



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DWINCHELL

 DATE (MM/DD/YYYY)
04/07/2025

AGENCY Hub International Florida 10368 W. State Road 84 Suite 201 Davie, FL 33324		CARRIER American Coastal Insurance Company		NAIC CODE 12968
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER AMC-29277-11		
CONTACT NAME: Florida HUB		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): (954) 925-2590				
FAX (A/C, No): (954) 925-7004				
E-MAIL ADDRESS:				
CODE:	SUBCODE:	STATUS OF TRANSACTION		QUOTE ☐ ISSUE POLICY ☐ RENEW ☐ BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME ☐ AM ☐ PM CANCEL
AGENCY CUSTOMER ID: VICTSQU-02				

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM		PREMIUM
☐ BOILER & MACHINERY	\$		☐ CYBER AND PRIVACY	\$		☐ YACHT	\$
☐ BUSINESS AUTO	\$		☐ FIDUCIARY LIABILITY	\$			\$
☐ BUSINESS OWNERS	\$		☐ GARAGE AND DEALERS	\$			\$
☐ COMMERCIAL GENERAL LIABILITY	\$		☐ LIQUOR LIABILITY	\$			\$
☐ COMMERCIAL INLAND MARINE	\$		☐ MOTOR CARRIER	\$			\$
☒ COMMERCIAL PROPERTY	\$		☐ TRUCKERS	\$			\$
☐ CRIME	\$		☐ UMBRELLA	\$			\$

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 05/04/2025	PROPOSED EXP DATE 05/04/2026	BILLING PLAN ☐ DIRECT ☒ 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) Victoria Square Condominium Assn Inc. c/o Grant Property Management 7124 North Nob Hill Rd. Tamarac, FL 33321		GL CODE	SIC 6513	NAICS 813990	FEIN OR SOC SEC # 59-2029932
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION ☐ INDIVIDUAL	☐ JOINT VENTURE ☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ NOT FOR PROFIT ORG ☐ PARTNERSHIP	☐ SUBCHAPTER "S" CORPORATION ☐ TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION ☐ INDIVIDUAL	☐ JOINT VENTURE ☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ NOT FOR PROFIT ORG ☐ PARTNERSHIP	☐ SUBCHAPTER "S" CORPORATION ☐ TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION ☐ INDIVIDUAL	☐ JOINT VENTURE ☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ NOT FOR PROFIT ORG ☐ PARTNERSHIP	☐ SUBCHAPTER "S" CORPORATION ☐ TRUST		

AGENCY CUSTOMER ID: VICTSQU-02

CONTACT TYPE: Inspection Contact		CONTACT TYPE:	
CONTACT NAME: Jordan Desnoes		CONTACT NAME:	
PRIMARY PHONE # ☐ HOME ☒ BUS ☐ CELL (954) 718-9903	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS: Jordan@grantmgmt.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

LOC # 1	STREET 3200-3226 Coral Ridge Drive 14 Unit Condo Bldg.		CITY LIMITS		INTEREST		# FULL TIME EMPL	ANNUAL REVENUES: \$	
			X	INSIDE	X	OWNER		OCCUPIED AREA: SQ FT	
BLD # 1	CITY: Coral Springs		STATE: FL	X	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY: Broward	ZIP: 33065						TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS? Y / N	
LOC # 2	STREET 3228-3242 Coral Ridge Drive 8 Unit Condo Bldg		CITY LIMITS		INTEREST		# FULL TIME EMPL	ANNUAL REVENUES: \$	
			X	INSIDE	X	OWNER		OCCUPIED AREA: SQ FT	
BLD # 1	CITY: Coral Springs		STATE: FL	X	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY: Browarc	ZIP: 33065						TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS? Y / N	
LOC # 3	STREET 3244-3254 Coral Ridge Drive 6 Unit Condo Bldg.		CITY LIMITS		INTEREST		# FULL TIME EMPL	ANNUAL REVENUES: \$	
			X	INSIDE	X	OWNER		OCCUPIED AREA: SQ FT	
BLD # 1	CITY: Coral Springs		STATE: FL	X	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY: Broward	ZIP: 33065						TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS? Y / N	
LOC # 4	STREET 3256-3262 Coral Ridge Drive 4 unit Condo Bldg.		CITY LIMITS		INTEREST		# FULL TIME EMPL	ANNUAL REVENUES: \$	
			X	INSIDE	X	OWNER		OCCUPIED AREA: SQ FT	
BLD # 1	CITY: Coral Springs		STATE: FL	X	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY: Broward	ZIP: 33065						TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS? Y / N	

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

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

AGENCY CUSTOMER ID: VICTSQU-02

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GENERAL INFORMATION

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

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

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2020 - 2025	CARRIER			American Coastal Ins	
	POLICY NUMBER			AMC29277-01	
	PREMIUM	\$	\$	\$ 24,290.00	\$
	EFFECTIVE DATE			05/04/2015	
	EXPIRATION DATE			05/04/2016	

AGENCY CUSTOMER ID: VICTSQU-02

DWINCHELL

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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 5 YEARS					TOTAL LOSSES: \$			0
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N	
04/07/2025	Commercial Pr	FIRE	07/19/2024	50,671				

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 <i>Diane Winchell</i>	PRODUCER'S NAME (Please Print) Diane Winchell	STATE PRODUCER LICENSE NO (Required in Florida) A287934
DocuSigned by: APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE 4/14/2025	NATIONAL PRODUCER NUMBER



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Hub International Florida		CARRIER American Coastal Insurance Company		NAIC CODE 12968
POLICY NUMBER AMC-29277-11	EFFECTIVE DATE 05/04/2025	NAMED INSURED(S) Victoria Square Condominium Assn Inc.		

PREMISES INFORMATION

LOC # 5	STREET 3264- 3270 Coral Ridge Drive 4 Unit Condo Bldg	CITY LIMITS ☒ INSIDE	INTEREST ☒ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Coral Springs STATE: FL COUNTY: Broward ZIP: 33065	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 6	STREET 3272-3286 Coral Ridge Drive 8 Unit condo Bldg.	CITY LIMITS ☒ INSIDE	INTEREST ☒ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Coral Springs STATE: FL COUNTY: Broward ZIP: 33065	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS ☐ INSIDE	INTEREST ☐ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS ☐ INSIDE	INTEREST ☐ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS ☐ INSIDE	INTEREST ☐ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS ☐ INSIDE	INTEREST ☐ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:

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

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

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

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

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

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



PROPERTY SECTION

DATE (MM/DD/YYYY)

04/07/2025

AGENCY NAME Hub International Florida		CARRIER American Coastal Insurance Company		NAIC CODE 12968
POLICY NUMBER AMC-29277-11	EFFECTIVE DATE 05/04/2025	NAMED INSURED(S) Victoria Square Condominium Assn Inc.		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION	PREMISES #: 1	STREET ADDRESS: 3200-3226 Coral Ridge Drive, Coral Springs, FL 33065
	BUILDING #: 1	BLDG DESCRIPTION: GR II = B 14 Units

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,345,800	100	R	Special (Including theft)		10,000	Flat		5% CYHD/\$10,000 Sinkhole Ded

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) ☐	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) ☐	OPTIONS
		DEDUCTIBLE \$		☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ SELLING PRICE

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

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 3 MI	FIRE DISTRICT Coral Springs	CODE NUMBER 60	PROT CL 2	# STORIES 2	# BASM'TS 0	YR BUILT 1985	TOTAL AREA 11,550
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BUILDING IMPROVEMENTS	BLDG CODE GRADE 99	TAX CODE	ROOF TYPE Other	OTHER OCCUPANCIES 14 Units
☐ WIRING, YR: ☐ PLUMBING, YR: ☒ ROOFING, YR: 2015 ☐ HEATING, YR: ☐ OTHER: YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
	RESISTIVE	X Other	DATE INSTALLED: _____ MANUFACTURER: _____	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION ☐ LOCAL GONG ☐
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

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

ADDITIONAL INTEREST ACORD 45 attached for additional names

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

ADDITIONAL PREMISES INFORMATION		PREMISES #: 2		STREET ADDRESS: 3228-3242 Coral Ridge Drive, Coral Springs, FL 33065					
		BUILDING #: 1		BLDG DESCRIPTION: GR II = B 8 Units					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	803,000	100	R	Special (Including theft)		10,000	Flat		5% CYHD/\$10,000 Sinkhole Ded
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

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

CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT		CODE NUMBER		PROT CL		# STORIES		# BASM'TS		YR BUILT		TOTAL AREA	
Joisted Masonry		1,000 FT		3 MI		Coral Springs		60		2		2		0		1985		6,600	
BUILDING IMPROVEMENTS				BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES									
☐ WIRING, YR: ☐ PLUMBING, YR:				99				Other		8 units									
☒ ROOFING, YR: 2015 ☐ HEATING, YR:				WIND CLASS		☐ SEMI- RESISTIVE				☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT				DATE INSTALLED: _____					
☐ OTHER: YR:				☐ RESISTIVE		☒ Other				MANUFACTURER: _____									
PRIMARY HEAT								SECONDARY HEAT											
☐ BOILER ☐ SOLID FUEL ☐								☐ BOILER ☐ SOLID FUEL ☐											
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N								IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N											
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE				FRONT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE							
BURGLAR ALARM TYPE				CERTIFICATE #				EXPIRATION DATE				☐ CENTRAL STATION		☐ LOCAL GONG					
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT				GRADE		# GUARDS / WATCHMEN				☐ WITH KEYS		CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)						% SPRNK		FIRE ALARM MANUFACTURER										☐ CENTRAL STATION ☐ LOCAL GONG	

ADDITIONAL INTEREST		ACORD 45 attached for additional names											
INTEREST ☐ LOSS PAYEE ☐ MORTGAGEE ☐		NAME AND ADDRESS		RANK: _____		EVIDENCE: ☐		CERTIFICATE ☐		INTEREST IN ITEM NUMBER			
										LOCATION:		BUILDING:	
										ITEM CLASS:		ITEM:	
										ITEM DESCRIPTION			
		REFERENCE / LOAN #:											

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



PROPERTY SECTION

DATE (MM/DD/YYYY)

04/07/2025

AGENCY NAME Hub International Florida		CARRIER American Coastal Insurance Company		NAIC CODE 12968
POLICY NUMBER AMC-29277-11		EFFECTIVE DATE 05/04/2025	NAMED INSURED(S) Victoria Square Condominium Assn Inc.	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION		PREMISES #: 3	STREET ADDRESS: 3244-3254 Coral Ridge Drive, Coral Springs, FL 33065						
		BUILDING #: 1	BLDG DESCRIPTION: GR II = B 6 Units						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	598,800	100	R	Special (Including theft)		10,000	Flat		5% CYHD/\$10,000 Sinkhole Ded

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
☐		DEDUCTIBLE \$	☐	☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry	1,000 FT	3 MI	Coral Springs	60	2	2	0	1985	5,352

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
☐ WIRING, YR: ☐ PLUMBING, YR: ☒ ROOFING, YR: 2015 ☐ HEATING, YR: ☐ OTHER: YR:	99		Other	6 Units
	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
	RESISTIVE	X Other	MANUFACTURER: DATE INSTALLED: _____	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION ☐ LOCAL GONG ☐
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY ☐
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION ☐ LOCAL GONG ☐
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ADDITIONAL INTEREST ACORD 45 attached for additional names

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

AGENCY CUSTOMER ID: VICTSQU-02DWINCHELL

ADDITIONAL PREMISES INFORMATION

PREMISES #: 4

STREET ADDRESS: 3256-3262 Coral Ridge Drive, Coral Springs, FL 33065

BUILDING #: 1

BLDG DESCRIPTION: GR II = B 4 Units

SUBJECT OF INSURANCE

AMOUNT

COINS %

VALUATION

CAUSES OF LOSS

INFLATION GUARD %

DED

DED TYPE

BLKT #

FORMS AND CONDITIONS TO APPLY

Building

398,800

100

R

Special (Including theft)

10,000

Flat

5% CYHD/\$10,000 Sinkhole Ded

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)

DESCRIPTION OF PROPERTY COVERED

LIMIT \$

DEDUCTIBLE \$

REFRIG MAINT AGREEMENT (Y / N)

OPTIONS

BREAKDOWN OR CONTAMINATION

POWER OUTAGE

SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

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

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

OF OPEN SIDES ON STRUCTURE:

CONSTRUCTION TYPE

DISTANCE TO HYDRANT

FIRE STAT

FIRE DISTRICT

CODE NUMBER

PROT CL

STORIES

BASM'TS

YR BUILT

TOTAL AREA

Joisted Masonry

1,000 FT

3 MI

Coral Springs

60

2

2

0

1985

3,400

BUILDING IMPROVEMENTS

WIRING, YR:

PLUMBING, YR:

ROOFING, YR:

OTHER:

BLDG CODE GRADE

TAX CODE

ROOF TYPE

OTHER OCCUPANCIES

WIRING, YR:

PLUMBING, YR:

X

ROOFING, YR: 2015

OTHER:

HEATING, YR:

YR:

99

Other

4 Units

WIND CLASS

SEMI- RESISTIVE

HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT

DATE INSTALLED:

RESISTIVE

X

Other

MANUFACTURER:

PRIMARY HEAT

SECONDARY HEAT

BOILER

SOLID FUEL

IF BOILER, IS INSURANCE PLACED ELSEWHERE?

Y / N

BOILER

SOLID FUEL

IF BOILER, IS INSURANCE PLACED ELSEWHERE?

Y / N

RIGHT EXPOSURE & DISTANCE

LEFT EXPOSURE & DISTANCE

FRONT EXPOSURE & DISTANCE

REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE

CERTIFICATE #

EXPIRATION DATE

CENTRAL STATION

LOCAL GONG

WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY

EXTENT

GRADE

GUARDS / WATCHMEN

CLOCK HOURLY

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

% SPRNK

FIRE ALARM MANUFACTURER

CENTRAL STATION

LOCAL GONG

ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST

LOSS PAYEE

MORTGAGEE

NAME AND ADDRESS

RANK:

EVIDENCE:

CERTIFICATE

INTEREST IN ITEM NUMBER

LOCATION:

BUILDING:

ITEM CLASS:

ITEM:

ITEM DESCRIPTION

REFERENCE / LOAN #:

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

ACORD 140 (2014/12)

Page 2 of 3



PROPERTY SECTION

DATE (MM/DD/YYYY)
04/07/2025

AGENCY NAME Hub International Florida		CARRIER American Coastal Insurance Company		NAIC CODE 12968
POLICY NUMBER AMC-29277-11		EFFECTIVE DATE 05/04/2025	NAMED INSURED(S) Victoria Square Condominium Assn Inc.	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION		PREMISES #: 5	STREET ADDRESS: 3264- 3270 Coral Ridge Drive, Coral Springs, FL 33065						
		BUILDING #: 1	BLDG DESCRIPTION: GR II = B 4 Units						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	398,880	100	R	Special (Including theft)		10,000	Flat		5% CYHD/\$10,000 Sinkhole Ded
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED			LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS				
☐				DEDUCTIBLE \$		☐ BREAKDOWN OR CONTAMINATION	☐ SELLING PRICE			
SINKHOLE COVERAGE (Required in Florida)				ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)				ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$				
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK						# OF OPEN SIDES ON STRUCTURE: _____				
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry		1,000 FT	3 MI	Coral Springs	60	2	2	0	1985	3,400
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
☐ WIRING, YR: ☐ PLUMBING, YR:		99		Other	4 Unit Condo Bldg.					
☒ ROOFING, YR: 2015 ☐ HEATING, YR:		WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____				
☐ OTHER: YR:		RESISTIVE	X	Other	MANUFACTURER: _____					
PRIMARY HEAT				SECONDARY HEAT						
☐ BOILER ☐ SOLID FUEL ☐				☐ BOILER ☐ SOLID FUEL ☐						
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	☐ LOCAL GONG	
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT		GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION		
								LOCAL GONG		

ADDITIONAL INTEREST ACORD 45 attached for additional names

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

ADDITIONAL PREMISES INFORMATION		PREMISES #: 6	STREET ADDRESS: 3272-3286 Coral Ridge Drive, Coral Springs, FL 33065						
		BUILDING #: 1	BLDG DESCRIPTION: GR II = B 8 Units						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	803,000	100	R	Special (Including theft)		10,000	Flat		5% CYHD/\$10,000 Sinkhole Ded
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

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

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry	1,000 FT	3 MI	Coral Springs	60	2	2	0	1985	6,600
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
☐ WIRING, YR: ☐ PLUMBING, YR:		99		Other	8 Units				
☒ ROOFING, YR: 2015 ☐ HEATING, YR:		WIND CLASS		SEMI- RESISTIVE	☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____		
☐ OTHER: YR:		☐ RESISTIVE	☒ X	Other	MANUFACTURER: _____				
PRIMARY HEAT				SECONDARY HEAT					
☐ BOILER ☐ SOLID FUEL ☐				☐ BOILER ☐ SOLID FUEL ☐					
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE		☐ CENTRAL STATION	☐ LOCAL GONG
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN	☐ CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER			☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST		ACORD 45 attached for additional names								
INTEREST ☐ LOSS PAYEE ☐ MORTGAGEE ☐		NAME AND ADDRESS		RANK: _____	EVIDENCE: ☐	CERTIFICATE		INTEREST IN ITEM NUMBER		
								LOCATION: _____		BUILDING: _____
								ITEM CLASS: _____		ITEM: _____
								ITEM DESCRIPTION		
REFERENCE / LOAN #:										

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

SIGNATURE

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

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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

Applicable in OR

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

Applicable in PR

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

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

PRODUCER'S SIGNATURE DocuSigned by: <i>Diane Winchell</i>	PRODUCER'S NAME (Please Print) Diane Winchell Florida HUB	STATE PRODUCER LICENSE NO (Required in Florida) A287934
APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE 4/14/2025	NATIONAL PRODUCER NUMBER



Commercial Property Quote

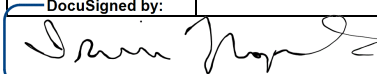
POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

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.

☐	I hereby elect to purchase coverage for acts of terrorism for a prospective premium provided in the Commercial Property Quote.
☒	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

DocuSigned by:

 13A1715751ED4A6...
 Policyholder/Applicant's Signature

American Coastal Insurance Company

Company

Irwin Nozick

Print Name

Policy Number

4/14/2025

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

Victoria Square 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 Irwin Nozick			
Title Pres.		Email Address inozick@gmail.com	
Office Number	Cell Number 954-512-7311	Fax Number	

Insured Contact 2

Contact Name			
Title		Email Address	
Office Number	Cell Number	Fax Number	

Management Company (if applicable)

Company Name Grant Property Management			
Contact Name Jordan Desnoes		Email Address Jordan@grantmgmt.com	
Office Number 954-718-9903	Cell Number	Fax Number	

Retail Agent

Company Name Hub International			
Contact Name Diane Winchell		Email Address diane.winchell@hubinternational.com	
Office Number 954-924-3086	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.

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



Commercial Property Quote

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 44 (rental and non-rental)

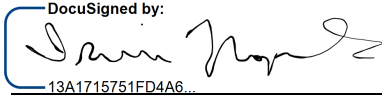
Total Percentage (%) of short term rental units (circle appropriate range)

x **1) 0% to 25% Short Term Rentals**

2) 25.1% to 50% Short Term Rentals

3) 50.1% to 75% Short Term Rentals

4) 75.1% to 100% Short Term Rentals

DocuSigned by:

 13A1715751FD4A6...

Policyholder/Applicant's Signature

Irwin Nozick

Printed Name

Pres.

Title/Position

4/14/2025

Date

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



Commercial Property Quote

American Coastal Insurance Company

Election Not To Buy Separate Flood Insurance

I, Victoria Square Condominium Association Inc., have elected NOT to purchase, separate flood insurance for the property to be insured by American Coastal Insurance Company ("American Coastal") and affirm the following:

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

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

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

I WILL HAVE NO COVERAGE FOR LOSSES CAUSED BY FLOOD.

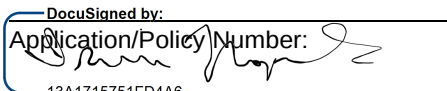
I UNDERSTAND MY APPLICATION FOR COVERAGE MAY BE DENIED IF I DO NOT SIGN THIS FORM.

I UNDERSTAND MY POLICY MAY BE NONRENEWED IN THE FUTURE IF I DO NOT SIGN THIS FORM.

The Florida Department of Financial Services, Office of Insurance Regulation and American Coastal Insurance Company strongly recommends that property owners in "Special Flood Hazard Areas" obtain flood coverage.

I have read and I understand the information above, and I chose **NOT** to purchase flood coverage.

I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

DocuSigned by:
 Application/Policy Number: 
 13A1715751FD4A6...
 Policyholder/Applicant's Signature
 Irwin Mozick
 Print Name
 4/14/2025
 Date



Agent's Signature
 Diane Winchell

Printed Name
 4/14/2025

Date

AC FW01 06 07

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

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

Account ID: 1238772

Insured: Victoria Square Condominium Association Inc

Schedule of Values / Detail

Bldg	Address	County	Num Bldgs	Year Built	Building	Contents	Other	BI/ Rents	Total Value	Num Units	Bldg SqFt	ISO Constr
1	3200-3226 Coral Ridge Drive Coral Springs FL 33065	BROWARD	1	1980	\$1,345,800	\$0	\$0	\$0	\$1,345,800	14	11,550	2
2	3228-3242 Coral Ridge Drive Coral Springs FL 33065	BROWARD	1	1980	\$803,000	\$0	\$0	\$0	\$803,000	8	6,600	2
3	3244-3254 Coral Ridge Drive Coral Springs FL 33065	BROWARD	1	1980	\$598,800	\$0	\$0	\$0	\$598,800	6	5,352	2
4	3256-3262 Coral Ridge Drive Coral Springs FL 33065	BROWARD	1	1980	\$398,800	\$0	\$0	\$0	\$398,800	4	3,400	2
5	3264-3270 Coral Ridge Drive Coral Springs FL 33065	BROWARD	1	1980	\$398,800	\$0	\$0	\$0	\$398,800	4	3,400	2
6	3272-3286 Coral Ridge Drive Coral Springs FL 33065	BROWARD	1	1980	\$803,000	\$0	\$0	\$0	\$803,000	8	6,600	2
					\$4,348,200	\$0	\$0	\$0	\$4,348,200			

Account ID: 1238772

Insured: Victoria Square 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	N	0332	Building & Contents	Rest of State	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
2	01	N	0331	Building & Contents	Rest of State	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
3	01	N	0331	Building & Contents	Rest of State	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
4	01	N	0331	Building & Contents	Rest of State	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
5	01	N	0331	Building & Contents	Rest of State	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
6	01	N	0331	Building & Contents	Rest of State	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Hip	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A

Account ID: 1238772

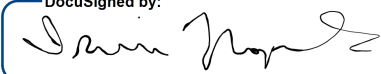
Schedule of Values / Detail

Insured: Victoria Square Condominium Association Inc

Bldg Num	Wind Ded	AOP Ded	Bldg Val	Roof Cover Val	AS ISO	BCEGS	Vandl Excl	Cov A	Cov BC Limit	CovA/B/C Limit
1	.05	\$10,000	RCV	RCV	N	Ungraded	N	N		
2	.05	\$10,000	RCV	RCV	N	Ungraded	N	N		
3	.05	\$10,000	RCV	RCV	N	Ungraded	N	N		
4	.05	\$10,000	RCV	RCV	N	Ungraded	N	N		
5	.05	\$10,000	RCV	RCV	N	Ungraded	N	N		
6	.05	\$10,000	RCV	RCV	N	Ungraded	N	N		

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.

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

Applicant Printed Name	Title	Producer Printed Name	Title
Irwin Nozick	Pres.	Diane Winchell	Agent
Applicant Signature	Date	Producer Signature	Date
DocuSigned by:  13A1745751FD4A6...	4/14/2025		4/14/2025

POLICY NUMBER: TBD

IL 09 32 07 02

INSUREDS CONSENT TO EXCESS RATE (FLORIDA)

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART

Name and Address of Insured	Name and Address of Insurance Company
Victoria Square Condominium Association Inc	American Coastal Insurance Company
7124 North Nob Hill Rd Tamarac, FL 33321	800 2 nd Avenue South St. Petersburg, Florida 33701

Commercial Property	TBA	5/04/2025	5/04/2026
Type of Policy	Policy No.	Effective Date	Expiration Date

The insured hereby gives written consent, as required by Section 627.171 of Florida Statutes, for the insurance company to charge a rate in excess of that otherwise applicable for this risk.

RATES AND PREMIUMS						
Item No.	Amounts or Limits	Perils or Coverages	Rates		Premiums	
			Consented	Manual	Consented	Manual
1.	\$4,348,200	ISO Special	\$1.226	\$0.698	\$53,300	\$30,350

Premium at
Manual Rates \$30,350

Premium at
Excess Rates \$53,300

Difference \$22,950

ADEQUATELY DESCRIBE RISK

Note: To be completed by the Insured or Agent

NAME AND ADDRESS OF INSURANCE AGENCY

Note: to be completed by Agent

CERTIFICATION

Agent: I have explained this form to the insured and to the best of my knowledge and belief he understands and accepts it.

Signed *Diane Winchell*
 4/14/2025 Agent
 Date Title

Insured: I understand and accept the Excess Rate indicated hereon.

Signed *[Signature]*
 4/14/2025 Pres.
 Date Title



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DWINCHELL

 DATE (MM/DD/YYYY)
04/07/2025

AGENCY Hub International Florida 10368 W. State Road 84 Suite 201 Davie, FL 33324		CARRIER Century Surety Company		NAIC CODE 36951
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER TBD/CGLI		
CONTACT NAME: Florida HUB		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): (954) 925-2590				
FAX (A/C, No): (954) 925-7004				
E-MAIL ADDRESS:				
CODE:	SUBCODE:			
AGENCY CUSTOMER ID: VICTSQU-02				
		STATUS OF TRANSACTION	☐ QUOTE ☐ BOUND (Give Date and/or Attach Copy): ☐ CHANGE ☐ CANCEL	☐ ISSUE POLICY ☐ RENEW DATE TIME ☐ AM ☐ PM

LINE OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM		PREMIUM
☐ BOILER & MACHINERY	\$		☐ CYBER AND PRIVACY	\$		☐ YACHT	\$
☐ BUSINESS AUTO	\$		☐ FIDUCIARY LIABILITY	\$			\$
☐ BUSINESS OWNERS	\$		☐ GARAGE AND DEALERS	\$			\$
☒ COMMERCIAL GENERAL LIABILITY	\$		☐ LIQUOR LIABILITY	\$			\$
☐ COMMERCIAL INLAND MARINE	\$		☐ MOTOR CARRIER	\$			\$
☐ COMMERCIAL PROPERTY	\$		☐ TRUCKERS	\$			\$
☐ CRIME	\$		☐ UMBRELLA	\$			\$

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 04/25/2025	PROPOSED EXP DATE 04/25/2026	BILLING PLAN ☐ DIRECT ☒ 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) Victoria Square Condominium Assn Inc. c/o Grant Property Management 7124 North Nob Hill Rd. Tamarac, FL 33321		GL CODE	SIC 6513	NAICS 813990	FEIN OR SOC SEC # 59-2029932
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION ☐ INDIVIDUAL	☐ JOINT VENTURE ☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ NOT FOR PROFIT ORG ☐ PARTNERSHIP	☐ SUBCHAPTER "S" CORPORATION ☐ TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION ☐ INDIVIDUAL	☐ JOINT VENTURE ☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ NOT FOR PROFIT ORG ☐ PARTNERSHIP	☐ SUBCHAPTER "S" CORPORATION ☐ TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION ☐ INDIVIDUAL	☐ JOINT VENTURE ☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ NOT FOR PROFIT ORG ☐ PARTNERSHIP	☐ SUBCHAPTER "S" CORPORATION ☐ TRUST		

AGENCY CUSTOMER ID: VICTSQU-02

DWINCHELL

GENERAL INFORMATION

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

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

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

AGENCY CUSTOMER ID: VICTSQU-02

DWINCHELL

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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 5 YEARS

TOTAL LOSSES: \$ 0

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

SIGNATURE

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

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

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

(Applicant's Initials):

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE <i>Diane Winchell</i>	PRODUCER'S NAME (Please Print) Diane Winchell	STATE PRODUCER LICENSE NO (Required in Florida) A287934
DocuSigned by: APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE 4/14/2025	NATIONAL PRODUCER NUMBER



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Hub International Florida		CARRIER Century Surety Company		NAIC CODE 36951
POLICY NUMBER TBD/CGLI	EFFECTIVE DATE 04/25/2025	NAMED INSURED(S) Victoria Square Condominium Assn Inc.		

PREMISES INFORMATION

LOC # 5	STREET 3264-3270 Coral Ridge Drive		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD # 1	CITY: Coral Springs	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 33065				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC # 6	STREET 3272-3286 Coral Ridge Drive		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD # 1	CITY: Coral Springs	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 33065				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
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.



AGENCY CUSTOMER ID: VICTSQU-02

DWINCHELL

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
04/07/2025

AGENCY Hub International Florida		CARRIER Century Surety Company		NAIC CODE 36951
POLICY NUMBER TBD/CGLI		EFFECTIVE DATE 04/25/2025	APPLICANT / FIRST NAMED INSURED Victoria Square Condominium Assn 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	
☒ COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE \$ 2,000,000	PREMIUMS	
☐ CLAIMS MADE ☒ OCCURRENCE	LIMIT APPLIES PER: ☐ POLICY ☐ LOCATION	PREMISES/OPERATIONS	
☐ OWNER'S & CONTRACTOR'S PROTECTIVE	☐ PROJECT ☐ OTHER:		
PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ Included		PRODUCTS	
PERSONAL & ADVERTISING INJURY \$ 1,000,000		OTHER	
EACH OCCURRENCE \$ 1,000,000			
DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000			
MEDICAL EXPENSE (Any one person) \$ 5,000		TOTAL	
EMPLOYEE BENEFITS \$			
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)			
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	Condominiums	62003	U	14	002				
2	1	Condominiums	62003	U	8	002				
3	1	Condominiums	62003	U	6	002				
4	1	Condominiums	62003	U	4	002				
5	1	Condominiums	62003	U	4	002				
6	1	Condominiums	62003	U	8	002				
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?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

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

AGENCY CUSTOMER ID: **VICTSQU-02****DWINCHELL****CONTRACTORS**

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.						
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?						N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)						N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?						N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?						N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?						N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?						N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?						N
8. PRODUCTS UNDER LABEL OF OTHERS?						N
9. VENDORS COVERAGE REQUIRED?						N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?						N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED					LOCATION:	BUILDING:
☐ EMPLOYEE AS LESSOR					ITEM CLASS:	ITEM:
☐ LIENHOLDER					ITEM DESCRIPTION	
☐ LOSS PAYEE						
☐ MORTGAGEE						
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
EQUIPMENT				TYPE OF EQUIPMENT				INSTRUCTION GIVEN (Y/N)		
				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
☐ APPROVED FENCE ☐ LIMITED ACCESS ☐ DIVING BOARD ☐ SLIDE ☐ ABOVE GROUND ☐ IN GROUND ☐ LIFE GUARD										
12. ARE SOCIAL EVENTS SPONSORED?										N
13. ARE ATHLETIC TEAMS SPONSORED?										N
TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		
			☐ 13 - 18					☐ 13 - 18		
			☐ 12 & UNDER					☐ 12 & UNDER		
			☐ OVER 18					☐ OVER 18		
EXTENT OF SPONSORSHIP:					EXTENT OF SPONSORSHIP:					
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?										N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?										N

AGENCY CUSTOMER ID: VICTSQU-02

DWINCHELL

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?

Y / N
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)****SIGNATURE**

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE

DocuSigned by:

Diane Winchell

PRODUCER'S NAME (Please Print)

Diane Winchell

STATE PRODUCER LICENSE NO
(Required in Florida)
A287934

APPLICANT'S SIGNATURE

[Signature]

Florida HUB

DATE
4/14/2025

NATIONAL PRODUCER NUMBER



Condominium/Townhouse/Homeowners Association Liability And Property Supplemental Questionnaire

(Complete in addition to ACORD Application)

1. Name of Applicant: Victoria Square Condo
2. Location Address: 3200-3286 Coral Ridge Dr., Coral Springs, FL 33065
3. Website: _____
4. Applicant is: ☒ Condominium Association ☐ Townhouse Association ☐ Homeowner Association
5. Does developer still own any units? ☐ Yes ☒ No If yes, #: _____
6. Total number of living units? 44
7. Number of units that are owner occupied? 4 Number of units rented to others? 40
8. Total number of buildings housing living units? 6
9. Are there short term rentals (30 days or less)? *If no, please skip to question 13.* ☐ Yes ☒ No
If yes, please explain: _____
10. What percentage of units are available for rent on a short term basis at any given time? _____
11. Are renters permitted under the age of 25 years old? ☐ Yes ☐ No
12. Does the condo owners' association have published rules limiting short-term rentals? ☐ Yes ☐ No
13. Is there a property manager on the premises? ☐ Yes ☒ No
14. Has the applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the last five (5) years? ☐ Yes ☒ No
15. Is the applicant in the process of foreclosure (including receivership), repossession, or filing for bankruptcy? ☐ Yes ☒ No
16. Property Information:
 - a. Smoke Detectors in each living units? ☒ Yes ☐ No
 - b. Are all buildings 100% sprinklered? ☐ Yes ☒ No
If no, what %? _____
 - c. Construction type: ☐ Frame ☒ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible
☐ Modified Fire Resistive ☐ Fire Resistive ☐ Other: _____
 - d. Year of construction: 1985
 - e. Any wood shake shingle roofs? ☐ Yes ☒ No
 - f. Type of wiring: ☒ Circuit Breakers or ☐ Fuses?
☒ Copper, ☐ Knob & Tube or ☐ Aluminium? If Aluminum, ☐ Single Strand or ☐ Multi-Strand?

g. Date of last update (*show N/A if no update*):

Roof: 2015 Plumbing: _____ HVAC: _____ Electric: _____

h. Number of stories: 2

i. If over 3 stories, are interior stairwells equipped with self-closing locking fire doors on each floor? ☐ Yes ☐ No

j. If multiple buildings, what is the separation between buildings? _____

17. Are there any of the following recreational facilities? ☐ Yes ☐ No
If yes below, are they available to public? ☐ Yes ☐ No
If available to public, explain in Remarks.

a. Basketball Courts? ☐ Yes ☒ No If yes, # of courts: _____
b. Bike Paths? ☐ Yes ☒ No If yes, # miles: _____
c. Boat Ramps? ☐ Yes ☒ No If yes, receipts: \$ _____
d. Boat Rentals? ☐ Yes ☒ No If yes, # of boats: _____ Receipts: \$ _____

Explain in detail: _____

e. Exercise or Weight Rooms? ☐ Yes ☒ No If yes, #: _____ Total square footage: _____

f. Golf Courses or Driving Range? ☐ Yes ☒ No If yes, explain: _____

g. Handball Courts? ☐ Yes ☒ No If yes, # of rooms: _____

h. Horse: Pasturing? ☐ Yes ☒ No Rental? ☐ Yes ☐ No

Stables? ☐ Yes ☒ No Riding Ring? ☐ Yes ☐ No

Trails? ☐ Yes ☒ No

i. Motorcycle or ATV trailers? ☐ Yes ☒ No

j. Picnic areas? ☐ Yes ☒ No If yes, #: _____

k. Playgrounds (or Parks)? ☐ Yes ☒ No If yes, #: _____

l. Racquetball Courts? ☐ Yes ☒ No If yes, #: _____

m. Saunas? ☐ Yes ☒ No If yes, #: _____

n. Spas? ☐ Yes ☒ No If yes, #: _____

o. Squash Courts? ☐ Yes ☒ No If yes, #: _____

p. Any other type of recreational facilities than those listed above? ☐ Yes ☒ No
If yes, provide details in Remarks section.

q. Swimming pools? ☐ Yes ☐ No

Total # of pools: 0 # of lap pools: _____

of wading pools: _____ # of pools (other than lap or wading pools): _____

i. Unsupervised swimming by children under the age of 16? ☐ Yes ☐ No

ii. Any unsupervised swimming by people age 16 or older? ☐ Yes ☐ No

iii. Are all pools equipped with shepherd's hooks? ☐ Yes ☐ No

iv. Are all pools, spas & wading pools completely fenced? ☐ Yes ☐ No

If yes, height of fence: _____

v. Is all fencing equipped with self-closing and self-locking gates? ☐ Yes ☐ No

vi. Any diving boards over 1 meter? ☐ Yes ☐ No

If yes, explain: _____

18. Does applicant own, operate any streets or roads? ☐ Yes ☒ No If yes, # of miles: _____

a. Are any used by public as through streets? ☐ Yes ☐ No Maximum posted speed limit: _____

19. Does applicant own, operate or maintain any lakes? ☐ Yes ☒ No

If yes, # & acreage of each: _____

a. Any dams? ☐ Yes ☒ No

b. If yes, provide dam inspection report and pictures of dam (*include downstream exposure*).

c. Any boat docks? ☐ Yes ☒ No Total # of boat slips: _____

d. Are power boats allowed on lake? ☐ Yes ☐ No

20. Any club houses? ☐ Yes ☒ No Total square footage: _____

21. Does applicant sponsor:

a. Swim Teams? ☐ Yes ☒ No If yes, #: _____

b. Swimming contests? ☐ Yes ☒ No If yes, total # of days: _____

22. Any security guards (*employees of association*)? ☐ Yes ☒ No

If yes, need payroll for: Armed guards: \$ _____ Unarmed guards: \$ _____

23. Does applicant own or operate:

a. Electric utility? ☐ Yes ☒ No b. Gas utility? ☐ Yes ☒ No

c. Sewer utility? ☐ Yes ☒ No d. Water utility? ☐ Yes ☒ No

e. Refuse or garbage dumps (*or landfill*)? ☐ Yes ☒ No f. Garbage or refuse collection? ☐ Yes ☒ No

24. Remarks:

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a deceptive statement is guilty of insurance fraud.

Applicant: Irwin Nozick, Pres.

Producer: Diane Winchell

Signature: _____

Signature: *Diane Winchell*

Date: _____

Date: 4/14/2025



Hired and Non-Owned Automobile Supplemental Questionnaire

Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this Questionnaire.
This document must be completed in addition to the ACORD Application

1. Applicant's Name: Victoria Square Condo
2. Why is coverage being requested? if any
3. Total number of employees: 3
4. What is the average term? if any
5. Does applicant require employees to provide proof of auto liability coverage? ☒ Yes ☐ No
6. Does applicant have a Commercial Auto Liability Policy in force? ☐ Yes ☒ No

Coverage Desired:	Limits							
Hired and Non-Owned Coverage	☐	\$100,000	☐	\$300,000	☐	\$500,000	☒	\$1,000,000
Non-Owned Auto Coverage	☐	\$100,000	☐	\$300,000	☐	\$500,000	☒	\$1,000,000

I. FRAUD WARNING AND SIGNATURE

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. The Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials (this Application), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA. Insurance benefits may also be denied in LA, ME, TN, and VA).

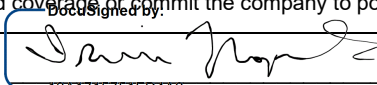
In the District of Columbia, Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

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

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Completion of this application does not bind coverage or commit the company to policy issuance.

Signature of Applicant: 

13A1715751FD4A6...

Title of Applicant (Officer/Partner): Pres.

Date: 4/14/2025

Surplus Lines Disclosure and Acknowledgement

At my direction, HUB International Midwest Limited - Davie has placed my coverage in the surplus lines market.

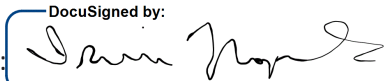
name of insurance agency

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act 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.

Victoria Square Condominium Assn Inc.

Named Insured

By: 
13A1715751FD4A6...

Signature of Named Insured

4/14/2025

Date

Irwin Nozick, Pres.

Printed Name and Title of Person Signing

Century Surety Company

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

04/25/25

Effective Date of Coverage



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DWINCHELL

 DATE (MM/DD/YYYY)
04/07/2025

AGENCY Hub International Florida 10368 W. State Road 84 Suite 201 Davie, FL 33324		CARRIER Starstone National Insurance Company		NAIC CODE 25496
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER TBD/CXLA		
CONTACT NAME: Florida HUB		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): (954) 925-2590				
FAX (A/C, No): (954) 925-7004				
E-MAIL ADDRESS:				
CODE:	SUBCODE:	STATUS OF TRANSACTION		QUOTE ☐ ISSUE POLICY ☐ RENEW ☐ BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME ☐ AM ☐ PM CANCEL
AGENCY CUSTOMER ID: VICTSQU-02				

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM		PREMIUM
BOILER & MACHINERY	\$		CYBER AND PRIVACY	\$		YACHT	\$
BUSINESS AUTO	\$		FIDUCIARY LIABILITY	\$			\$
BUSINESS OWNERS	\$		GARAGE AND DEALERS	\$			\$
COMMERCIAL GENERAL LIABILITY	\$		LIQUOR LIABILITY	\$			\$
COMMERCIAL INLAND MARINE	\$		MOTOR CARRIER	\$			\$
COMMERCIAL PROPERTY	\$		TRUCKERS	\$			\$
CRIME	\$	☒	UMBRELLA	\$			\$

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 04/25/2025	PROPOSED EXP DATE 04/25/2026	BILLING PLAN ☐ DIRECT ☒ AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
--	--	--	--------------	-------------------	-------	---------------	-----------------------	----------------------

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Victoria Square Condominium Assn Inc. c/o Grant Property Management 7124 North Nob Hill Rd. Tamarac, FL 33321		GL CODE	SIC 6513	NAICS 813990	FEIN OR SOC SEC # 59-2029932
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION ☐ INDIVIDUAL	☐ JOINT VENTURE ☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ NOT FOR PROFIT ORG ☐ PARTNERSHIP	☐ SUBCHAPTER "S" CORPORATION ☐ TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION ☐ INDIVIDUAL	☐ JOINT VENTURE ☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ NOT FOR PROFIT ORG ☐ PARTNERSHIP	☐ SUBCHAPTER "S" CORPORATION ☐ TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION ☐ INDIVIDUAL	☐ JOINT VENTURE ☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ NOT FOR PROFIT ORG ☐ PARTNERSHIP	☐ SUBCHAPTER "S" CORPORATION ☐ TRUST		

AGENCY CUSTOMER ID: VICTSQU-02

CONTACT TYPE: Inspection Contact		CONTACT TYPE:	
CONTACT NAME: Jordan Desnoes		CONTACT NAME:	
PRIMARY PHONE # ☐ HOME ☒ BUS ☐ CELL (954) 718-9903	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS: Jordan@grantmgmt.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

LOC # 1	STREET 3200-3286 Coral Ridge Dr 14 Unit Condo Bldg.		CITY LIMITS		INTEREST		# FULL TIME EMPL	ANNUAL REVENUES: \$	
			X	INSIDE	X	OWNER		OCCUPIED AREA: SQ FT	
BLD # 1	CITY: Coral Springs		STATE: FL		OUTSIDE		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY: Broward							ZIP: 33065	
DESCRIPTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS? Y / N	
LOC # 2	STREET 3228-3242 Coral Ridge Drive 8 Unit Condo Bldg.		CITY LIMITS		INTEREST		# FULL TIME EMPL	ANNUAL REVENUES: \$	
			X	INSIDE	X	OWNER		OCCUPIED AREA: SQ FT	
BLD # 1	CITY: Coral Springs		STATE: FL		OUTSIDE		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY: Broward							ZIP: 33068	
DESCRIPTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS? Y / N	
LOC # 3	STREET 3244-3254 Coral Ridge Drive 6 Unit Condo Bldg.		CITY LIMITS		INTEREST		# FULL TIME EMPL	ANNUAL REVENUES: \$	
			X	INSIDE	X	OWNER		OCCUPIED AREA: SQ FT	
BLD # 1	CITY: Coral Springs		STATE: FL		OUTSIDE		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY: Broward							ZIP: 33068	
DESCRIPTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS? Y / N	
LOC # 4	STREET 3256-3262 Coral Ridge Drive 4 Unit Condo Bldg.		CITY LIMITS		INTEREST		# FULL TIME EMPL	ANNUAL REVENUES: \$	
			X	INSIDE	X	OWNER		OCCUPIED AREA: SQ FT	
BLD # 1	CITY: Coral Springs		STATE: FL		OUTSIDE		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY: Broward							ZIP: 33068	
DESCRIPTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS? Y / N	

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

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

AGENCY CUSTOMER ID: VICTSQU-02

DWINCHELL

GENERAL INFORMATION

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

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

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

AGENCY CUSTOMER ID: VICTSQU-02

DWINCHELL

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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 5 YEARS

TOTAL LOSSES: \$ 0

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

SIGNATURE

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

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

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

(Applicant's Initials):

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE DocuSigned by: <i>Diane Winchell</i>	PRODUCER'S NAME (Please Print) Diane Winchell	STATE PRODUCER LICENSE NO (Required in Florida) A287934
APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE 4/14/2025	NATIONAL PRODUCER NUMBER



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Hub International Florida		CARRIER Starstone National Insurance Company		NAIC CODE 25496
POLICY NUMBER TBD/CXLA	EFFECTIVE DATE 04/25/2025	NAMED INSURED(S) Victoria Square Condominium Assn Inc.		

PREMISES INFORMATION

LOC # 5	STREET 3264-3270 Coral Ridge Drive		CITY LIMITS ☒ INSIDE	INTEREST ☒ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
	4 Unit Condo Bldg.					OCCUPIED AREA: SQ FT
BLD # 1	CITY: Coral Springs	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Broward	ZIP: 33068				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC # 6	STREET 3272-3286 Coral Ridge Drive		CITY LIMITS ☒ INSIDE	INTEREST ☒ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
	8 unit Condo Bldg.					OCCUPIED AREA: SQ FT
BLD # 1	CITY: Coral Springs	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Broward	ZIP: 33068				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS ☐ INSIDE	INTEREST ☐ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
						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:
LOC #	STREET		CITY LIMITS ☐ INSIDE	INTEREST ☐ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
						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:
LOC #	STREET		CITY LIMITS ☐ INSIDE	INTEREST ☐ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
						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:
LOC #	STREET		CITY LIMITS ☐ INSIDE	INTEREST ☐ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
						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:
LOC #	STREET		CITY LIMITS ☐ INSIDE	INTEREST ☐ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
						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:

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.



AGENCY CUSTOMER ID: VICTSQU-02

DWINCHELL

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

04/07/2025

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

AGENCY Hub International Florida				CARRIER Starstone National Insurance Company		NAIC CODE 25496
POLICY NUMBER TBD/CXLA			EFFECTIVE DATE 04/25/2025	NAMED INSURED(S) Victoria Square Condominium Assn Inc.		

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT	
NEW		UMBRELLA		\$	1,000,000 EA OCC	\$	0
RENEWAL	☒	EXCESS					
			OCCURRENCE				
			CLAIMS MADE				
			PROPOSED				
			CURRENT				
EXPIRING POL #:				\$		FIRST DOLLAR DEFENSE (Y / N)	

EMPLOYEE BENEFITS LIABILITY

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

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: LOCATION: 3200-3286 Coral Ridge Dr Coral Springs, FL 33065 DESCRIPTION:				
2	NAME: LOCATION: 3228-3242 Coral Ridge Drive Coral Springs, FL 33068 DESCRIPTION:				
3	NAME: LOCATION: 3244-3254 Coral Ridge Drive Coral Springs, FL 33068 DESCRIPTION:				
4	NAME: LOCATION: 3256-3262 Coral Ridge Drive Coral Springs, FL 33068 DESCRIPTION:				
5	NAME: LOCATION: 3264-3270 Coral Ridge Drive Coral Springs, FL 33068 DESCRIPTION:				
6	NAME: LOCATION: 3272-3286 Coral Ridge Drive Coral Springs, FL 33068 DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+ - RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY	Century Surety TBD	04/25/2025	04/25/2026	CSL EA ACC	\$ 1,000,000	\$	
				BI EA ACC	\$	\$	
				BI EA PER	\$		
				PD EA ACC	\$	\$	
GENERAL LIABILITY POLICY TYPE ☒ OCCUR ☐ CLAIMS MADE	Century Surety TBD	04/25/2025	04/25/2026	EACH OCCURRENCE	\$ 1,000,000	PREM / OPS	
				GENERAL AGGR	\$ 2,000,000	\$	
				PROD & COMP OPS AGGREGATE	\$ 2,000,000	PRODUCTS	
				PERSONAL & ADV INJURY	\$ 1,000,000	\$	
				DAMAGE TO RENTED PREMISES	\$ 100,000	OTHER	
				MEDICAL EXPENSE	\$ 5,000	\$	
EMPLOYERS LIABILITY				EACH ACCIDENT	\$		
				DISEASE	\$	\$	
				EACH EMPLOYEE	\$		
				DISEASE POLICY LIMIT	\$		
						\$	
						\$	

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)										
1. ARE DEFENSE COSTS:		☒	WITHIN AGGREGATE LIMITS?			A SEPARATE LIMIT?			UNLIMITED?	
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:										
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? (Y / N)									☒ N	
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:										
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:										
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N)									☐ EFF. DATE: _____	
CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.										
CHECK IF APPROPRIATE			COVERAGE			EXPOSURE		COVERAGE		EXPOSURE
☐	ANY AUTO (SYMBOL 1)		☐	CARE, CUSTODY, CONTROL			☐	PROFESSIONAL LIABILITY (E&O)		☐
☐	CGL - CLAIMS MADE		☐	EMPLOYEE BENEFIT LIABILITY			☐	VENDORS LIABILITY		☐
☒	CGL - OCCURRENCE		☐	FOREIGN LIABILITY / TRAVEL			☐	WATERCRAFT LIABILITY		☐
COVERAGE			EXPOSURE	☐	GARAGEKEEPERS LIABILITY			☒	Non-Owned/Hired	
☐	AIRCRAFT LIABILITY		☐	INCIDENTAL MEDICAL MALPRACTICE			☐			☐
☐	AIRCRAFT PASSENGER LIABILITY		☐	LIQUOR LIABILITY			☐			☐
☐	ADDITIONAL INTERESTS		☐	POLLUTION LIABILITY			☐			☐
UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) Attach ACORD 101, Additional Remarks Schedule, if more space is required.										
PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.										
☐	NO SUCH CLAIMS									

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						
OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY							
*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)							

VEHICLES

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

ADDITIONAL EXPOSURESAGENCY CUSTOMER ID: **VICTSQU-02****DWINCHELL**

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

AGENCY CUSTOMER ID: VICTSQU-02

DWINCHELL

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

SIGNATURE

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

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

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

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

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

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

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

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

APPLICABLE ONLY IN LOUISIANA:

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

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

APPLICABLE ONLY IN NEW HAMPSHIRE:

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

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

APPLICABLE ONLY IN VERMONT:

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

APPLICABLE ONLY IN WISCONSIN:

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

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

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

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

PRODUCER'S SIGNATURE

Diane Winchell

PRODUCER'S NAME (Please Print)

Diane Winchell

STATE PRODUCER LICENSE NO
(Required in Florida)
A287934

DocuSigned by:

APPLICANT'S SIGNATURE

[Signature]

Florida HUB

DATE
4/14/2025

NATIONAL PRODUCER NUMBER

Certificate Of Completion

Envelope Id: 3885544B-8630-4A83-A0A5-786FEAB072D8

Status: Completed

Subject: Complete with Docusign: Victoria Square CPPR app.pdf, Victoria Square CPPR forms.pdf, Victoria ...

Source Envelope:

Document Pages: 45

Signatures: 13

Envelope Originator:

Certificate Pages: 1

Initials: 0

Diane Winchell

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300 N LaSalle Street

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60654, IL 60654

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

diane.winchell@hubinternational.com

IP Address: 173.12.69.133

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4/14/2025 1:02:55 PM

diane.winchell@hubinternational.com

Signer Events

Irwin Nozick

inozick@gmail.com

Security Level: Email, Account Authentication
(None)

Signature

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13A1715751FD4A6...

Signature Adoption: Drawn on Device

Using IP Address: 107.200.173.23

Timestamp

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Signed: 4/14/2025 10:00:30 PM

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In Person Signer Events

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Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

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4/14/2025 1:15:03 PM

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Security Checked

4/14/2025 9:59:37 PM

Signing Complete

Security Checked

4/14/2025 10:00:30 PM

Completed

Security Checked

4/14/2025 10:00:30 PM

Payment Events

Status

Timestamps