



AGENCY CUSTOMER ID: GOLDE17

OP ID: GE

PROPERTY SECTION

DATE (MM/DD/YYYY)
12/19/2017

AGENCY NAME Brown & Brown of FL Inc -Condo		CARRIER Lexington Insurance Company+		NAIC CODE 19437
POLICY NUMBER		EFFECTIVE DATE 05/08/18	NAMED INSURED(S) Golden Surf Towers COA, Inc.	

PREMISES INFORMATION	PREMISES #: 1	STREET ADDRESS:						
	BUILDING #: 1	BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
BUILDING	19,517,000		RCV	SPECIAL		2500		3% W/H AA
POOL	75,000		RCV	SPECIAL		2500		3% W/H AA
BPP	200,000		RCV	SPECIAL		2500		3% W/H AA
								25K AOW

ADDITIONAL INFORMATION	<input checked="" type="checkbox"/> 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) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$ DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
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SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE FR	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT Hallandale	CODE NUMBER 060	PROT CL 2	# STORIES 15	# BASM'TS 0	YR BUILT 1970	TOTAL AREA 27,752
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE F	OTHER OCCUPANCIES 15-Story Residential Condo with 170 unit	
<input checked="" type="checkbox"/> WIRING, YR: 11	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS <input checked="" type="checkbox"/> RESISTIVE		SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
<input checked="" type="checkbox"/> ROOFING, YR: 01	<input type="checkbox"/> HEATING, YR:					
<input checked="" type="checkbox"/> OTHER: Alarm 10 YR:						

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

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

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 15	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST

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

REMARKS

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