

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

amwins.com

Fisher Brown Bottrell Insurance, Inc. 7522 Front Beach Rd 2nd Floor Panama City, FL 32407

RE: Portside Condominium Homeowner's Association, Inc.

PROPERTY CONFIRMATION OF COVERAGE

In accordance with your instructions to bind, please find the attached Binder for Portside Condominium Homeowner's Association, Inc. which confirms that coverage is bound for your client as follows:

| DATE OF ISSUANCE: | 5/7/2024 | | |
|-------------------|--|--|--|
| INSURED: | Portside Condominium Homeowner's Association, | Inc. | |
| MAILING ADDRESS: | 600 Grand Blvd Ste 208 C/O Virtuous Management Group LLC Miramar Beach, FL 32550 | | |
| CARRIER: | Multiple – See Participation Schedule Below | | |
| POLICY NUMBER: | MULTIPLE | | |
| POLICY PERIOD: | From 5/5/2024 to 5/5/2025 12:01 A.M. Standard Time at the Mailing Address | shown above | |
| POLICY PREMIUM: | Premium TRIA Fees Surplus Lines Taxes and Fees Total | \$292,828.00 Rejected \$1,100.00 \$14,728.40 \$308,656.40 | |

| Carrier | NAIC # | Policy Number | Premium | Fees | Surplus Lines Tax | Stamping Fee | Assessments |
|---|-----------|------------------|--------------|----------|----------------------|-----------------|-------------|
| Certain Underwriters at Lloyd's, London | AA1122000 | AMR-58990-07 | \$14,648.00 | \$55.02 | \$726.34 | \$8.82 | \$4.00 |
| Indian Harbor Insurance Company | 36940 | AMP7545483-00 | \$4,363.00 | \$16.39 | \$216.34 | \$2.63 | \$4.00 |
| Old Republic Union Insurance Company | 31143 | ORAMPR001452-07 | \$10,564.00 | \$39.68 | \$523.82 | \$6.36 | \$4.00 |
| GeoVera Specialty Insurance Company | 10182 | GVS-12693-03 | \$36,362.00 | \$136.60 | \$1,803.03 | \$21.90 | \$4.00 |
| MS Transverse Specialty Insurance Company | 41807 | TSAMPR0002166-03 | \$151,261.00 | \$568.21 | \$7,500.36 | \$91.10 | \$4.00 |
| National Fire & Marine Insurance Company | 20079 | 72AMR300442-02 | \$53,814.00 | \$202.15 | \$2,668.40 | \$32.41 | \$4.00 |
| Spinnaker Specialty Insurance Company | 17045 | SPI-10016-02 | \$13,090.00 | \$49.17 | \$649.07 | \$7.88 | \$4.00 |
| Everest Indemnity Insurance Company | 10851 | AMEI002139-24-00 | \$8,726.00 | \$32.78 | \$432.68 | \$5.26 | \$4.00 |

SURPLUS LINES TAX SUMMARY

HOME STATE: Florida

FEES:

| Fee | Taxable | Amount |
|-----------------------|---------|------------|
| Amwins Service Fee | Yes | \$500.00 |
| Market Inspection Fee | Yes | \$600.00 |
| Total Fees | | \$1,100.00 |

SURPLUS LINES TAX CALCULATION:

| State | Description | Taxable Premium | Taxable Fee | Tax Basis | Rate | Tax |
|---------|-------------------|-----------------|-------------|--------------|--------|-------------|
| Florida | Surplus Lines Tax | \$292,828.00 | \$1,100.00 | \$293,928.00 | 4.940% | \$14,520.04 |
| | Stamping Fee | \$292,828.00 | \$1,100.00 | \$293,928.00 | 0.060% | \$176.36 |
| | DEM EMP - | | | | Flat | \$4.00 |
| | 72AMR300442-02 | | | | | |
| | DEM EMP - | | | | Flat | \$4.00 |
| | AMEI002139-24-00 | | | | | |
| | DEM EMP - | | | | Flat | \$4.00 |
| | AMP7545483-00 | | | | | |
| | DEM EMP - AMR- | | | | Flat | \$4.00 |
| | 58990-07 | | | | | |
| | DEM EMP - GVS- | | | | Flat | \$4.00 |
| | 12693-03 | | | | | |
| | DEM EMP - | | | | Flat | \$4.00 |
| | ORAMPR001452-07 | | | | | |
| | DEM EMP - SPI- | | | | Flat | \$4.00 |
| | 10016-02 | | | | | |
| | DEM EMP - | | | | Flat | \$4.00 |
| | TSAMPR0002166- | | | | | |
| | 03 | | | | | |

Total Surplus Lines Taxes and Fees

\$14,728.40

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

The attached Binder from the carrier sets forth the coverage as bound. Please review carefully with your client to ensure the bound coverage matches the terms and conditions of the bind order. It is your responsibility to ensure the bound terms and conditions are accurate and consistent with the agreed bind order terms.

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

Thank you for your business. We truly appreciate it.

Sincerely,

Matt Janicki Executive Vice President T 904.380.3923 | F 877.570.9323 | <u>Matt.Janicki@amwins.com</u> Amwins Insurance Brokerage, LLC In California: Amwins Brokerage Insurance Services | License 0F19710 10201 Centurion Parkway North | Suite 400 | Jacksonville, FL 32256 | amwins.com Named Insured: Portside Condominium Homeowners Association Inc Account Number: 1149820 RN of Acct Number: 1054989 Binder Id : 538008



Term: 5/5/2024 - 5/5/2025 **Valid Until:** 6/4/2024

Binder

To: Iva Adams Amwins Insurance Brokerage, LLC Jacksonville FL Iva.Adams@amwins.com 919-414-6960

| Named Insured: | Portside Condominium | Effective Date: | 5/5/2024 |
|----------------|----------------------------|------------------|----------|
| | Homeowners Association Inc | Expiration Date: | 5/5/2025 |
| | | | |

Mailing Address: 500 Grand Blvd. Suite K-220 Miramar Beach , FL 32550

This Binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission or shown in your produced binder. It is incumbent upon you to review the terms of this Binder carefully with your insured and reconcile any differences in the terms requested in your original submission or shown in your produced binder. AmRisc, LLC disclaims any responsibility for your failure to reconcile with the insured any differences between the terms shown in this Binder and those terms requested in your original submission or shown in your certificates of insurance or produced binder.

The Binder is based on the information submitted on the property App-SOV. In the event there is conflicting material information between that information shown on the property App-SOV and other submitted information (Acord forms/etc). the information shown on the property App-SOV shall take precedence.



Term: 5/5/2024 - 5/5/2025 **Valid Until:** 6/4/2024

| Mailing Addr | ess: | 500 Grand Blvd. Suite K-220 Miramar Beach,FL 32550 |
|----------------|--|--|
| Values(\$): | Building | 25,765,635 |
| | Contents/BPP | 0 |
| | Other | 444,231 |
| | Rents | 0 |
| Sum of TIV(\$) |): | 26,209,866 |
| Valuation: | Coinsurance: | N/A |
| | Limitation, TE: | N/A |
| | Valuation, PD: | RCV |
| | Valuation, TE: | ALS |
| Perils Covere | d: | All Risk, excluding Flood & Earth Movement |
| Limits of Liab | ility: | Limits of Liability: (as per schedule, NOT blanket) |
| Total Limits o | of Liability: | \$26,209,866 (100.00 %) part of \$26,209,866 excess of "deductible" |
| Deductibles: | (Deductibles are Per Occurrence unless stated otherwise) | |
| | AOP | \$100,000 |
| | Wind/Hail | 7.50% minimum \$250,000 |
| | Eqpt Breakdown: | \$100,000 |
| | Cyber Suite | \$1,000 |



Term: 5/5/2024 - 5/5/2025 **Valid Until:** 6/4/2024

| Total(\$): | | 293,428.00 |
|---------------|---|------------|
| | Inspection Fee: | 600.00 |
| Producer is r | esponsible for collection/payment of State taxes & related fees | |
| Taxes & Fees | s(\$): | |
| | Subtotal: | 292,828.00 |
| | EBD Equipment Breakdown: | 1,557.00 |
| | Premium: | 291,271.00 |
| Premium(\$): | | 201 271 |

| Term Rate | (Reference Only): | \$1.117 |
|-----------|-------------------|---------|
| | (| 911117 |

| Surplus Lines Agent's Name: Susan Brown Flemming Surplus Lines Agent's Address: 1227 S. Patrick Dr., Ste 101 Satellite Beach, FL 32937 |
|--|
| Surplus Lines Agent's License #: A085932 |
| Producing Agent's Name: Kenneth Christian |
| Producing Agent's Address: 7522 Front Beach Rd 2nd Floor |
| Panama City FL 32407 |
| This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer. |
| Premium: \$292,828.00 Tax: \$14,520.04 Service Fee: \$176.36 |
| EMPA Surcharge: \$32.00 Broker Fee: \$500.00 |
| Inspection Fee: \$0 Policy Fee: \$600.00 |
| Surplus Lines Agent's Countersignature: Jusan Hemming |
| |

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY. Named Insured: Portside Condominium Homeowners Association Inc Account Number: 1149820 RN of Acct Number: 1054989 Binder Id : 538008



Term: 5/5/2024 - 5/5/2025 **Valid Until:** 6/4/2024

Terms and Conditions

Specific Terms and Conditions

Percent deductibles are per occurrence, per Building or structure.

Limits are as per Schedule by Building, NOT blanket.

All Buildings with outstanding damage are excluded. Contact underwriter if waiver needed.

Coverage explicitly excludes all Flood including but not limited to Flood during windstorm events.

Roof coverings to be ACV if originally installed or last fully replaced prior to 2012

Coverage excludes all loss or damage directly or indirectly caused by any Named Storm in existence at time of written request to bind or inception of any new or additional exposure.

Cosmetic Roof Damage Restriction AR CRD applies.

Standard Terms and Conditions

Any Additional or Return premium under \$500 shall be waived, except for new perils or coverages added.

This quote is subject to acceptance both sides with NO COVER GIVEN.

Severe cancellation penalties apply to CAT exposed property.

Warranties

Warrant no losses last 5 years on properties to be covered unless specified in Property Application. Warrant no known sinkhole activity at the insured Location(s) or within 1000 ft. of the insured Location(s).

Information due at binding OR within 30 days of inception:

Signed Property Application/SOV (AR APP), Signed Flood Notice, Signed Surplus Lines Statement (Required at binding) Signed TRIA Disclosure Notice(s)

To comply with regulatory provisions, unless the above requested information is received within 30 days, automatic NOC must be sent contingent upon receipt of information.

All quotes and binders are subject to satisfactory inspections, recommendation compliance and financials. Inspections shall be ordered by AmRisc,LLC All Coverages are as per standard forms and endorsements in use by AmRisc, LLC at the time of binding, unless otherwise noted. Coverage shall exclude any damage due directly or indirectly from any named storm in existence at the time a Request to Bind is received by AmRisc, LLC 30 days (except 90 days if Compass)NOC, except 10 days for nonpayment of premium or material misstatement; subject to individual State requirements. Carriers' participation may change at the time of binding or throughout the coverage period.

Named Insured: Portside Condominium Homeowners Association Inc Account Number: 1149820 RN of Acct Number: 1054989 Binder Id : 538008



Included with Coverage B

Term: 5/5/2024 - 5/5/2025 **Valid Until:** 6/4/2024

Coverage C:

Form Type (unless otherwise identified):

Extensions and Sublimits

| Compass | |
|---|----------------------------------|
| Standard Endorsements | |
| Compass Cat Covered Property Endt. (Compass CCP) | |
| Exclusion of Certified Acts of Terrorism (AR TRIA EXCL) | |
| Standard forms/endts, avail upon req. | |
| | Drogrom Sublimits |
| Extensions and Sublimits | Program Sublimits Not Covered |
| Earth Movement per occ & ann aggr for all Locations combined; subject to: | |
| Earth Movement per occ & ann aggr: CA, AK & HI | Not Covered |
| Earth Movement per occ & ann aggr: OR & WA | Not Covered |
| Earth Movement per occ & ann aggr: New Madrid | Not Covered |
| Flood, per occ & ann aggr for all Locations combined; subject to: | Not Covered |
| Flood, per occ & ann aggr: Zones A & V | Not Covered |
| Accounts Receivable | \$1,000,000 |
| Civil or Military Authority, the lesser of | Not Covered |
| Contingent Time Element; the lesser of | Not Covered |
| Contractors Equipment; unscheduled: owned, leased, rented or borrowed | \$100,000 |
| Any One Item | \$25,000 |
| Course of Construction | \$250,000 |
| Course of Construction Soft Costs | \$25,000 |
| Debris Removal; the lesser of | 25% / \$5,000,000 |
| Electronic Data and Media | \$100,000 |
| Errors or Omissions | \$25,000 |
| Extended Period of Indemnity | Not Covered |
| Extra Expense/Expediting Expense | \$100,000 |
| Fine Arts | \$250,000 |
| Fire Brigade Charges | \$100,000 |
| Fungus, Molds, Mildew, Spores, Yeast (per occ/ann aggr) | \$15,000 |
| Ingress/Egress | Not Covered |
| Leasehold Interest | \$100,000 |
| Limited Pollution Coverage (Annual Aggregate) | \$100,000 |
| Lock Replacement | \$25,000 |
| Miscellaneous Unnamed Locations | \$100,000 |
| Newly Acquired Property | 60 days max \$1,000,000 |
| Ordinance or Law: | |
| Coverage A: | Incl in Bldg Limit |
| Coverage B: | 10% per bldg, max \$1.0M per occ |
| | Included with Coverage D |

| Coverage D: | Incl in the TE, if cov'd |
|---|--------------------------------|
| Coverage E | Included in the Building Limit |
| Ordinary Payroll | Not Covered |
| Plants, lawns, trees or shrubs | \$100,000 |
| Any one plant, lawn, tree or shrub | \$25,000 |
| Professional Fees (Annual Aggregate) | \$100,000 |
| Reclaiming, restoring or repairing land improvements | \$10,000 |
| Reward Reimbursement | \$25,000 |
| Royalties | Not Covered |
| Service Interruption (72 hr qualifying period) | \$100,000 |
| Spoilage | \$25,000 |
| Time Element Monthly Limitation | N/A |
| Transit | \$100,000 |
| Underground pipes, flues & drains | \$50,000 |
| Valuable Papers and Records | \$1,000,000 |
| AmRisc CCP Section 2 Property - Separate 10% min \$100K d/a | \$100,000 |
| Sinkhole Loss Extension | As Per Schedule |
| Cyber Suite (annual aggregate) | \$100,000 |
| Equipment Breakdown (sublimits as per form) | As Per Schedule |



Term: 5/5/2024 - 5/5/2025 **Valid Until:** 6/4/2024

Carrier Participation

| <u>Carrier</u> | AM Best / S&P | <u>Premium(\$)</u> | TRIPRA(\$) | Fees(\$)* |
|--|---------------|--------------------|------------|-----------|
| Certain Underwriters at Lloyds (Lloyds) | A XV / A+ | 14,648 | 0 | 600 |
| Indian Harbor Insurance Company (IndianH) | A+ XV / A+ | 4,363 | 0 | 0 |
| Old Republic Union Insurance Company (ORU) | A+ XV / A+ | 10,564 | 0 | 0 |
| GeoVera Specialty Insurance Company (GVS) | A VIII/na | 36,362 | 0 | 0 |
| MS Transverse Specialty Insurance Company (TSIC) | A VIII/na | 151,261 | 0 | 0 |
| National Fire & Marine Insurance Company (NFM) | A++ XV | 53,814 | 0 | 0 |
| Spinnaker Specialty Insurance Company (SPI) | A- VIII | 13,090 | 0 | 0 |
| Everest Indemnity Insurance Company (EIIC) | A+ XV | 8,726 | 0 | 0 |

*Fees may include inspection and/or program fees

Company Ratings stated above reflect our best efforts for updating the information, but may be out of date at the time of this quote or binder. Financial Review is the responsibility of the Insured.

| Lloyds - AMR-58990-07 | Peril | Limit(\$) | Layer(\$) | Attachment(\$) |
|-------------------------|--------|------------|------------|----------------|
| | AR x N | 1,179,444 | 26,209,866 | 0 |
| | NW | 1,179,444 | 26,209,866 | 0 |
| | EBD | 26,209,866 | 26,209,866 | 0 |
| IndianH - AMP7545483-00 | Peril | Limit(\$) | Layer(\$) | Attachment(\$) |
| | AR x N | 393,148 | 26,209,866 | 0 |
| | NW | 393,148 | 26,209,866 | 0 |
| ORU - ORAMPR001452-07 | Peril | Limit(\$) | Layer(\$) | Attachment(\$) |
| | AR x N | 917,345 | 26,209,866 | 0 |
| | NW | 917,345 | 26,209,866 | 0 |
| | СҮВ | 100,000 | 100,000 | 0 |
| GVS - GVS-12693-03 | Peril | Limit(\$) | Layer(\$) | Attachment(\$) |
| | AR x N | 3,276,233 | 26,209,866 | 0 |
| | NW | 3,276,233 | 26,209,866 | 0 |
| TSIC - TSAMPR0002166-03 | Peril | Limit(\$) | Layer(\$) | Attachment(\$) |
| | AR x N | 13,629,130 | 26,209,866 | 0 |
| | NW | 13,629,130 | 26,209,866 | 0 |
| NFM - 72AMR300442-02 | Peril | Limit(\$) | Layer(\$) | Attachment(\$) |
| | AR x N | 4,848,825 | 26,209,866 | 0 |
| | NW | 4,848,825 | 26,209,866 | 0 |

| SPI - SPI-10016-02 | Peril | Limit(\$) | Layer(\$) | Attachment(\$) |
|-------------------------|------------------------|-----------------------------|--------------------------------|---------------------|
| | AR x N | 1,179,444 | 26,209,866 | 0 |
| | NW | 1,179,444 | 26,209,866 | 0 |
| | | | | |
| EIIC - AMEI002139-24-00 | Peril | Limit(\$) | Layer(\$) | Attachment(\$) |
| EIIC - AMEI002139-24-00 | Peril AR x N | Limit(\$) 786,296 | Layer(\$) 26,209,866 | Attachment(\$) 0 |