUBJECT OF INSURANCE	AMOUNT	COINS %		CAUSES	OF LOSS	INFLATION GUARD %	DED	DED TYPI	BLF E #				TIONS TO APPLY
Signs	11,000		R	SPECI			5,00	00		5% Wind	l bns b	Hail	Deductible
i de savenire de la constante													A. A. 4000 TORNOOTO
													AND
	BUSINESS INCOME / EXTR								FORMA	TION - Attach A	CORD 81	1	
ADDITIONAL COVERAGES, C		IONS, E	NDOF	RSEMENT	rs and	1	NFORMA			OPTIONS			
SPOILAGE DESCRIPTION OF PROP	PERTY COVERED					LIMIT \$	25,5		RIG MAII REEMEN	-		OR C	ONTAMINATION
(Y / N)						DEDUCTIB		(	(Y / N)	-	ER OUTA		SELLING PRICE
N				400		\$	DE IEO	r covera	N	LIBRIT. Č			
SINKHOLE COVERAGE (Required in Flo MINE SUBSIDENCE COVERAGE (Requi					EPT COVER			COVERA		LIMIT: \$			
PROPERTY HAS BEEN DESIGNAT		MARK		ACCL	IF I COVER	.AGL	NEGLO	COVERA		# OF OPEN 8	SIDES ON	STRI	JCTURE:
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE S	ГАТ		E DISTRICT	•	CODE NUM			STORIE	S # BASM'TS	1		TOTAL AREA
Frame		MI nas	TAX	CODE PO	OF TYPE		OTHER OC	O5			198	0	
BUILDING IMPROVEMENTS	0	RADE	IAX	ODE RO	OF ITE		OTHER OC	COPANCIE	.0				
	MBING, YR: TING, YR: WIN	D CLASS		SEMI- R	ESISTIVE		HEATI	NG SOUR	CE INCL	WOODBURNIN	√G D	ATE VSTAL	I CO:
OTHER:	YR:	RESISTIN	/E	GEWII- K			MANUFACT		PLAGE	NSEKI	IIV	491AL	
PRIMARY HEAT					SEC	ONDARY HEA	AT						
BOILER SOLID FUEL						BOILER	so	LID FUEL			1		
IF BOILER, IS INSURANCE PLACE						IF BOILER, IS	S INSURAN	CE PLACE	D ELSEV		Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSUI	RE & DISTA	ANCE		FROI	NT EXPOSUR	RE & DISTA	ICE		REAR EXP	)SURE &	DISTA	ANGE
BURGLAR ALARM TYPE		CERTI	FICATE	#					E	XPIRATION DA	TE	STA	TRAL LOCAL TION GONG
BURGLAR ALARM INSTALLED AND SE	RVICED BY				EXTE	NT		GRADE	#	GUARDS / WA	TCHMEN	Ī-	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinkle	ers, Standpipes, CO2 / Cher	nical Syste	ems)	%	SPRNK	FIRE ALARM	MANUFAC	TURER					CENTRAL STATION
		1.6	1 11/1										LOCAL GONG
ADDITIONAL INTEREST NA	ACORD 45 attach		EVIDE	1 1	1es CERTIFICA	ATF .				1	UTEDECT.	111 171	M NUMBER
LOSS PAYEE	THE MEDITED TO	``								LOCATION			BUILDING:
MORTGAGEE										ITEM CLASS:			TEM:
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REMARKS (ACORD 101, Ad		chadul	e ma	v he atta	ched if	more ena	ca is rac	uirad\					
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PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)
House - 1SE

DATE

NATIONAL PRODUCER NUMBER

ACORD 140 (2014/12)

Page 3 of 3

STATE PRODUCER LICENSE NO (Required in Florida)
A085984

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AC	OR	Ö	*			P	RC	PE	ERTY	S	ECTIO	ЛC	l								TE (MM/DD/YY	
agency nai Acrisure	<sub>ме</sub> Southeast	Partn	ers Insu	ırance S	Servi	ces, Ll	LC				RRIER ntage Ri	sk	Specia	lty Insu	rand	e C	ompa	any		•	NAIC CO 16275	DE
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ADDITIONAL	INFORMATION		BUSINES	S INCOME /	FXTRA	EXPENS	F - At	tach A	CORD 810			VAL	UE REPOI	RTING INFO	DRMAT	ION -	Attach	ACOR	D 811			
	IAL COVER	AGES.	4							AND												
SPOILAGE COVERAGE (Y / N)	DESCRIPTION										LIMIT \$ DEDUCTION		10,00	REFRIC		•••	$\dashv$	EAKDO	WN O	ſ	NTAMINATIOI	
N											\$	BLE			N		0	VERC	UIAG		PRICE	
SINKHOLE C	OVERAGE (Req	uired in l	Florida)						ACCEPT	COVE	RAGE		REJECT	COVERAG	E	LIM	IT: \$					
MINE SUBSID	ENCE COVERA	AGE (Req	uired in IL,	N, KY and	WV)				ACCEPT	COVE	RAGE		REJECT	COVERAG	E	LIM	IT: \$					
PROPER	RTY HAS BEEN I	DESIGNA	TED AN HIS	STORICAL I	LANDM.	ARK										# OF	F OPEN	SIDES	ON S	TRU	CTURE:	-
CONSTRUCTI	ION TYPE			DISTANCE DRANT F	IRE STA	AT MI	F	IRE DI	STRICT		CODE NU	мве	R PRO	TCL #S	ORIE	6 #B	ASM'TS	YR	BUILT	r	OTAL AREA	
BUILDING IME	PROVEMENTS				BLDG	CODE	TAX	CODE	E ROOF 1	ГҮРЕ		ОТ	HER OCC	UPANCIES	-							
WIRING,	YR:	PL	umbing, yf	₹:									LIEATIN	G SOURCE	INCL		DBLIDN	INC.	DAT	-		
ROOFIN		HE	ATING, YR:			CLASS	,_	5	SEMI- RESIS	STIVE		МА		OR FIREPL				ING	DAT INS		ED:	
OTHER:			YR:		<u> </u>	RESISTIV	'E			SEC	ONDARY HE		INGI ACTO	IIVCIV.								
BOILER	so	OLID FUE	L								BOILER		SOL	ID FUEL				_				
IF BOILE	R, IS INSURAN	CE PLAC	ED ELSEW	IERE?	Y/1	1					IF BOILER,	IS IN	ISURANCE	E PLACED I	ELSEV	/HERE	E?	Y/1	4			
RIGHT EXPOS	SURE & DISTAN	CE		LEFT EXF	POSURE	E & DISTA	NCE			FRO	NT EXPOSU	RE 8	k DISTANC	E		RE	AR EXP	OSUR	E & DI	STA	1CE	
BURGLAR AL	ARM TYPE					CERTIF	FICAT	E#							E	(PIRA	TION DA	ATE	s	ENT TATI	RAL L ON C KEYS	OCAL SONG
BURGLAR AL	ARM INSTALLE	D AND S	ERVICED B	Υ						EXT	ENT		G	RADE	# (	GUAR	DS / WA	TCHN	IEN		CLOCK HOUR	₹LY
PREMISES FI	RE PROTECTION	N (Sprink	lers, Standp	ipes, CO2	/ Chemi	cal Syste	ms)		% SPF	RNK	FIRE ALARI	м ми	ANUFACTI	JRER							CENTRAL STA	
	IAL INTERE								l names													
LOSS PA		N	IAME AND A	ADDRESS	RANK:		EVID	ENCE:	:   CEF	RTIFIC	CATE					ITE	CATION		EST IN	В	NUMBER JILDING: EM:	
																	M DESC	CRIPTI	ON	, ,,		

				A	GENCY	CUSTOME	R ID:	MA	RSL	AK-02				HHEL	OT
ADDITIONAL	PREMISES #: 1	STREET	ADDRE	ss: 961	35 Mars	sh Lakes Di	rive, Fer	nandina B	each,	FL 32034					
PREMISES INFORMATION	BUILDING #: 12	BLDG DE	SCRIPT	ION: Es	tates P	ool Equipm									
SUBJECT OF INSURANCE Estates Pool Equipment	AMOUNT	COINS %		CAUSE SPECI	S OF LOS	S INFLATION GUARD %		DED TYPE	BLKT #	FORMS A					
	10,000						5,0	UU							
ADDITIONAL INFORMATION	BUSINESS INCOME / EXTR	A EXPENS	E - Atta	ch ACOR	D 810	,	VALUE REP	ORTING INFO	RMATIC	ON - Attach ACO	RD 811	l			
ADDITIONAL COVERAGES	, OPTIONS, RESTRICT	IONS, E	NDOF	RSEME	NTS AN	D RATING I	NFORM	ATION		1					
SPOILAGE DESCRIPTION OF PI	ROPERTY COVERED					LIMIT	2.0	REFRIC	MAINT						
(Y/N)						\$ DEDUCTIE	<u>.</u>	<u>(</u> Y	/ N)	BREAKD POWER			S	NATION ELLING RICE	
				- 1		\$	- I		<u> </u>						
SINKHOLE COVERAGE (Required in				- 1	CEPT CO			T COVERAG		LIMIT: \$ LIMIT: \$	-				
MINE SUBSIDENCE COVERAGE (Re		AARK		AC	CEPT CO	VERAGE	REJEC	COVERAG		# OF OPEN SIDE	SON	STRU	CTURE:		
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE ST	TAT MI	FIR	E DISTRI	СТ	CODE NUI	MBER PF	ROT CL #ST	ORIES	#BASM'TS Y	'R BUII	LT	TOTAL A	AREA	
BUILDING IMPROVEMENTS	BLD	G CODE RADE	TAX	CODE	ROOF TYP	PΕ	OTHER OC	CUPANCIES		j					
	EATING, YR: WIN	D CLASS		SEMI-	RESISTIV	/E	STOV	E OR FIREPL	INCL W	OODBURNING SERT	D/ IN	ATE STAL	LED;		
OTHER: PRIMARY HEAT	YR:	RESISTIV	/E		SI	ECONDARY HE	MANUFAC	TURER:							
BOILER SOLID FL	IEL					BOILER		OLID FUEL							
IF BOILER, IS INSURANCE PLA		N				 IF BOILER, I	IS INSURAN	ICE PLACED I	LSEW	IERE? Y	/ N				
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSUR	E & DISTA	NCE		FI	RONT EXPOSUI	RE & DISTA	NCE		REAR EXPOSU	RE & I	DISTA	NCE		
BURGLAR ALARM TYPE		CERTII	FICATE	#					EXP	IRATION DATE	$\vdash$	CEN <sup>-</sup> STAT			ICAL ONG
BURGLAR ALARM INSTALLED AND	SERVICED BY	1			E	XTENT	and the same of th	GRADE	# GI	JARDS / WATCH				HOURL	Y
PREMISES FIRE PROTECTION (Spri	nklers, Standpipes, CO2 / Chen	nical Syste	ms)		% SPRNK	FIRE ALAR	M MANUFAC	CTURER					CENTR	AL STAT	'ION
ADDITIONAL INTEREST	ACORD 45 attach	ed for a	dditio	onal na	mes										
INTEREST	NAME AND ADDRESS RANK		EVIDE		CERTIF	FICATE				INTE	REST	N ITE	м нимв	ER	
LOSS PAYEE										LOCATION:		В	UILDING	);	
MORTGAGEE										ITEM CLASS:		ln	EM:		
**										ITEM DESCRIP	TION				
	REFERENCE / LOAN #:														
REMARKS (ACORD 101,	Additional Remarks S	chedul	e, may	y be at	tached	if more spa	ace is red	quired)							

# 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. STATE PRODUCER LICENSE NO (Required in Florida)
A085984

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print) House - 1SE

NATIONAL PRODUCER NUMBER

APPLICANT'S SIGNATURE



AGENCY NAME

PR	OPERTY	SECTION	[	(MM/DD/YYYY /18/2024
es, LLC		CARRIER Vantage Risk Specialty Insurance Company		NAIC CODE 16275
		NAMED INSURED(S)		

Ac	risur	e Southeast Par	tners	Insurance :	Serv	ices, L	LC			Vai	ntag	e Ris	k Spec	cialty	Insur	ance	e Cor	npany	У		16275	
1		имвек 9 <b>427</b>						FFECTIV 01/01/2				surer Lake	o(s) Comm	unit	y Assı	ı Inc						
BL	ANK	ET SUMMARY																				
BLI	CT#	AMOUNT			Т	YPE				BLŁ	(T#		AMOUNT						TYPE			
	-			PREMISES #: 1		STREET	ADDRE	ss: 96	135 Ma	ırsh	Lak	es Dr	ive, Fe	rnanc	lina Be	each.	FL 3	2034				
PR	EMIS	SES INFORMATIO	ON T	BUILDING #: 13		BLDG DI																
		JECT OF INSURANCE		AMOUNT		COINS %			ES OF L			LATION ARD %	DED		DED TYPE	BLKT #		FORMS	AND C	ONDI	TIONS TO APPLY	
Sm		ountain East					R	SPEC			GU	AKD %			IIFE	#					Deductible	
				3,	,000								5,0	000								-
			1																************			
ADD	ITION	AL INFORMATION	BU	JSINESS INCOME	EXTR	A EXPENS	SE - Atta	sch ACO	RD 810				/ALUE RE	PORTII	NG INFO	RMATIC	ON - Att	tach ACC	ORD 81	1		
1		NAL COVERAGE			RICT	IONS, E	NDO	RSEME	ENTS A	ND	RAT	ING II	NFORM	ATIO	N							
	OILAGI /ERAG		PROPE	RTY COVERED							LIM	IT			REFRIG		OPT	IONS				
	Y / N)										\$		ა,	000	AGREE (Y /			BREAK	DOWN	OR C	NOITAMIMATION	
	N										DE	DUCTIB	LE		N			POWER	R OUTA	GΕ	SELLING PRICE	
-											\$											
SINI	(HOLE	COVERAGE (Required	in Flori	da)				A	CCEPT C	OVE	RAGE		REJE	CT CO	VERAGE		LIMIT:	\$				
MIN	ESUBS	SIDENCE COVERAGE (F	Require	d in IL, IN, KY and	WV)			A	CCEPT C	OVE	RAGE		REJE	CT CO	VERAGE		LIMIT:	\$				
	PROP	PERTY HAS BEEN DESIG	SNATED	AN HISTORICAL	LAND	MARK											# OF O	PEN SID	ES ON	STRU	ICTURE:	
CON	STRUC	CTION TYPE		DISTANCE HYDRANT F	TO IRE ST	rat Mi	FIF	RE DISTR	RICT		СО	DE NUM	IBER P	ROT C	L #STO	RIES	#BAS	M'TS '	YR BUI	LT	TOTAL AREA	
BUII	DING I	IMPROVEMENTS				G CODE	TAX	CODE	ROOF T	YPE			OTHER O	CCUPA	NCIES							
	WIRIN	IG, YR:	PLUMB	ING, YR:																		
		ING, YR:	HEATIN	IG. YR:	WIN	D CLASS		SEM	II- RESIS	TIVE			HEA	TING S	OURCE I	NCL W	OODB	URNING	D.	ATE	LED:	
	OTHE			YR:		RESISTIN	Æ.						MANUFAC			OL 1140	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			io m		
PRI	MARY H									SEC	ONDA	RY HEA	ΛT									
	BOILE	R SOLID F	UEL.								BOIL	ER		SOLID I	UEL							
	IF BOI	ILER, IS INSURANCE PL	ACED E	LSEWHERE?	Y/	N					IF BO	OILER, IS	SINSURA	NCE PL	ACED EI	SEWH	IERE?	Y	′/N			
RIGI	IT EXP	POSURE & DISTANCE		LEFT EX	Posur	RE & DISTA	ANCE			FRO	NT E	POSUR	E & DISTA	ANCE				EXPOS	-	DIST	NCE	
BUR	GLAR	ALARM TYPE				CERTI	FICATE	#	1							EXP	IRATIC	N DATE		STA		AL IG
BUR	GLAR	ALARM INSTALLED AN	D SERV	ICED BY						EXT	ENT			GRA	DE	# Gl	JARDS	/WATCI	HMEN	VVIII	CLOCK HOURLY	
L																				-		
PRE	MISES	FIRE PROTECTION (Spi	rinklers,	, Standpipes, CO2	/ Chen	nical Syste	ems)		% SPR	NK	FIRE	ALARM	MANUFA	CTURE	R						CENTRAL STATIC	NC
<u> </u>																					LOCAL GONG	
AD	DITIO	ONAL INTEREST	<u> </u>	ACORD 45 at	tach	ed for a	additi	onal n	ames			,										
INTE	REST		NAM	E AND ADDRESS	RAN	<:	EVIDE	NCE:	CER	TIFIC	ATE							INTE	EREST	IN ĮTE	M NUMBER	
Ш	Loss	PAYEE															LOCA			E	UILDING:	
	MORT	GAGEE															ITEM CLAS	S:		ı	гем:	
																-		DESCRIF	MOITS			

ADDITIONAL	PREMISES #:1	STREET	ADDRE	ss: <b>96135 M</b> a	arsh	Lakes Dr	ive, Fe	ernand	dina Be	ach,	FL 32034		****	
PREMISES INFORMATION	BUILDING #: 14			ION: Large F	oun					- 1 tem				
SUBJECT OF INSURANCE	AMOUNT	COINS %		CAUSES OF L	oss	INFLATION GUARD %	DE	D	DED TYPE	BLKT #			OITIONS TO A	
Large Fountain West	5,000	:	R	SPECI			5,	,000			5% Wind	and Ha	il Deduct	ible
								WAY TO SHARE THE PARTY OF THE P						
												Mile III		
ADDITIONAL INCODMATION	BUSINESS INCOME / EXT	A EVDENS	SE - Atta	-h ACOPD 818			/ALUE R	FPORT	NG INFOR	MATIC	N - Attach A	CORD 811		
ADDITIONAL INFORMATION  ADDITIONAL COVERAGES, C					AND						it - Attaon At	JONES 011		
SPOILAGE DESCRIPTION OF PROF		10110, 1	.,,,,,,,,	(0211121110)		LIMIT			REFRIG N	MAINT	OPTIONS			
COVERAGE						\$	5	5,000	AGREEN (Y/N		BREA	KDOWN OR	CONTAMINA	
(Y/N) N						DEDUCTIE	LE		N	]	POW	ER OUTAGE	SELI PRIC	
						\$								
SINKHOLE COVERAGE (Required in Fl	orida)			ACCEPT					VERAGE		IMIT: \$			
MINE SUBSIDENCE COVERAGE (Requi				ACCEPT	COVE	RAGE	REJ	ECT CO	VERAGE		LIMIT: \$			
PROPERTY HAS BEEN DESIGNAT	ED AN HISTORICAL LAND	MARK								i	FOF OPEN S	IDES ON ST	RUCTURE:	
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE S	TAT		E DISTRICT		CODE NUI	MBER	PROT C	L #STO	RIES	# BASM'TS	YR BUILT	TOTAL ARI	ĒΑ
MASONRY NOC		3 <sub>MI</sub> nas	sau					5				1986		
BUILDING IMPROVEMENTS		DG CODE BRADE	TAX	ODE ROOF	YPE		OTHER	OCCUPA	ANCIES					
WIRING, YR: PLU	MBING, YR:		L				HE	ATING S	OURCE IN	ICL W	OODBURNIN	G DATE		<del>.</del>
ROOFING, YR: HEA	TING, TA.	ID CLASS	-	SEMI- RESIS	TIVE		ST	OVE OR	FIREPLAC	E INS	ERT	INST.	ALLED:	
OTHER:	YR:	RESISTI	/E		CEC	ONDARY HE	MANUFA	ACTURE	:K:					
PRIMARY HEAT  BOILER SOLID FUEL					SEC	BOILER	A1	SOLID	enei [					
BOILER SOLID FUEL  IF BOILER, IS INSURANCE PLACE	D EL SEWHERE?	/ N				IF BOILER, I	S INSUR		L	 SEWH	ERE?	Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSU		ANCE		FRO	NT EXPOSU					REAR EXPO		TANCE	
BURGLAR ALARM TYPE		CERTI	FICATE	#						EXP	RATION DAT	st	NTRAL ATION TH KEYS	LOCAL
BURGLAR ALARM INSTALLED AND SE	RVICED BY				EXT	ENT		GRA	DE	# GL	IARDS / WAT		CLOCK H	OURLY
PREMISES FIRE PROTECTION (Sprinkle	ers, Standpipes, CO2 / Che	nical Syste	ems)	% SPF	RNK	FIRE ALAR	MANUF	ACTUR	ER				CENTRAL	STATION
													LOCAL GO	ONG
ADDITIONAL INTEREST	ACORD 45 attack	ned for a	additio	onal names										
<u> </u>	ME AND ADDRESS RAN	к:	EVIDE	NCE: CE	RTIFIC	ATE					IN	TEREST IN I	TEM NUMBER	<u></u>
LOSS PAYEE											LOCATION:		BUILDING:	
MORTGAGEE										-	ITEM CLASS:	UNTION	ITEM:	
											ITEM DESCI	MEHUN		
RE	FERENCE / LOAN #:													
REMARKS (ACORD 101, Ac	Iditional Remarks S	Schedul	e, ma	y be attache	ed if	more spa	ce is r	require	ed)					
				•										

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PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)
House - 1SE

STATE PRODUCER LICENSE NO (Required in Florida)
A085984

PLICANT'S SIGNATURE

12/18/2024

NATIONAL PRODUCER NUMBER



#### DATE (MM/DD/YYYY) **PROPERTY SECTION** 12/18/2024 AGENCY NAME CARRIER NAIC CODE Acrisure Southeast Partners Insurance Services, LLC Vantage Risk Specialty Insurance Company 16275 POLICY NUMBER EFFECTIVE DATE NAMED INSURED(S) ICF1019427 01/01/2025 Marsh Lake Community Assn Inc **BLANKET SUMMARY** BLKT# AMOUNT TYPE BLKT# AMOUNT TYPE PREMISES #: 1 STREET ADDRESS: 96135 Marsh Lakes Drive, Fernandina Beach, FL 32034 BUILDING #: 15 PREMISES INFORMATION BLDG DESCRIPTION: Tennis Court Fencing COINS % VALU-ATION CAUSES OF LOSS INFLATION GUARD % SUBJECT OF INSURANCE AMOUNT FORMS AND CONDITIONS TO APPLY Tennis Court Fencing R SPECI 5% Wind and Hail Deductible 11,000 5,000 BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 **VALUE REPORTING INFORMATION - Attach ACORD 811** ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION SPOILAGE DESCRIPTION OF PROPERTY COVERED LIMIT OPTIONS REFRIG MAINT COVERAGE 11,000 AGREEMENT \$ BREAKDOWN OR CONTAMINATION (Y / N) (Y / N) SELLING DEDUCTIBLE POWER OUTAGE PRICE Ν N SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$ ACCEPT COVERAGE REJECT COVERAGE MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) LIMIT: \$ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: DISTANCE TO HYDRANT FIRE STAT CONSTRUCTION TYPE FIRE DISTRICT CODE NUMBER PROT CL # STORIES # BASM'TS YR BUILT TOTAL AREA **MASONRY NOC** 3<sub>MI</sub> nassau 5 1986 BLDG CODE GRADE **BUILDING IMPROVEMENTS** TAX CODE ROOF TYPE OTHER OCCUPANCIES WIRING, YR: PLUMBING, YR: HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: WIND CLASS HEATING, YR: ROOFING, YR: SEMI- RESISTIVE MANUFACTURER: OTHER: YR: RESISTIVE PRIMARY HEAT SECONDARY HEAT SOLID FUEL BOILER BOILER SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N IF BOILER, IS INSURANCE PLACED ELSEWHERE? RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE FRONT EXPOSURE & DISTANCE **REAR EXPOSURE & DISTANCE** LOCAL GONG CERTIFICATE # BURGLAR ALARM TYPE **EXPIRATION DATE** 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 EVIDENCE: CERTIFICATE NAME AND ADDRESS RANK: INTEREST IN ITEM NUMBER LOSS PAYEE LOCATION: BUILDING: MORTGAGEE ITEM CLASS: ITEM DESCRIPTION

ADDITIONAL	PREMISES #: 1	STREET	ADDRE	ss: <b>96135 M</b> a	irsh	Lakes Dri	ve, Fer	nandii	na Bea	ıch,	FL 32034	1		
PREMISES INFORMATION	BUILDING #: 16	BLDG D	ESCRIP	rion: Playgro	und									
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-	CAUSES OF L	oss	INFLATION GUARD %	DED	1	DED E	BLKT #	FORM	IS AND CO	ווסאכ	IONS TO APPLY
Playground	11,500		R	SPECI		SOARD A	5,0				5% Wind	and F	lail	Deductible
	7													244120020000000000000000000000000000000
						-								
ADDITIONAL INFORMATION	BUSINESS INCOME / EXTR	A EXPENS	SE - Atta	ch ACORD 810		V.	ALUE REF	ORTING	INFORM	IATIO	N - Attach A	CORD 811		
ADDITIONAL COVERAGES,	OPTIONS, RESTRICT	IONS, E	NDO	RSEMENTS A	AND	RATING IN	IFORM/	ATION			T			
SPOILAGE COVERAGE (Y / N)  N	OPERTY COVERED					\$ DEDUCTIBL	11,		EFRIG M GREEM (Y/N)	ENT	H	AKDOWN ( ER OUTA(		ONTAMINATION SELLING PRICE
SINKHOLE COVERAGE (Required in I	Florida)			ACCEPT C	OVE	RAGE	REJEC	T COVE	RAGE	ı	IMIT: \$			
MINE SUBSIDENCE COVERAGE (Req	uired in IL, IN, KY and WV)			ACCEPT C	OVE	RAGE	REJEC	T COVE	RAGE	ı	.IMIT: \$			
PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL LANDA	MARK								#	OF OPEN S	IDES ON S	STRU	CTURE:
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE ST	AT MI	FIF	E DISTRICT		CODE NUM	BER PF	OT CL	# STOP	llES	# BASM'TS	YR BUIL	т.	TOTAL AREA
BUILDING IMPROVEMENTS	BLD	G CODE RADE	TAX	CODE ROOF T	YPE	(	OTHER O	CUPAN	CIES				I	
WIRING, YR: PL	UMBING, YR:	NAUL												
		D CLASS		SEMI- RESIS	TIVE		HEAT	ING SOU	JRCE IN REPLAC	CL W	OODBURNIN ERT	IG DA	TE STAL	LED:
OTHER:	YR:	RESISTI	/E			N	MANUFAC							
PRIMARY HEAT					SEC	ONDARY HEA	т		-					
BOILER SOLID FUE	L [_]					BOILER	s	OLID FU	EL					
IF BOILER, IS INSURANCE PLAC	ED ELSEWHERE? Y /	N				IF BOILER, IS	INSURAN	CE PLA	CED ELS	EWH	ERE?	Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSUR	E & DISTA	ANCE		FRO	NT EXPOSURE	E & DISTA	NCE			REAR EXPO	SURE & D	DISTA	NCE
BURGLAR ALARM TYPE	1	CERTI	FICATE	#						EXPI	RATION DAT	<u> </u>	CENT STAT	TRAL LOCAL TON GONG
BURGLAR ALARM INSTALLED AND S	ERVICED BY		·		EXT	ENT		GRADE		# GU	ARDS / WAT	CHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprink	lers, Standpipes, CO2 / Chem	ical Syste	ems)	% SPR	NK	FIRE ALARM	MANUFAC	TURER						CENTRAL STATION
ADDITIONAL INTEREST	ACORD 45 attach	ad for s	addi#i	anal names										LOCAL GONG
	IAME AND ADDRESS RANK		EVIDE		TIFIC	ATE					IN.	TEREST	N ITE	M NUMBER
LOSS PAYEE										ľ	LOCATION:	ILIKEOTT		UILDING:
MORTGAGEE											ITEM CLASS:			EM:
											ITEM DESCI	RIPTION		
F	REFERENCE / LOAN #:													
REMARKS (ACORD 101, A	dditional Remarks S	chedul	e, ma	y be attache	d if	more spac	ce is red	quired	)					

# 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 STATE PRODUCER LICENSE NO (Required in Florida)
A085984

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

House - 1SE

NATIONAL PRODUCER NUMBER

APPLICANT'S SIGNATURE

								AGI	ENCY	CUSTO	MER II	D:	MAR	SLA	K-02			Н	HELTON
A	COR	r É	> ∞			PI	RO	PERT	Y S	ECT	ON							TE (MM/D	-
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N	]									\$			N					L PRI	GE.
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	OFING, YR:		EATING, Y	•	WIND (	CLASS		SEMI- RE	SISTIVE			HEATING STOVE OF	SOURCE IN	ICL WO	OODBURNIN	G D	ATE NSTALI	ED:	
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PRIMAR	Y HEAT		_	1					SEC	ONDARY	HEAT	1							
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BURGLA	AR ALARM INSTALLE	D AND	SERVICED	) BY					EXT	ENT		GRA	ADE	# GU	ARDS / WAT	CHMEN		CLOCK H	OURLY
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ADDIT	IONAL INTERE	EST	AC	ORD 45 att	ache	d for a	dditio	onal name	s										
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	SS PAYEE														LOCATION:		В	UILDING:	
МО	RTGAGEE														ITEM CLASS:	ubr/o:	IT	EM:	
1															ITEM DESCR	HON			

ADDITIONAL	PREMISES #:	1	STREET	ADDRE	ss: 9613	5 Marsh	Lakes D	rive, Fe	rnand	ina Be	ach,	FL 32034	ļ		
PREMISES INFORMATION	BUILDING #:	18	BLDG DE	ESCRIP	rion: Aer	ator in fr	ont Lake		lectric						
SUBJECT OF INSURANCE	AMOUN	т	COINS %	VALU-	CAUSES	OF LOSS	INFLATION GUARD %	N DEI	)	DED TYPE	BLKT #	FORM	S AND CONE	ITIONS TO APP	LY
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		alos (007 Pisor													
											·				
													- /411		
ADDITIONAL INFORMATION	BUSINESS INCO	ME / EXTR	A EXPENS	SE - Atta	ch ACORD	810		VALUE RE	PORT	NG INFOR	MATIC	N - Attach A	CORD 811		
ADDITIONAL COVERAGES	OPTIONS, RE	STRICT	IONS, E	NDO	RSEMEN	ITS AND	RATING	INFORM	OITAN	N	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SPOILAGE DESCRIPTION OF PR	OPERTY COVERED						LIMIT			REFRIG N		OPTIONS			
COVERAGE (Y/N)							\$	2	,600	AGREEN (Y/N		BREA	KDOWN OR	CONTAMINATIO	
N							DEDUCTII	BLE		N	j	POWI	ER OUTAGE	SELLIN PRICE	G
SINKHOLE COVERAGE (Required in	Florida)				ACC	EPT COVE	RAGE	REJE	ECT CO	VERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Re	quired in IL, IN, KY a	ind WV)			ACC	EPT COVE	RAGE	REJE	ECT CO	VERAGE		LIMIT: \$			
PROPERTY HAS BEEN DESIGN	ATED AN HISTORIC	AL LANDA	<i>I</i> ARK									# OF OPEN S	IDES ON ST	UCTURE:	_
CONSTRUCTION TYPE		ICE TO FIRE ST	MI	FIF	RE DISTRIC	T	CODE NU	IMBER I	PROT C	L #STO	RIES	#BASM'TS	YR BUILT	TOTAL AREA	
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ROOFING, YR:	EATING, YR:	WIN	D CLASS	_	SEMI-	RESISTIVE		L STC	OVE OR	FIREPLAC	SE INS	OODBURNIN SERT	G DATE INST	ALLED:	
OTHER:	YR:		RESISTI	/E	1	1		MANUFA	CTURE	R:					
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RIGHT EXPOSURE & DISTANCE			RE & DIST	ANCE			NT EXPOSU			LACED EC	JEVV1		SURE & DIS	TANCE	
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BURGLAR ALARM TYPE			CERTI	FICATE	#						EXP	IRATION DAT	ST	NTRAL ATION TH KEYS	LOCAL GONG
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PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, C	O2 / Chen	nical Syste	ems)		% SPRNK	FIRE ALAR	M MANUF	ACTURI	ER				CENTRAL ST	
ADDITIONAL INTEREST	ACORD 45	attach	ed for a	additi	onal na	mes									
INTEREST	NAME AND ADDRE	SS RAN	<b>&lt;:</b>	EVIDE	NCE:	CERTIFIC	ATE					IN	TEREST IN I	TEM NUMBER	
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MORTGAGEE												ITEM CLASS:		ITEM:	
												ITEM DESCI	RIPTION		
	REFERENCE / LOAI	N #:													
REMARKS (ACORD 101, A	Additional Ren	narks S	chedul	e, ma	y be atta	ached if	more sp	ace is r	equir	ed)					
					-										

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PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO (Required in Florida)
A085984

APPLICANT'S SIGNATURE

House - 1SE

NATIONAL PRODUCER NUMBER

ACORD 140 (2014/12)

		,					AGEN	ICY C	USTOME	R ID:		MAF	RSLA	\K-02			HHELTO
A	CORL	<b>&gt;</b> °			PR	ROF	PERTY	' SE	ECTIC	N							E (MM/DD/YYYY) 2/18/2024
AGENCY <b>Acrisu</b>	NAME re Southeast Par	tners	Insurance S	Service	es, LLC	3		1	RRIER Itage Ris	sk Sp	ecialty	Insura	ance	Compa	ny		NAIC CODE 16275
POLICY N							ECTIVE DATE /01/2025	1	ied insurei sh Lake		munity	y Assn	ı Inc		-		
BLAN	(ET SUMMARY		***************************************						<del></del>								
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		P	PREMISES #: 1	ST	REET AD	DRESS	s: 96135 M	arsh	Lakes Di	rive, F	ernanc	lina Be	ach,	FL 3203	4		
PREMI	SES INFORMATIO	)N B	UILDING #: 19	BL	DG DESC	CRIPTIC	วพ: Village	Pool	Equipme	ent							
su	BJECT OF INSURANCE		AMOUNT	CO	INS % A	ALU- TION	CAUSES OF	LOSS	INFLATION GUARD %	l DI	ED	DED TYPE	BLKT #	FOR	AS AND C	ONDITIO	NS TO APPLY
									The state of the s								
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ADDITI	ONAL COVERAGE	S. OPT	IONS. RESTE	RICTION	NS. ENI	DORS	SEMENTS	AND I	RATING I	NFOR	MATIO	N		*******************************			
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N									\$			N	_				TRIOL
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MINE SUE	SSIDENCE COVERAGE (F	Required i	in IL, IN, KY and V	<b>//</b> V)			ACCEPT	COVER	RAGE	RE.	JECT COV	/ERAGE	ı	LIMIT: \$			
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CONSTRU	ICTION TYPE		DISTANCE HYDRANT FII	TO RE STAT MI		FIRE	DISTRICT		CODE NU	<b>MBER</b>	PROT CI	. # STO	RIES	# BASM'TS	YR BUI	LT TO	OTAL AREA
BUILDING	IMPROVEMENTS			BLDG C GRAD	ODE 7	TAX CO	DE ROOF	TYPE		OTHER	OCCUPA	NCIES					
WIRI	NG, YR:	PLUMBIN	√G, YR:														
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	DILER, IS INSURANCE PL	ACED EL		Y/N					IF BOILER, I			ACED EL	SEWH		Y/N		
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ADDITI	ONAL INTEREST	Α	CORD 45 att	ached	for ad	ditior	nal names										
INTEREST	-	NAME	AND ADDRESS	RANK:	E	VIDENC	CE: CE	RTIFICA	ATE					l)	NTEREST	IN ITEM	NUMBER
Loss	SPAYEE													LOCATION:		BUII	LDING:
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														ITEM DESC	RIPTION		

							AGENC	Y C	USTON	/IER	ID: _		MAF	RSLA	NK-02				HHEL	1OT.
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ADDITIONAL PREMISES INFORMATION		ING #: 20					Estates I					mane	ina De	acii,	1 L 0200	<b>,</b>			-	
SUBJECT OF INSURANCE		AMOUNT			VALU- ATION		ISES OF LO		INFLATI		DE	D	DED TYPE	BLKT #	FORM	IS AND C	ONDI	TIONS T	O APPLY	
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ADDITIONAL COVERAGES	, OPTION	s, restr	ICTIO	NS, E	NDO	RSEM	IENTS A	ND I	RATING	3 IN	FORM	OITAN	N							
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						ГТ			\$	T	T									
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MINE SUBSIDENCE COVERAGE (Re							ACCEPT CO	OVER	AGE	<u> </u>	REJ	ECT CO	ERAGE		LIMIT: \$	IDEO ON	OTDI	IOTUDE		
PROPERTY HAS BEEN DESIGN	AATED AN HI	STORICALLA	ANUMAH	KK.											# OF OPEN S	IDES ON	SIRU	CIURE		
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		FT	MI	L.,																
BUILDING IMPROVEMENTS			BLDG C		TAX	CODE	ROOF TY	/PE		O	THER	OCCUPA	NCIES							
WIRING, YR:	LUMBING, Y	R:			-					_										
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OTHER:	YR:		RE	SISTIV	Æ							CTURE	₹:							
PRIMARY HEAT							-		ONDARY	HEAT				_						
BOILER SOLID FU	L		7				-		BOILER			SOLID F	ı							
IF BOILER, IS INSURANCE PLA	CED ELSEW	T	Y/N	nları	Non				IF BOILE				ACED EL	.SEWH		Y/N	DICT			
RIGHT EXPOSURE & DISTANCE		LEFT EXPO	JSURE 8	k DISTA	INCE			FRON	IT EXPO	SURE	& DIST	ANCE			REAR EXPO	JOURE &	וופוט	ANCE		
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REMARKS (ACORD 101,	Additiona	al Remark	s Sch	edul	e, ma	y be	attached	d if r	nore s	pac	e is r	equire	d)							

### 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) House - 1SE		STATE PRODUCER LICENSE NO (Required in Florida) A085984
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



DATE (MM/DD/YYYY)

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PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print) House - 1SE

STATE PRODUCER LICENSE NO (Required in Florida)
A085984

NATIONAL PRODUCER NUMBER

APPLICANT'S SIGNATURE struck