



Commercial Insurance Proposal

Century Park Condominium Association Inc

Presented on: 5/8/2025

Presented by: Jacqueline Pena

Foundation Risk Partners Corp
3750 NW 87TH Ave Suite 700

Doral FL 33178
(305) 262-5244



Acentria Insurance

Acentria Insurance is a full-service independent insurance agency, specializing in protecting businesses. At Acentria Insurance, we recognize the complexities of commercial insurance, and we offer comprehensive insurance programs for businesses of all sizes.

Commercial insurance is one of the most important investments you can make in your company because it protects your emerging business. Commercial claims are often more complex than personal claims, so it's essential to have a strong relationship with an experienced commercial insurance expert you can trust.

Acentria Insurance partners with you to identify specific coverage needs, hidden risks and best practices to protect your business against losses. Because a loss – any loss – can mean money out of your pocket today in the form of deductibles or loss productivity, and higher insurance premiums down the road.

SO WHY CHOOSE ACENTRIA INSURANCE?

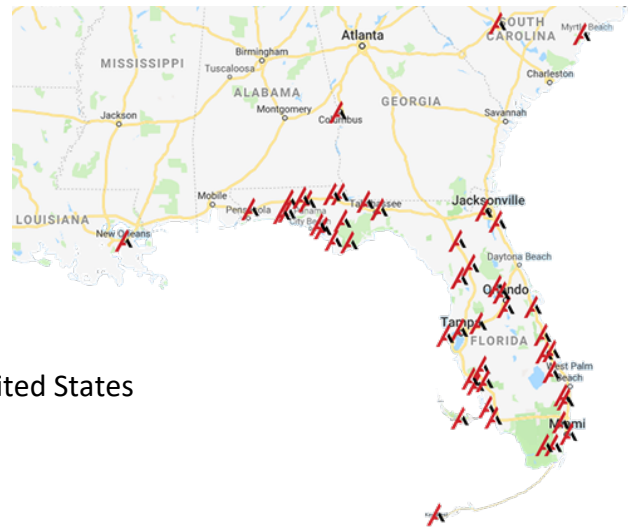
- Over 50 convenient locations across the Southeastern United States

In-House Claims Department

With over 35 years of combined claims experience, our in-house claims department will be with you every step of the way in the event of a catastrophic event. Our staff works as a liaison between our clients and the insurance companies to ensure that your expectations are met. With a professional and licensed litigator on staff, you can rest assured that your claim will be handled properly and in a timely manner.

Risk Management Services

It is our goal to assist your business in the recognition of loss exposures and the reduction thereof.



Service Team

Jacqueline Pena		Vice President - Sales Producer	
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Magelys Valdes		Commercial Lines Account Manager II	
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Email		Magelys.Valdes@Acentria.com	

Named Insureds

Insured	Interest
Century Park Condominium Association Inc	First Named Insured

Location Schedule

Loc	Bldg	Address
1	1	8810 W Flagler St, Miami, FL 33174-3985
2	1	8818 W Flagler St, Miami, FL 33174-3986
3	1	8834 W Flagler St, Miami, FL 33174-3983
4	1	8846 W Flagler St, Miami, FL 33174-3949
5	1	8900 W Flagler St, Miami, FL 33174-3936
6	1	8918 W Flagler St, Miami, FL 33174-3912
7	1	8960 W Flagler St, Miami, FL 33174-3900
8	1	8968 W Flagler St, Miami, FL 33174-3907
9	1	9000 W Flagler St, Miami, FL 33174-2360
10	1	9014 W Flagler St, Miami, FL 33174-3905
11	1	8814 W Flagler St, Miami, FL 33174-3947
12	1	8838 W Flagler St, Miami, FL 33174-3918
13	1	8842 W Flagler St, Miami, FL 33174-3981
14	1	8866 W Flagler St, Miami, FL 33174-3948
15	1	8874 W Flagler St, Miami, FL 33174-3982
16	1	8906 W Flagler St, Miami, FL 33174-3909
17	1	8912 W Flagler St, Miami, FL 33174-3950
18	1	8964 W Flagler St, Miami, FL 33174-3902
18	2	8964 W Flagler St, Miami, FL 33174-3902
18	3	8964 W Flagler St, Miami, FL 33174-3902
18	4	8964 W Flagler St, Miami, FL 33174-3902
18	5	8964 W Flagler St, Miami, FL 33174-3902

Property

Issuing Company **American Coastal Insurance Company**
 Policy Term **6/8/2025 to 6/8/2026**

Named Insureds

Insured	Interest
Century Park Condominium Association Inc	First Named Insured

Named Insureds

Insured	Interest
Century Park Condominium Association Inc	First Named Insured

Coverages

Loc	Bldg	Subject	Amount	Val*	Co-insurance	Cause of Loss	Deductible
1	1	8810 W Flagler St, Miami, FL 33174-3985					
		Building	\$2,511,800	RC	Agreed Value	Special	\$5,000
2	1	8818 W Flagler St, Miami, FL 33174-3986					
		Building	\$2,148,900	RC	Agreed Value	Special	\$5,000
3	1	8834 W Flagler St, Miami, FL 33174-3983					
		Building	\$2,071,900	RC	Agreed Value	Special	\$5,000
4	1	8846 W Flagler St, Miami, FL 33174-3949					
		Building	\$2,071,900	RC	Agreed Value	Special	\$5,000
5	1	8900 W Flagler St, Miami, FL 33174-3936					
		Building	\$2,826,000	RC	Agreed Value	Special	\$5,000
6	1	8918 W Flagler St, Miami, FL 33174-3912					
		Building	\$2,592,500	RC	Agreed Value	Special	\$5,000

Century Park Condominium Association Inc

Loc	Bldg	Subject	Amount	Val*	Co-insurance	Cause of Loss	Deductible
7	1	8960 W Flagler St, Miami, FL 33174-3900					
		Building	\$1,724,100	RC	Agreed Value	Special	\$5,000
8	1	8968 W Flagler St, Miami, FL 33174-3907					
		Building	\$1,922,400	RC	Agreed Value	Special	\$5,000
9	1	9000 W Flagler St, Miami, FL 33174-2360					
		Building	\$2,732,000	RC	Agreed Value	Special	\$5,000
10	1	9014 W Flagler St, Miami, FL 33174-3905					
		Building	\$2,732,000	RC	Agreed Value	Special	\$5,000
11	1	8814 W Flagler St, Miami, FL 33174-3947					
		Building	\$5,733,000	RC	Agreed Value	Special	\$5,000
12	1	8838 W Flagler St, Miami, FL 33174-3918					
		Building	\$3,213,800	RC	Agreed Value	Special	\$5,000
13	1	8842 W Flagler St, Miami, FL 33174-3981					
		Building	\$3,213,800	RC	Agreed Value	Special	\$5,000
14	1	8866 W Flagler St, Miami, FL 33174-3948					
		Building	\$2,847,900	RC	Agreed Value	Special	\$5,000
15	1	8874 W Flagler St, Miami, FL 33174-3982					
		Building	\$2,847,900	RC	Agreed Value	Special	\$5,000
16	1	8906 W Flagler St, Miami, FL 33174-3909					
		Building	\$6,701,800	RC	Agreed Value	Special	\$5,000
17	1	8912 W Flagler St, Miami, FL 33174-3950					
		Building	\$6,132,300	RC	Agreed Value	Special	\$5,000
18	1	8964 W Flagler St, Miami, FL 33174-3902					
		Building	\$6,720,400	RC	Agreed Value	Special	\$5,000
18	2	8964 W Flagler St, Miami, FL 33174-3902					
		Building	\$80,200	RC	Agreed Value	Special	\$5,000

Century Park Condominium Association Inc

Loc	Bldg	Subject	Amount	Val*	Co- insurance	Cause of Loss	Deductible
18	3	8964 W Flagler St, Miami, FL 33174-3902					
		Building	\$80,200	RC	Agreed Value	Special	\$5,000
18	4	8964 W Flagler St, Miami, FL 33174-3902					
		Building	\$76,000	RC	Agreed Value	Special	\$5,000
18	5	8964 W Flagler St, Miami, FL 33174-3902					
		Building	\$76,000	RC	Agreed Value	Special	\$5,000

Insured Ultimately Chooses Values.

Conditions

Description	Limit
Hurricane Deductible	5%
Ordinance Or Law Coverage	A- Full Limit B/C Combined - \$2,742,278
Equipment Breakdown	\$10,000,000

Coverage

Perils Covered	ISO Special	Coinsurance:	N/A Agreed Amount Scheduled
Building Valuation	RCV	AOP Deductible:	\$5,000 Per Occurrence
Pers. Prop Valuation	RCV	Sinkhole Deductible:	AOP Per Occurrence
Roof Valuation	RCV	Hurricane Deductible:	5% Per Calendar Year
Exclusions	Existing Damage Exclusion (AC 00 10) Additional Property Not Covered Exclusion (AC 14 20)		
		Total Limits of Liability:	\$54,845,531 (as per schedule attached, NOT blanket)

Options/Endorsements/Standard Forms

Ordinance or Law Coverage - Y	Standard forms and endorsements to apply. Other options available upon request.
Coverage A Full Limit (y/n) Y	Percent deductibles are per building
Coverage B Limit \$0	10% Minimum Eamed premium applies.
Coverage C Limit \$0	This quote is subject to acceptance both sides with NO COVER GIVEN
Coverage B/C Combined Limit \$2,742,278	Property Enhancement Endorsement - AC 00 01
Coverage A/B/C Combined Limit	
Any B or C or Combined Limit is sublimited to 5% per Building	Coverage explicitly excludes all flooding, including but not limited to flooding during windstorm events.
Equipment Breakdown Limit \$10,000,000	Coverage excludes all damage directly or indirectly caused by any Named Storm in existence upon receipt of written request to bind.
<u>Sinkhole Coverage</u>	
Sinkhole coverage includes catastrophic ground cover collapse (AC 01 25) and sinkhole coverage endorsement (AC SLC-03-14).	

Coverages

8810 West Flagler St	2,256,393
8818 West Flagler St	1,930,461
8834 West Flagler St	1,861,251
8846 West Flagler St	1,861,251
8900 West Flagler St	2,538,792
8918 West Flagler St	2,328,974
8960 West Flagler St	1,548,770
8968 West Flagler St	1,726,991
9000 West Flagler St	2,454,264
9014 West Flagler St	2,454,264
8814 West Flagler St	5,150,294
8838 West Flagler St	2,877,126
8842 West Flagler St	2,877,126
8866 W Flagler St	2,558,424
8874 West Flagler St	2,558,424
8906 West Flagler St	6,020,526
8912 West Flagler St	5,508,855
8964 West Flagler St	6,037,345
8870 West Flagler St POOL	\$76,000
9910 West Flagler St POOL	\$76,000
RESTROOM BUILDING	\$72,000
RESTROOM BUILDING	\$72,000

The following documents are required within 30 days of binding:

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

General Liability

Issuing Company **Universal Fire & Casualty Insurance Company**
A- (Excellent)
 Policy Term **05/20/2025 to 05/20/2026**

Named Insureds

Insured	Interest
Century Park Condominium Association Inc	First Named Insured

Coverages

Description	Limit
Each Occurrence Limit	\$1,000,000
General Aggregate Limit	\$2,000,000
Products Completed Ops	\$2,000,000
Personal & Advertising Injury	Included
Fire Damage Limit	\$50,000
Medical Expense Limit	\$5,000
Deductible	No Deductible

Higher Limits may be Available.

Optional Coverages

Description	Limit
Hired & Non-Owned Auto Coverage	\$1,000,000

Pending to: Copy of acceptable pet policy & verify only 2 pools - google earth shows 3

Locations and Exposures

Loc	Bldg	Description	Exposure	Premium Basis
1		8810 W Flagler St, Miami, FL 33174-3985		
		Townhouses or similar associations (association risk only) -- Including Products/Completed Work	318	Unit
		Swimming Pools -- Private -- NOC	2	Each Unit
		Parks or Playgrounds -- Including Products/Completed Work	3	Each Unit
		Club -- Civic, service, social -- Having buildings or premises owned or leased -- Not-For-Profit only -- Including Products/Completed Work	2,000	Area

Century Park Condominium Association Inc

Premium Basis may be Subject to Audit

Forms and Endorsements, but not limited to the following:
Universal Shield Insurance Group, Inc.

POLICY FORMS

Interline Forms:	
SIG 00 01	Generic Signature Page
UNV-CL-FRWR	Fraud Warning Notice
CPP 0100	Common Policy Declarations
UCLA 5015	Schedule of Forms and Endorsements
CL0100	COMMON POLICY CONDITIONS
CL0160	AMENDATORY ENDORSEMENT - FLORIDA
CL0605	CERTIFIED TERRORISM LOSS DISCLOSURE OF PREMIUM AND FEDERAL SHARE OF INSURED LOSSES

General Liability Policy Forms:	
UGLA 0100	Commercial Liability Coverage Declarations
UGLA 5035	GL Supplemental Declarations
UGLA 0200	Commercial Liability Coverage
CL300	AMENDATORY ENDORSEMENT
GL0250	CERTIFIED TERRORISM LOSS
GL0348	EXCLUSION -- WET ROT, DRY ROT, BACTERIA, FUNGI, OR PROTISTS
GL0348	EXCLUSION -- WET ROT, DRY ROT, BACTERIA, OR FUNGI
GL13	AMENDMENT OF POLICY TERMS - FLORIDA
GL917	CALENDAR DATE OR TIME FAILURE EXCLUSION
UCLA 1023	Communicable Disease Exclusion
UGLA 2144	Limitation of Coverage to Locations, Projects or Operations Described in the Declarations
UCLA 0797	Exclusion Data Breach Liability
UCLA 5030	Sports Participants Exclusion
UCLA 5053	Human Trafficking Exclusion
UCLA 0122	Non-Owned Hired Auto Liability
UCLA 5064	Exclusion - Damage or Loss Sustained By Members Or Arising Out Of Areas That Are Not Common Areas For All Member
UGLA 5048	EXCLUSION - POLYFLUOROALKYL AND PERFLUOROALKYL SUBSTANCES
UCLA 5105	EXCLUSION - DAMAGE OR LOSS SUSTAINED FROM EXPOSURES OR AREAS UNDER THE CONTROL OR RESPONSIBILITY OF A MASTER ASSOCIATION
UCLA 5107	EXCLUSION - COLLECTION, STORAGE, SALE TRANSFER OR USE OF BIOMETRIC INFORMATION OR CONFIDENTIAL AND SENSITIVE INFORMATION

Directors & Officers

Issuing Company Atlantic Specialty Insurance Company
Policy Term 05/20/2025 to 05/20/2026

Named Insureds

Insured	Interest
Century Park Condominium Association Inc	First Named Insured

Coverages:

Policy Aggregate Limit	\$1,000,000 (for all purchased Liability Coverage Sections combined)			
Liability Coverage Section	Separate Limit of Liability	Shared Limit of Liability	Retention	P&P Litigation Date
D&O and Organization Liability ("D&O")	N/A	\$1,000,000 Shared with: EPL	Clause A: \$0 Clause B: \$25,000 Clause C: \$25,000	05.20.2017
Employment Practices Liability (including Third Party) ("EPL")	N/A	\$1,000,000 Shared with: D&O	Clause A: \$25,000 Clause B: \$25,000	05.20.2017 05.20.2017

D&O Other Specific Limits	Limits		
Additional Limit of Liability Dedicated for Executives	\$250,000		
Excess Benefit Transaction Excise Tax Sublimit	\$100,000		
Internal Revenue Code Violation Sublimit	\$100,000		
Stakeholder Derivative Demand Sublimit	\$250,000		
D&O Crisis Management Expenses Limit	\$25,000		
	Limits	Separate Retention	Coinsurance
Antitrust Claim	\$1,000,000	\$25,000	0%
EPL Other Specific Limits	Limits		
Illegal Hiring or Harboring Sublimit	\$50,000		
Employment Crisis Management Expenses Limit	\$25,000		
Policy Aggregate Sublimit For All E-Discovery Consultant Services:	\$25,000 (for all purchased Liability Coverage Sections combined)		
Additional Aggregate Limit For Defense Expenses:	Not Covered		
Type of Claim Defense:	Duty to Defend		

Century Park Condominium Association Inc

Policy Forms and Endorsements		Section(s)
MPE-TOCFL-08-22	Management Liability Program Table of Contents	GTC
MPF-20001-08-22	Not-for-Profit Organization Management Liability Policy General Terms and Conditions Section	GTC
MPF-20001-DO-06-18	Not-for-Profit Organization Management Liability Policy Directors, Officers & Organization Liability Coverage Section	D&O
MPF-20001-EPL-06-18	Not-for-Profit Organization Management Liability Policy Employment Practices Liability Coverage Section	EPL
MPE-000FL2-08-22	Florida Amendatory	GTC
MPE-00024-09-10	State Amendatory Inconsistency	GTC
MPE-230FL-06-18	Florida Amendatory	D&O
MPE-03030A-06-18	Cap on Losses from Certified Acts of Terrorism	D&O
MPE-03057-06-18	Privacy Breach Reimbursement Coverage Sublimit: \$50,000	D&O
MPE-23028-09-22	Amend Exclusion (G)	D&O
MPE-23053-01-20	Community Association Amendatory	D&O
MPE-23055-01-20	Property Manager Extension Sublimit: \$1,000,000 Retention: \$25,000	D&O
MPE-23065-09-23	Contract Claims - Defense Expenses Sublimit \$100,000	D&O
MPE-040FL-06-18	Florida Amendatory	EPL
MPE-04019-09-10	Workplace Violence Reimbursement Coverage Sublimit: \$250,000	EPL
MPE-04020E-05-19	Wage and Hour Claims Sublimit \$150,000	EPL
MPE-04041-06-20	Biometric Information Privacy Sublimit	EPL
MPE-24012-01-20	\$100,000 Property Manager Extension	EPL
Insurance Company	Atlantic Specialty Insurance Company This is an Admitted Policy.	
A.M. Best Rating:	A+ (Superior)	
Quote Expiration Date	05.20.2025	
Conditions	This quote is subject to Intact Insurance's receipt, review and acceptance of the outstanding conditions noted below prior to binding. The underwriter may elect at its discretion to accept an order to bind subject to receipt of such outstanding conditions within a specified timeframe. <ul style="list-style-type: none"> • None at this time 	
Extended Reporting Period (ERP)	ERP Option(s) are as follows: <ul style="list-style-type: none"> • 12 months at 100% of Full Annual Premium 	

Umbrella / Excess Liability

Issuing Company: Greenwich Insurance Company

Policy Term: 05/20/2025 to 05/20/2026

Named Insureds

Insured	Interest
Century Park Condominium Association Inc	First Named Insured

Limits Of Liability

Description	Limit
Each Occurrence	\$5,000,000

Higher Limits may be Available.

Location:

Description
8810 W Flagler Street, Miami, FL 33174

Minimum Underlying Insurance Requirements

IF MULTIPLE LOCATIONS, UNDERLYING GL MUST CONTAIN A PER LOCATION AGGREGATE ENDORSEMENT (WITHOUT CAPS ON THE AGGREGATE). THIS IS MANDATORY AND NOT OPTIONAL

Commercial General Liability	\$1,000,000/\$2,000,000	*A- Rated VII or Better AM Best
Automobile Liability	\$1,000,000 (BI & PD CSL)	*A- Rated VII or Better AM Best
Employers Liability	\$500,000/\$500,000/\$500,000	*A- Rated VII or Better AM Best
Directors & Officers Liability	\$1,000,000/\$1,000,000	*A- Rated VII or Better AM Best (Claims Made Required)

Century Park Condominium Association Inc

The following Endorsements form part of our policy:

COVER PAGE
NOTICE TO POLICYHOLDERS U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")
NOTICE TO POLICYHOLDERS FRAUD NOTICE
NOTICE TO POLICYHOLDERS PRIVACY POLICY
NOTICE TO POLICYHOLDERS -FLORIDA NOTICE (COMPLAINT)
POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
PURCHASING GROUP CONVERSION ENDORSEMENT
IN WITNESS - GREENWICH INSURANCE COMPANY
COMMERCIAL EXCESS/UMBRELLA LIABILITY CERTIFICATE HOLDER DECLARATIONS
COMMERCIAL EXCESS FOLLOW FORM AND UMBRELLA LIABILITY POLICY CERTIFICATE HOLDER SCHEDULE OF UNDERLYING INSURANCE
FORMS SCHEDULE
COMMERCIAL EXCESS/UMBRELLA LIABILITY COVERAGE
EXCLUSION -- UMBRELLA LIABILITY COVERAGE U
AMENDATORY ENDORSEMENT FLORIDA
CERTIFICATE HOLDER AND LOCATIONS
CLAIM REPORTING PROVISIONS COVERAGES E AND U
COVERAGE X -- DISASTER EVENT RESPONSE EXPENSE
EMPLOYMENT PRACTICES LIABILITY FOLLOW FORM COVERAGE E
EXCLUSION - CONTAMINATED DRYWALL COVERAGES E AND U
ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFORMATION EXCLUSION
CYBER INCIDENT EXCLUSION (COVERAGES E AND U)
VIOLATION OF LAW ADDRESSING DATA PRIVACY EXCLUSION (COVERAGES E AND U)
EXCLUSION -- FUNGUS OR RELATED PERILS COVERAGES E AND U FLORIDA
EXCLUSION -- EARTH MOVEMENT COVERAGES E AND U
EXCLUSION - ERRORS AND OMISSIONS LIABILITY COVERAGE E
EXCLUSION - TOTAL POLLUTION WITH CERTAIN EXCEPTIONS COVERAGE E
EXCLUSION -- PUNITIVE DAMAGES COVERAGES E AND U
CERTIFIED TERRORISM LOSS
CONSTRUCTION AND PRODUCT EXCLUSION -INCLUDING CONSTRUCTION DEFECTS WITH LIMITED EXCEPTION
EXCLUSION -- COMMUNICABLE DISEASE COVERAGES E AND U
EXCLUSION -- PROPERTY IN YOUR CUSTODY COVERAGES E AND U
EXCLUSION --EXTERIOR INSULATION AND FINISH SYSTEMS E AND U
AMENDED DEFINITION NEW ENTITIES ARE NOT INSUREDS COVERAGES E AND U
AMENDED DEFINITION PERSONAL AND ADVERTISING INJURY COVERAGES E AND U
ALL OTHER PERTINENT STATE ENDORSEMENTS

Disclaimers / Disclosures

Important: The proposal is a summary of coverages proposed by the insurers, based on the information provided by your company. It does not include all the terms, coverages, exclusions, limitations and conditions of the actual policy language. All insurance policies include cancellation provisions and may be subject to minimum earned premiums. The policies themselves must be read for those details. Policy forms for your reference will be made available upon request.

Insurers presented in this proposal may have agreements in place with Acentria through which compensation, contingent upon such factors as size, growth and/or overall profitability of an entire book of business placed with that insurer, may be derived. This contingent compensation would be in addition to any other compensation received, and is not guaranteed. If you would like additional information on this matter, please contact your Acentria agent.

Recommendations

PROPERTY

- Personal Property Coverage
- Business Income & Extra Exp.
- Flood
- Computer Coverage
- Personal Property In-transit
- Valuable Papers
- Misc. Tools Under \$500 each
- Owned Scheduled – Tools & Equipment
- Non Owned Tools & Equip.
- Installation Floater
- Builders Risk
- Employee Dishonesty
- Money & Securities – Inside and Outside
- Credit Insurance

COMMERCIAL LINES

- Package Policy
- Umbrella
- Workers' Compensation
- Automobile
- Surety Bonds
- PEO / Payroll Services
- Employment Practices Liability
- International Coverage
- Kidnap and Ransom
- Directors and Officers
- Errors and Omissions
- Professional Liability
- Crime
- Employee Dishonesty
- Pollution
- Storage Tank Liability
- Boiler and Machinery
- Owners & Contractors Protective Liability
- Aviation
- Cyber Liability

AUTOMOBILE

- Hired and Non Owned
- Hired Physical Damage
- Extended Personal Injury Injury Protection
- Drive Other Car
- Garage Keepers
- Truckers

GENERAL LIABILITY

- GAP Coverage
- Limited Pollutions
- Per Project Aggregate
- Blanket Additional Insured
- Employee Benefits Liability

PERSONAL LINES

- Automobile
- Homeowners
- Personal Umbrella
- Recreational Vehicle
- Boats
- VIP Packages

EXECUTIVE BENEFITS

- Key Man Life & Disability
- Deferred Compensation
- Variable Life & Annuities
- Financial Planning
- Business Succession Plan
- Education Planning

RETIREMENT PLANS

- 401(K)
- Profit Sharing
- Defined Benefits
- 412(J), 501(C)3, and 403(B)
- Defined Contribution
- IRAs

SECTION 125

- Voluntary Life
- STD and LTD
- Cancer
- Accident

GROUP DISABILITY

- Short and Long Term
- Voluntary STD and LTD

LIFE INSURANCE

- Variable
- Universal
- Second to Die

GROUP HEALTH

- Fully Insured
- Self Funded
- GAP Coverage
- Mini Meds

GROUP DENTAL

- Employer Paid
- Voluntary Dental

GROUP LIFE

- Basic
- Supplemental
- Voluntary
- Dependent

LONG TERM CARE

- Group
- Individual

This List does not Represent all Coverages that may be Available.

Premium Summary

Coverage	Expiring Premium	Proposed Premium
Commercial Property	\$420,303.00	\$295,849.00
General Liability	\$29,692.51	\$30,660.09
Directors & Officers	\$5,050.00	\$5,047.98
Umbrella	\$8,351.60	\$16,723.02
Boiler & Machinery	\$2,714.25	n/a Included on property policy
Total Proposed Premium	\$466,111.36	\$348,280.09

Subject to the following: i.e. audit, minimum earned premium, favorable MVRs, etc.

Finance Agreement

Amount due now


Payable to Acentria

Our E-pay Option: <https://frp.epaypolicy.com>

Proposal Acceptance

I accept this proposal for **Century Park Condominium Association Inc.**

BOD President


Luis Martinez (May 13, 2025 15:52 EDT)

_____	_____	_____
<u>Signature</u>	Title	Date
		May 13, 2025

I accept this proposal with the following changes completed for **Century Park Condominium Association Inc.**

_____	_____	_____
Signature	Title	Date

Acentria 24/7

EXCEEDING YOUR SERVICE EXPECTATIONS

With access to your information where and when you need it, you can focus on your business rather than your insurance. Mobile-optimized, 24/7 online access to your insurance information from any device results in faster service response, allowing you to provide documents to your clients and vendors quickly, driving business success and growth.

ACCESS DOCUMENTS ANYTIME. ANYWHERE.

It is important for your business to have access to all types of information and receive certificates of insurance (COIs) in a timely manner. You can now access to your insurance information and requested documents instantly online, including:

- ◆ Auto IDs
- ◆ Certificates of Insurance (COIs)
- ◆ An up-to-date list of certificate holders
- ◆ Account contact information
- ◆ Resource documents



OBTAIN CERTIFICATE OF INSURANCE OR AUTOMOBILE ID CARDS

With online access, you can issue and print your own Certificates of Insurance or Auto ID cards. This service is available 24/7 from anywhere with Internet access and is extremely valuable in situations where a last minute COI is required in order to conduct or continue business or if an auto ID card has been lost or misplaced. Both of these documents can be printed, emailed or faxed directly from the online access web page

VIEW CRITICAL POLICY INFORMATION

- ◆ Drivers
- ◆ Vehicles
- ◆ Locations
- ◆ Equipment

ONLINE POLICY CHANGE REQUESTS

Acentria Online allows you to make changes to your insurance information, including requests to add, delete and/or modify coverage. This service is available 24/7, offering a convenient way of communicating to save you time. Of course, you still have the option to email or call your account manager with changes if that is preferred.

PLEASE NOTE: Requests for the addition, deletion, or modification of coverage are not effective until authorized and confirmed by a licensed representative of Acentria. These confirmations will typically be communicated within 24 business hours.

MAINTENANCE AND MANAGEMENT OF CERTIFICATE HOLDERS, LOSS PAYEES AND ADDITIONAL INSURED

Acentria Online enables you to manage all of your certificate holders in one location. You can add, modify and delete holders at any time. In addition, you can easily review certificate holders prior to renewal. Eliminate past certificate holders who do not require a renewal certificate, enabling you and Acentria to distribute certificates only to those companies or individuals who have a current interest in your business or operations.

CUSTOMIZED USER ACCESS

Because each Acentria user is assigned a unique sign-on and password, you can designate one or more individuals in your office to have access to your insurance information. Based on your needs, Acentria Online can be tailored to provide a limited or broad amount of information for your users.

ONLINE CLAIMS REPORTING

When you need to report a claim, it is important to do so while the details are fresh in your mind. While it is our preference that all critical accidents or emergency claims be reported to us by phone, minor first-party property and automobile losses can be reported through the Acentria Online webpage. This service allows you to report a claim that happens after hours and on weekends while the details are fresh in your mind.


Contact us today to learn how to get started using our online service options.

Coverage Rejection Acknowledgement Form

Named Insured: Century Park Condominium Association Inc

Coverage	Reject / Not Wanted
Windstorm / Hail	Accepted
Flood	Rejected

I understand that I have received a quote/been offered an opportunity to receive a quote on the above coverages offered by Acentria Insurance and have reflected my interest as shown above.


Luis Martinez (May 13, 2025 15:52 EDT)

Applicant's Signature _____ Date _____

Jacqueline Pena _____
Agent Signature  _____ Date _____

LENDER:

PREMIUM FINANCE AGREEMENT

450 Skokie Blvd, Ste 1000

Personal Commercial Additional Premium

Northbrook, IL 60062-7917
P:(800) 837-3707 F:(800) 837-3709
www.firstinsurancefunding.com

FIRST INSURANCE FUNDING
A WINTRUST COMPANY

Quote #: 80559578

Table with 2 columns: INSURED/BORROWER (Name and Address as shown on Policy) and AGENT or BROKER (Name and Business Address). Includes details for Century Park Condominium Association Inc and Acentria Insurance.

LOAN DISCLOSURE

Table with 8 columns: Total Premiums, Taxes, and Fees; Down Payment; Unpaid Balance; Documentary Stamp Tax; Amount Financed; FINANCE CHARGE; Total of Payments; ANNUAL PERCENTAGE RATE.

YOUR PAYMENT SCHEDULE WILL BE: Mail Payments to: FIRST Insurance Funding, PO Box 7000, Carol Stream, IL 60197-7000

Table with 4 columns: Number of Payments; Amount of Each Payment; First Installment Due; Installment Due Dates.

Certain information contained in the Loan Disclosure section may change in accordance with Section 19 of this Agreement.

INSURED'S AGREEMENT:

- 1. SECURITY INTEREST. INSURED/BORROWER ("Insured") grants and assigns FIRST Insurance Funding...
2. FINANCE CHARGE. The finance charge begins accruing on the earliest effective date of the Financed Policies...
3. LATE PAYMENT. For commercial loans, a late charge will be assessed on any installment at least 5 days in default...
4. PREPAYMENT. If Insured prepays the loan in full, Insured is entitled to a refund of the unearned finance charge...

SCHEDULE OF POLICIES

Table with 6 columns: Policy Number; Full Name of Insurance Company and Name of General Agent or Company; Coverage; Policy Term; Effective Date; Premiums, Taxes and Fees.

Q# 80559578, PRN: 050825, CFG: 15/10-12E-16% MEP, RT: AcentriaFoundationRiskPartners-CONDO, DD: N/A, BM: Invoice, Qtd For: A29525 Original, Memo 1

- 5. PROMISE TO PAY. In consideration of the premium payment by LENDER to the insurance companies listed in the Schedule of Policies...
6. POWER OF ATTORNEY. INSURED IRREVOCABLY APPOINTS LENDER AS ITS "ATTORNEY-IN-FACT" with full power of substitution...
7. SIGNATURE & ACKNOWLEDGEMENT. Insured has received, reviewed, and signed a copy of this Agreement...
NOTICE TO INSURED: (1) Do not sign this Agreement before you read both pages of it... (2) You are entitled to a completely filled-in copy... (3) You have the right to prepay the loan in full... (4) Keep a copy of this Agreement to protect your legal rights... (5) See last page of Agreement...

Signature of Insured or Authorized Agent: Luis Martinez (May 13, 2025 15:52 EDT)

Date: May 13, 2025

Signature of Agent

Signature of Insured or Authorized Agent

Date

Signature of Agent

Date: 5/8/2025

ADDITIONAL PROVISIONS OF PREMIUM FINANCE AGREEMENT

8. APPLICATION OF PAYMENTS. (a) Payments received by LENDER from Insured shall be applied first to installments, then to any unpaid fees. The payment of installments is prioritized over the payment of fees, which means when LENDER receives partial payments or overpayments of any installment(s), amounts previously applied to fees may be reallocated to enable a full installment(s) to be paid. This payment application method may cause fees to reappear as unpaid and owing after the payment period in which the fees were originally assessed and paid, but does not increase or otherwise change the amount of fees that Insured may be required to pay under this Agreement. (b) Any returned premium received by LENDER from the Financed Policies will be applied to reduce the total unpaid balance under this Agreement, which shall not relieve Insured of its obligation to pay any remaining installments due but may reduce the amount of such installments.

9. EFFECTIVE DATE. This Agreement will not become effective until it is accepted in writing by LENDER. LENDER will send a Notice of Acceptance to Insured to confirm this Agreement is effective.

10. DEFAULT/CANCELLATION. Insured is in default under this Agreement if (a) the Down Payment, if to be collected by LENDER, or any payment is not received by LENDER when it is due, (b) a proceeding in bankruptcy, receivership, insolvency or similar proceeding is instituted by or against Insured, or (c) Insured fails to comply with any of the terms of this Agreement. If Insured is in default, LENDER has no further obligation under this Agreement to pay premiums on Insured's behalf, and LENDER may pursue any of the remedies provided in this Agreement or by law. If a default by Insured results in a cancellation of the Financed Policies, Insured agrees to pay a cancellation charge for commercial loans, which will be the maximum permitted by law. No cancellation charge shall apply to personal loans. If cancellation or default occurs, Insured agrees to pay interest on the unpaid balance due at the contract rate until the balance is paid in full.

11. LIMITATION OF LIABILITY. Insured understands and agrees that LENDER or its assignee is not liable for any losses or damages to Insured or any person or entity upon the exercise of LENDER's right of cancellation, except in the event of willful or intentional misconduct by LENDER.

12. INSUFFICIENT FUNDS CHARGE. If Insured's payment is dishonored for any reason and if permitted by law, Insured will pay LENDER an insufficient funds charge equal to the maximum fee permitted by law for commercial loans and \$10 for personal loans.

13. LENDER'S RIGHTS AFTER THE POLICIES ARE CANCELLED. After any Financed Policy is cancelled by any party or if a credit is otherwise generated, LENDER has the right to receive all unearned premiums and other funds assigned to LENDER as security herein and to apply them to Insured's unpaid balance under this Agreement or any other agreement between Insured and LENDER. Receipt of unearned premiums does not constitute payment of installments to LENDER, in full or in part. Any amounts received by LENDER after cancellation of the Financed Policies will be credited to the balance due with any excess paid to the Insured; the minimum refund is \$1.00. Any deficiency shall be immediately paid by Insured to LENDER. Insured agrees that insurance companies may rely exclusively on LENDER's representations about the Financed Policies.

14. ASSIGNMENT. Insured may not assign any Financed Policy or this Agreement without LENDER's prior written consent. LENDER may transfer its rights under this Agreement without the consent of Insured.

15. AGENT OR BROKER. Insured agrees that the Agent or Broker issuing the Financed Policies or through whom the Financed Policies were issued is not the agent of LENDER, except for any action taken on behalf of LENDER with the express authority of LENDER, and LENDER is not bound by anything the Agent or Broker represents to Insured, orally or in writing, that is not contained in this Agreement. Where permissible by law, LENDER may pay some portion of the finance charge or other form of compensation to the Agent or Broker executing this Agreement for aiding in the administration of this Agreement. In NY, the Agent or Broker may assess a fee to Insured for obtaining and servicing the Financed Policies pursuant to NY CLS Ins § 2119. Any questions regarding this payment should be directed to the Agent or Broker.

16. COLLECTION COSTS. Insured agrees to pay reasonable attorney fees, court costs, and other collection costs to LENDER to the extent permitted by law if this Agreement is referred to an attorney or collection agent who is not a salaried employee of LENDER to collect money that Insured owes.

17. GOVERNING LAW. The loan terms subject to this Agreement are governed by applicable federal law and Illinois law (to the extent not preempted by federal law), without regard to principles of conflicts of law or choice of law. If any court finds any term herein to be invalid, such finding will not affect the remaining provisions.

18. WARRANTY OF ACCURACY. Insured represents and warrants that to the best of its knowledge: (a) the Financed Policies are in full force and effect and that the Insured has not and will not assign any interest in the Financed Policies except for the interest of mortgagees and loss payees, (b) the Down Payment and any past due payments have been paid in full to the Agent or Broker or Lender in cash or other immediately available funds, (c) all information provided herein or in connection with the Agreement is true, correct, and not misleading, (d) Insured is not insolvent nor presently involved in any insolvency proceeding, (e) Insured has no indebtedness to the insurance companies issuing the Financed Policies, (f) there is no provision in the Financed Policies that would require LENDER to notify or obtain consent from any other party to effect cancellation of the Financed Policies, and (g) Insured has disclosed if he or she is a covered member of the armed forces or a dependent of a covered member as defined in the Military Lending Act.

19. ADDITIONAL PREMIUMS. (a) Insured expressly agrees to (i) fully and timely comply with all audits by the insurance companies issuing the Financed Policies, (ii) timely provide complete and accurate payroll information, if applicable, and (iii) pay to the insurance companies any additional amount due in connection with the Financed Policies. The Amount Financed shall be applied to the Financed Policies' premium amounts and Insured shall be responsible for any additional premiums or other sums. (b) Insured, or Agent or Broker, may request that LENDER finance additional policies and/or additional premiums (the "Additional Premiums") for Insured during the term of this Agreement. If LENDER agrees, LENDER will send a Notice of Acceptance to Insured to confirm its approval to finance the Additional Premiums. For commercial loans, this Agreement shall be deemed amended on the date of the Notice of Acceptance to consolidate the Additional Premiums with Financed Policies into a single and indivisible loan transaction subject to this Agreement (with applicable changes to the payment schedule), and the Additional Premiums shall be "Financed Policies" on the date of the Notice of Acceptance. For personal loans, LENDER (or Agent or Broker on LENDER's behalf) will provide a separate Premium Finance Agreement to Insured for any Additional Premiums.

20. CORRECTIONS. LENDER may insert the names of insurance companies or policy numbers in the Schedule of Policies, if this information is not known at the time Insured signs this Agreement. LENDER is authorized to correct patent errors or omissions in this Agreement.

21. NON-WAIVER. Not Applicable.

AGENT OR BROKER REPRESENTATIONS AND WARRANTIES

Unless previously disclosed in writing to LENDER or specified in the Schedule of Policies, the Agent or Broker executing this Agreement expressly represents, warrants, and agrees as follows: (1) Insured has received a copy of this Agreement and has authorized this transaction, the signer of this Agreement (whether Insured or its agent) has valid authority to bind Insured and any other insureds named under the Financed Policies to the terms of this Agreement, including the Power of Attorney provision, Insured's signature is genuine, and the Down Payment has been received from Insured (unless the Down Payment was made to Lender), (2) the information contained in the Schedule of Policies including the premium amount is correct and accurately reflects the necessary coverage, (3) the Financed Policies (a) are in full force and effect, (b) are cancellable by Insured or LENDER (or its successors or assigns), (c) will generate unearned premiums which will be computed on the standard short rate or pro rata basis, and (d) do not contain any provisions which affect the standard short rate or pro rata premium computation, including but not limited to direct company bill, audit, reporting form, retrospective rating, or minimum or fully earned premium, (4) the Agent or Broker is either the insurer's authorized policy issuing agent or the broker placing the coverage directly with the insurer, except where the name of the Issuing Agent or General Agent is listed in the Schedule of Policies, (5) to the best of the Agent or Broker's knowledge, there are no bankruptcy, receivership, or insolvency proceedings affecting Insured, (6) Agent or Broker will hold harmless and indemnify LENDER and its successors and assigns against any loss or expense (including attorney's fees, court costs, and other costs) incurred by LENDER and resulting from Agent or Broker's violations of these Representations and Warranties or from Agent or Broker's errors, omissions, or inaccuracies in preparing this Agreement, and will promptly reimburse LENDER for any loss or expense incurred in connection with any incidence of fraud or lack of valid authority on behalf of Insured or any other named insureds with respect to the terms of this transaction, the Agreement, or the Financed Policies, (7) Agent or Broker will (a) hold in trust for LENDER any payments made or credited to Insured through or to Agent or Broker by the insurance companies or LENDER, and (b) pay these monies and the unearned commissions to LENDER upon demand to satisfy the outstanding indebtedness under this Agreement, and (8) to fully and timely assist with all payroll audits.

SCHEDULE OF POLICIES

Insured: Century Park Condominium
 Quote #: 80559578

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
TBD	C00080-ATLANTIC SPECIALTY INSURANCE CO G01261-RT SPECIALTY [CX:0] [90%PR]	D&O	12	5/20/2025	4,998.00
				ERN TXS/FEES	0.00
				FIN TXS/FEES	49.98
TBD	C00425-GREENWICH INSURANCE CO G01567-PREFERRED PROPERTY PROGRAM [CX:0] [90%PR]	UMB	12	5/20/2025	16,723.02
				ERN TXS/FEES	0.00
				FIN TXS/FEES	0.00



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

MVALDES

DATE (MM/DD/YYYY)
02/14/2025

AGENCY Acentria Insurance - ASI - Miami 3750 NW 87th Ave Ste 700 Doral, FL 33178-2434	CARRIER COMPANY POLICY OR PROGRAM NAME POLICY NUMBER	NAIC CODE PROGRAM CODE
CONTACT NAME: Jacqueline Pena PHONE (A/C, No, Ext): (305) 262-5244 FAX (A/C, No): (786) 393-6414 E-MAIL ADDRESS: CODE: SUBCODE:	UNDERWRITER UNDERWRITER OFFICE	
AGENCY CUSTOMER ID: CENTPAR-08 License # L100460	STATUS OF TRANSACTION <input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> CANCEL <input type="checkbox"/> PM	

LINES OF BUSINESS

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

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 05/20/2025	PROPOSED EXP DATE 05/20/2026	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Century Park Condominium Association Inc c/o Gables Professional Management, Co 300 Aragon Avenue Suite 370 Coral Gables, FL 33134				GL CODE	SIC	NAICS 531311	FEIN OR SOC SEC # 04-3618253
				BUSINESS PHONE #: (305) 441-0904			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input checked="" type="checkbox"/> SUBCHAPTER "S" CORPORATION	X C Corporation			
<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: 0	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

CONTACT INFORMATION

AGENCY CUSTOMER ID: **CENTPAR-08**

MVALDES

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME: Ely Alvarez		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (305) 441-0904	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: ealvarez@gablesprofessional.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	8818 West Flagler St	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: RESIDENTIAL CONDO ASSOCIATION WITH A TOTAL OF 318 UNITS, TWO SWIMMING POOL, 3 PLAYGROUND.					ANY AREA LEASED TO OTHERS? Y / N
2	8818 West Flagler St	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
3	8834 West Flagler St	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
4	8846 West Flagler St	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> RESIDENTIAL CONDO ASSOCIATION WITH A TOTAL OF 318 UNITS, TWO S	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		10/16/2000

DESCRIPTION OF PRIMARY OPERATIONS

RESIDENTIAL CONDO ASSOCIATION WITH A TOTAL OF 318 UNITS, TWO SWIMMING POOL, 3 PLAYGROUND.

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

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

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	Century Parc Community Development District C/o Special District Services, Inc. Additional Insured / WOS Century Parc Community Development District C/o Special District Services, Inc. Palm Beach Gardens 33410						LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION
REASON FOR INTEREST:	REFERENCE / LOAN #:	INTEREST END DATE:	LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:	

GENERAL INFORMATION

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

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

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PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2020 - 2021	CARRIER	United Specialty Insurance			
	POLICY NUMBER	DCG1193800			
	PREMIUM	\$ 15,311.44	\$	\$	\$
	EFFECTIVE DATE	05/20/2020			
	EXPIRATION DATE	05/20/2021			

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: CENTPAR-08

MVALDES

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2021 2022	CARRIER	GREAT AMERICAN			
	POLICY NUMBER	PLE71419700			
	PREMIUM	\$ 16,926.40	\$	\$	\$
	EFFECTIVE DATE	05/20/2022			
	EXPIRATION DATE	05/20/2022			
2022 2023	CARRIER	American Empire			
	POLICY NUMBER	PLE71419701			
	PREMIUM	\$ 16,293.90	\$	\$	\$
	EFFECTIVE DATE	05/20/2022			
	EXPIRATION DATE	05/20/2023			

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

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

SIGNATURE

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

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

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

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

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

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

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



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

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

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

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

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Jacqueline Pena	STATE PRODUCER LICENSE NO (Required in Florida) E097610
APPLICANT'S SIGNATURE  <u>Luis Martinez (May 13, 2025 15:52 EDT)</u>	DATE May 13, 2025	NATIONAL PRODUCER NUMBER 7887545



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Acentria Insurance - ASI - Miami		License # L100460	CARRIER Philadelphia Insurance Companies		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE 05/20/2025	NAMED INSURED(S) Century Park Condominium Association Inc		

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
5	8900 West Flagler St	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
6	8918 West Flagler St	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
7	8960 West Flagler St	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
8	8968 West Flagler St	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
9	9000 West Flagler St	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
10	9014 West Flagler St	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
11	8814 West Flagler St	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

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

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Acentria Insurance - ASI - Miami	License # L100460	CARRIER Philadelphia Insurance Companies	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 05/20/2025	NAMED INSURED(S) Century Park Condominium Association Inc	

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
12	8838 West Flagler St	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
13	8842 West Flagler St	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
14	8866 West Flagler St	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
15	8874 West Flagler St	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
16	8906 West Flagler St	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
17	8912 West Flagler St	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
18	8964 West Flagler St	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33174			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

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ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Acentria Insurance - ASI - Miami		License # L100460	CARRIER Philadelphia Insurance Companies		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE 05/20/2025	NAMED INSURED(S) Century Park Condominium Association Inc		

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
19	8870 West Flagler St Pool / restroom bldg	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: ZIP: 33174				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
20	9910 West Flagler St Pool / Restroom bldg	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: ZIP: 33174				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

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**COMMERCIAL INSURANCE APPLICATION -
PRIOR CARRIER INFORMATION SCHEDULE**

CENTPAR-08

MVALDES PAGE 1 OF 1

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
2023 - 2024	CARRIER	American Empire			
	POLICY NUMBER	PLE71419702			
	PREMIUM	\$ 24,236.10	\$	\$	\$
	EFFECTIVE DATE	05/20/2023			
	EXPIRATION DATE	05/20/2023			
2024 - 2025	CARRIER	Universal			
	POLICY NUMBER	01CGL10863001			
	PREMIUM	\$ 29,692.00	\$	\$	\$
	EFFECTIVE DATE	05/20/2024			
	EXPIRATION DATE	05/20/2024			
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
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	PREMIUM	\$	\$	\$	\$
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	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
02/14/2025

AGENCY Acentria Insurance - ASI - Miami	License # L100460	CARRIER Philadelphia Insurance Companies	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 05/20/2025	APPLICANT / FIRST NAMED INSURED Century Park Condominium Association Inc	

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES

LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$	2,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION			PREMISES/OPERATIONS
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:			
	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	2,000,000	PRODUCTS
	PERSONAL & ADVERTISING INJURY	\$	1,000,000	OTHER
	EACH OCCURRENCE	\$	1,000,000	
	DAMAGE TO RENTED PREMISES (each occurrence)	\$	50,000	
	MEDICAL EXPENSE (Any one person)	\$	5,000	TOTAL
	EMPLOYEE BENEFITS	\$		
	HNOA	\$	1,000,000	

DEDUCTIBLES

<input checked="" type="checkbox"/> PROPERTY DAMAGE	\$	0.00	<input type="checkbox"/>	PER CLAIM
<input checked="" type="checkbox"/> BODILY INJURY	\$	0.00	<input checked="" type="checkbox"/>	PER OCCURRENCE
	\$		<input type="checkbox"/>	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)
See attached Additional Coverages overflow.

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Swimming Pools	23260	T	2					
1	2	Parks or Playgrounds	28305	U	3					
1	3	Townhouses Or Similar Associations (Association Risk Only)	25555	T	318					
1	4	Hired / Non-owned Auto	99999		INCLUDED					
1	5	RESTROOM BLDG		T	2					
1	6	Club - Civic, Service, Social - Having Buildings or Premises Owned or Leased - Not-For-Profit	23080	A	2,000					
1	7	Need AI / WOS for: Century Parc Community Development District		T	1					

RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
(S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS

AGENCY CUSTOMER ID: **CENTPAR-08**

MVALDES

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					
8. PRODUCTS UNDER LABEL OF OTHERS?					
9. VENDORS COVERAGE REQUIRED?					
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N												
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		N												
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		N												
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		N												
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?		N												
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		N												
<table border="1"> <thead> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </tbody> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT			
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	SMALL TOOLS	LARGE EQUIPMENT												
	SMALL TOOLS	LARGE EQUIPMENT												
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		N												
7. ANY PARKING FACILITIES OWNED/RENTED?		N												
8. IS A FEE CHARGED FOR PARKING?		N												
9. RECREATION FACILITIES PROVIDED?		N												
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):		N												
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS												
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		N												
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD														
12. ARE SOCIAL EVENTS SPONSORED?		N												
13. ARE ATHLETIC TEAMS SPONSORED?		N												
<table border="1"> <thead> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> </tbody> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:	EXTENT OF SPONSORSHIP:
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		<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18									
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		N												
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		N												

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: **CENTPAR-08**

MVALDES

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

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

Additional coverages A&B Included

SIGNATURE

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

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

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

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

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



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

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

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

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

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

PRODUCER'S SIGNATURE		PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
		Jacqueline Pena	E097610
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
	Luis Martinez (May 13, 2025 15:52 EDT)	May 13, 2025	7887545

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

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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.

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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.

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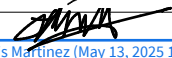
Applicable in OR

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.

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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Jacqueline Pena	STATE PRODUCER LICENSE NO (Required in Florida) E097610
APPLICANT'S SIGNATURE  <u>Luis Martinez (May 13, 2025 15:52 EDT)</u>	DATE May 13, 2025	NATIONAL PRODUCER NUMBER 7887545

Condominium Supplemental

1. Applicant Name: **Century Park Condominium Association Inc**
2. Address: **8818 West Flagler St**
3. Number of Units: **318 UNITS**
4. **Residential Condo Association RESIDENTIAL CONDO ASSOCIATION WITH A TOTAL OF 318 UNITS, TWO SWIMMING POOL, 3 PLAYGROUND.**
5. Incidental exposures:
 - a) Number of Miles of Road/streets in Association 3
 - b) Number of Dog Parks -
 - c) Number of any type of Courts/Fields –
 - d) Number of Playgrounds – 3
 - e) Sq Ft of Guard House -
 - f) Sq Ft of Fitness Center -
 - g) Sq Ft of Club House/Room – **RESTROOM BLDG & Clubhouse 2,000**
 - h) Number of Washers in Community Laundromat –
 - i) Number of Pools - 2
 - j) Number of Hot Tubs -
 - k) Number of Spa/Saunas
 - l) Number of Dock Slips –
 - m) Number of Lakes -
 - n) Sq Ft Rented to a Commercial/Retail Space –
 - o) Sq Ft of the first Floor of Parking Garage:
 - p) List of any other Incidental Exposures -
6. Any direct access from units to pool without fence in between Unit and Pool: no
7. Is Pool up to code and are rules posted: yes
8. Is there a Diving Boards: no
9. Number of Stories:2& 3
10. Number of Buildings: 19
11. YR Built: (If over 40 years please attached recertification) n/a

12. Update years for:2001

- a) Roof:
- b) Plumbing:
- c) Wiring:
- d) Electrical:

13. Type of Electrical Wiring: copper

14. Type of Plumbing:pvc

15. Are Panels Stab-Lok or Zinsco:no

16. Construction type:jm

17. Distance to coast:

18. Is building 100 percent sprinklered: n/a

19. Are pet rules in place on size/breed restrictions for pets in the unit owner's contract with association:

20. How many units are:

- a) Occupied by owners:90% owner
- b) Occupied by Annual leases tenant from unit owner: 10% rentals
- c) Occupied by short terms rentals:
- d) Owned by the association:
- e) Occupied by Subsidized Housing:

21. Is this a 55+ Age Community:no

22. If Mercantile Space is Rented in Condo please list Tenants:

- a) Are they Required to Carry Insurance with Equal Limits and List the Condo as an AI:

23. Expiring Carrier/Premium/Deductible/A&B limits:

24. Renewal Carrier/Premium/Deductible/A&B limits:

25. Any construction going on/at any part of building or association this upcoming policy year:

26. How many board members:5

27. Does the association have a golf cart the employees and board member use:

28. How many employees: 0

- a) If any employees - what kind of employees does the condo employ:

29. Any security guards:n/a

a) If security guards are they employees or a Third-Party company with their own insurance and list condo as an AI:

30. Is there Valet: n/a

b) If Valet are they employees or a Third-Party company with their own insurance and list condo as an AI:

31. Is a Day Care Service offered by the Condo:n/a

32. How many Events are thrown a year by Condo:n/a

a) If Events on thrown please list type of events thrown:

33. Is there a Restaurant at the Condo:no

34. Is the Condo Associated with a Golf Course on Premise: no

35. Does the Condo have a Property Manager: yes

36. Claims in the last 5 years:SEE LOSS RUNS

a) 18-19:

b) 19-20:

c) 20-21:

d) 21-22:

e) 22-23:


37. If Claims please attached what Happened in each Claim and what has been put in place to keep that claim from happening again:IN HOUSE PROGRAM

38. Safeguards/procedures in place to keep claims from happening: IN HOUSE

Luis Martinez

Applicant Name:

Applicant Signature:


Luis Martinez (May 13, 2025 15:52 EDT)

May 13, 2025

Date:



Commercial Property Quote


POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

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

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

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

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


Luis Martinez (May 13, 2025 15:52 EDT)
 Policyholder/Applicant's Signature

American Coastal Insurance Company

Company

Luis Martinez
 Print Name

 Policy Number

May 13, 2025
 Date

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

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

LMA9184
 09 January 2020



Commercial Property Quote

Catastrophe Management Contact Information

Century Park Condominium Association Inc

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

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

Insured Contact 1

Contact Name		
Title	Email Address	
Office Number	Cell Number	Fax Number

Insured Contact 2

Contact Name		
Title	Email Address	
Office Number	Cell Number	Fax Number

Management Company (if applicable)

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

Retail Agent

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

Wholesaler (if applicable)

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

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

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Commercial Property Quote

Rental Occupancy Disclosure

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

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

Total Number of units <u>318</u> (rental and non-rental)
Total Percentage (%) of short term rental units (circle appropriate range)
<input checked="" type="radio"/> 1) 0% to 25% Short Term Rentals
<input type="radio"/> 2) 25.1% to 50% Short Term Rentals
<input type="radio"/> 3) 50.1% to 75% Short Term Rentals
<input type="radio"/> 4) 75.1% to 100% Short Term Rentals


Luis Martinez (May 13, 2025 15:52 EDT)

Policyholder/Applicant's Signature

May 13, 2025

Date

Luis Martinez

Printed Name

BOD President

Title/Position

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

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

Account ID: 1248495

Insured: Century Park Condominium Association Inc

Schedule of Values / Detail

Bldg	Address	County	Num Bldgs	Year Built	Building	Contents	Other	B/ Rents	Total Value	Num Units	Bldg SqFt	ISO Constr
1	8810 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$2,256,393	\$0	\$0	\$0	\$2,256,393	12	18,928	2
2	8818 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$1,930,461	\$0	\$0	\$0	\$1,930,461	10	16,000	2
3	8834 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$1,861,251	\$0	\$0	\$0	\$1,861,251	10	15,362	2
4	8846 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$1,861,251	\$0	\$0	\$0	\$1,861,251	10	15,362	2
5	8900 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$2,538,792	\$0	\$0	\$0	\$2,538,792	14	21,488	2
6	8918 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$2,328,974	\$0	\$0	\$0	\$2,328,974	13	19,583	2
7	8960 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$1,548,770	\$0	\$0	\$0	\$1,548,770	8	12,584	2
8	8968 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$1,726,991	\$0	\$0	\$0	\$1,726,991	9	14,163	2
9	9000 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$2,454,264	\$0	\$0	\$0	\$2,454,264	13	20,728	2
10	9014 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$2,454,264	\$0	\$0	\$0	\$2,454,264	13	10,728	2
11	8814 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$5,150,294	\$0	\$0	\$0	\$5,150,294	32	45,706	2
12	8838 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$2,877,126	\$0	\$0	\$0	\$2,877,126	17	24,551	2
13	8842 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$2,877,126	\$0	\$0	\$0	\$2,877,126	17	24,551	2
14	8866 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$2,558,424	\$0	\$0	\$0	\$2,558,424	15	21,512	2
15	8874 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$2,558,424	\$0	\$0	\$0	\$2,558,424	15	21,512	2

Account ID: 1248495

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Schedule of Values / Detail

Bldg	Address	County	Num Bldgs	Year Built	Building	Contents	Other	B/ Rents	Total Value	Num Units	Bldg SqFt	ISO Constr
16	8906 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$6,020,526	\$0	\$0	\$0	\$6,020,526	38	53,925	2
17	8912 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$5,508,855	\$0	\$0	\$0	\$5,508,855	34	49,102	2
18	8964 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$6,037,345	\$0	\$0	\$0	\$6,037,345	38	54,093	2
19	8870 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$0	\$0	\$76,000	\$0	\$76,000	1	1,000	6
20	9910 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$0	\$0	\$76,000	\$0	\$76,000	1	1,000	6
21	8870 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$72,000	\$0	\$0	\$0	\$72,000	1	101	2
22	9910 West Flagler St MIAMI FL 33174	MIAMI-DADE	1	2002	\$72,000	\$0	\$0	\$0	\$72,000	1	101	2
					\$54,693,531	\$0	\$152,000	\$0	\$54,845,531			

Account ID: 1248495

Insured: Century Park Condominium Association Inc

Schedule of Values / Detail

Bldg Num	Prot Class	AS	ACIC Class	ACIC Occupancy	Location	EC_Zone	Terrain	Group2 Constr	Roof Cover	Roof Shape	Roof Wall Attach	Roof Deck Attach	Sec Wtr	Open Prot	FBC Wind Speed	FBC Wind Des	Des Exp
1	01	Y	0332	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
2	01	Y	0331	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
3	01	Y	0331	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
4	01	Y	0331	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
5	01	Y	0332	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
6	01	Y	0332	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
7	01	Y	0331	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
8	01	Y	0331	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
9	01	Y	0332	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
10	01	Y	0332	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
11	01	Y	0333	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A

Account ID: 1248495

Insured: Century Park Condominium Association Inc

Schedule of Values / Detail

Bldg Num	Prot Class	AS	ACIC Class	ACIC Occupancy	Location	EC_Zone	Terrain	Group2 Constr	Roof Cover	Roof Shape	Roof Wall Attach	Roof Deck Attach	Sec Wtr	Open Prot	FBC Wind Speed	FBC Wind Des	Des Exp
12	01	Y	0332	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
13	01	Y	0332	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
14	01	Y	0332	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
15	01	Y	0332	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
16	01	Y	0333	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
17	01	Y	0333	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
18	01	Y	0333	Building & Contents	Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Double Wrap	Level C (8d@6"/6")	N	Class A	>/- 120	120	N/A
19	01	Y	1190	1190-1 Pool-In Grnd Cn crt or Mtl	Miami-Dade	Seacoast 1	All HVHZ Locations	Superior	N/A	N/A	N/A	N/A	N	None	>/- 120	120	N/A
20	01	Y	1190	1190-1 Pool-In Grnd Cn crt or Mtl	Miami-Dade	Seacoast 1	All HVHZ Locations	Superior	N/A	N/A	N/A	N/A	N	None	>/- 120	120	N/A
21	01	Y	0331		Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	N/A	Gable/ Other	N/A	N/A	N	None	>/- 120	120	N/A
22	01	Y	0331		Miami-Dade	Seacoast 1	All HVHZ Locations	Ordinary	N/A	Gable/ Other	N/A	N/A	N	None	>/- 120	120	N/A

Account ID: 1248495

Insured: Century Park Condominium Association Inc

Schedule of Values / Detail

Bldg Num	Wind Ded	AOP Ded	Bldg Val	Roof Cover Val	AS ISO	BCEGS	Vandl Excl	Cov A	Cov BC Limit	CovA/B/C Limit
1	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$112,820	\$0.00
2	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$96,523	\$0.00
3	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$93,063	\$0.00
4	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$93,063	\$0.00
5	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$126,940	\$0.00
6	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$116,449	\$0.00
7	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$77,439	\$0.00
8	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$86,350	\$0.00
9	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$122,713	\$0.00
10	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$122,713	\$0.00
11	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$257,515	\$0.00
12	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$143,856	\$0.00
13	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$143,856	\$0.00
14	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$127,921	\$0.00
15	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$127,921	\$0.00
16	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$301,026	\$0.00
17	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$275,443	\$0.00
18	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$301,867	\$0.00
19	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$3,800	\$0.00
20	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$3,800	\$0.00
21	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$3,600	\$0.00
22	.05	\$5,000	RCV	RCV	Y	2	N	Y	\$3,600	\$0.00

Purchaser understands that its failure to meet such underwriting criteria may result in the non-renewal of its coverage under Insurance.

6. Termination

a) This Agreement shall terminate:

i. Upon failure of Purchaser to pay the annual membership fee or any premiums for insurance as required under the Insurance and this Agreement. Purchaser shall cease to be a member of the purchasing group at such time as the premium is past due. However, if the past due premium or membership fee is subsequently paid, PPP may, in its sole discretion, reinstate Purchaser's membership.

ii. Upon termination or non-renewal of Insurance covering Purchaser or the group through PPP.

b) This Agreement may be terminated by PPP

i. if there is a change in the business of Purchaser which results overall in its being exposed to liability risks which are not the same as or similar to those of the other members of the group so that it would no longer qualify for membership within the requirements of the Act; or and PPP shall give not less than thirty (30) days prior written notice of such termination; or

ii. upon Purchaser's failure to meet standards, criteria, or conditions of membership which may be established from time to time by PPP for the risk purchasing group as a whole; and PPP shall give not less than thirty (30) days prior written notice of such termination; or


c.) This Agreement may be terminated by Purchaser upon Purchaser's withdrawal from the risk purchasing group. Purchaser may withdraw from the risk purchasing group and participation in the Insurance at any time by submitting a written notice of its withdrawal to PPP stating the date upon which the withdrawal is to be effective. This Agreement shall terminate upon that date. Purchaser understands that withdrawal from the risk purchasing group will immediately terminate all coverage of insurance for Purchaser under Insurance.

7. Indemnification. Purchaser agrees to indemnify and hold harmless PPP for any liability or expenses, including costs of defense, which PPP may incur as a result of acts or omissions of Purchaser or any of its employees or agents including incorrect or false statements of fact intentionally made to PPP.

May 13, 2025

This Agreement shall be effective on _____, 20____.

PURCHASER


Luis Martinez (May 13, 2025 15:52 EDT)

(Signature)



101 CRAWFORDS CORNER RD HOLMDEL, NJ 07733
 TEL 888-548-2465 FAX 732-946-0547
 www.ppp-quotes.com

"Service Is Our Specialty; Protecting You Is Our Mission" ®

Minimum Underlying Insurance Requirements

IF MULTIPLE LOCATIONS, UNDERLYING GL MUST CONTAIN A PER LOCATION AGGREGATE ENDORSEMENT (WITHOUT CAPS ON THE AGGREGATE). THIS IS MANDATORY AND NOT OPTIONAL

Commercial General Liability	\$1,000,000/\$2,000,000	*A- Rated VII or Better AM Best
Automobile Liability	\$1,000,000 (BI & PD CSL)	*A- Rated VII or Better AM Best
Employers Liability	\$500,000/\$500,000/\$500,000	*A- Rated VII or Better AM Best
Directors & Officers Liability	\$1,000,000/\$1,000,000	*A- Rated VII or Better AM Best (Claims Made Required)

Note: We cannot write over Lloyd's of London or any of its subsidiaries.

Please issue with the following Underlying Schedule Information:

Policy Type	Policy Number	Company Name	Effective	Expiration	Limits
GL					
D&O					
Auto (incl HNOA)					
Employers Liab					
Other ()					

Is any person/entity proposed for this Insurance aware of any fact, circumstance, or situation which may result in or give rise to a claim against the organization or any of its Members, Officers, or Employees?

yes no Provide Details, if yes:

FRAUD CLAUSE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

Applicant / Authorized Representative Signature
 Luis Martinez (May 13, 2025 15:52 EDT)

Date:
 May 13, 2025

Please Do Not Renew the policy

To be completed by Broker-Reason on Non-renewal:

- More competitive quote from _____ Premium was: _____
- Our Agency was not successful in placing coverage either.
- Association did not purchase umbrella
- Other _____

Thank you for your business and feedback. We look forward to your bind order. If we can assist you in any way, please do not


GI FD@ G'@B9G'8-G7 @CGI F9'5 B8'57?BCK @8; 9A9BH'

At my direction, _____ has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

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

Century Park Condominium Association Inc

Named Insured

By: 
Luis Martinez (May 13, 2025 15:52 EDT)

May 13, 2025

Signature of Named Insured

Date

Luis Martinez

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

05/20/2025

Effective Date of Coverage

H [g]Zfa [g]XYg[[bYX'hc'dfcj]XY[i]XUbW'cb`mVUgYX'i dcb`H Y'ghUhi hcfmfYei]fYa Yblg' Zf'gi W'Zfa `UbX\ Ug'bchVYYb`Uddfcj YX'Vmih Y: `cf]XU8 YdUfha YbhcZ:]bUbWU' GYfj]Wg'" H Y'Zfa [g]Ugi [[YghX'Zfa /\ ck Yj Yf`h Y`Uk `fYei]fYg`h UhH YZ`ck]b[` `Ub[i U[YVY]bWi XYX'UbX'g][bYX'Vmih Y]bgi fYX.

Í ð Uj Y'U[fYX'hc`h Y'd`UWYa YbhcZWtj YfU[Y]b`h Y'gi fd`i g`]bYg'a Uf`Yh`=i bXYfghUbX' h Uhgi dYf]cf`Wtj YfU[Ya UmVY'Uj U]UV`Y]b`h Y`UXa]HhX'a Uf`YhUbX'UhU`YggYf`WtghUbX' h UhdYfgcbg]bgi fYX'Vmigi fd`i g`]bYg`WUff]Yfg`Uf`YbchdfchWYX'i bXYf`h Y: `cf]XU ðgi fUbW'; i UfUbm5 Wk]h `fYgdYWhc`Ubmif][\ hcZfYWtj YfmZf`h Y`cV][U]cb`cZUb`]bgc`j Ybh]bgi fYf`Í`

25-26 Proposal for Century Park Condominium Association Inc

Final Audit Report

2025-05-13

Created:	2025-05-09
By:	Magelys Valdes (magelys.valdes@acentria.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAewZrnYwVz_bITvzVSKNaWpL_zX9KNrah


"25-26 Proposal for Century Park Condominium Association Inc" History

 Document created by Magelys Valdes (magelys.valdes@acentria.com)

2025-05-09 - 1:22:24 PM GMT

 Document emailed to magelys@asiflorida.net for signature

2025-05-09 - 1:25:28 PM GMT

 Email viewed by magelys@asiflorida.net

2025-05-13 - 6:09:11 PM GMT

 Signer magelys@asiflorida.net entered name at signing as Luis Martinez

2025-05-13 - 7:52:30 PM GMT

 Document e-signed by Luis Martinez (magelys@asiflorida.net)

Signature Date: 2025-05-13 - 7:52:32 PM GMT - Time Source: server

 Agreement completed.

2025-05-13 - 7:52:32 PM GMT