



APPLICANT INFORMATION SECTION

2/13/2017

AGENCY Mack, Mack & Waltz Insurance Group, Inc. 1211 S Military Trail Suite 100 Deerfield Beach FL 33442		CARRIER *New COMPANY POLICY OR PROGRAM NAME Property, GL and D&O POLICY NUMBER PROPERTY MASTER		NAIC CODE	
CONTACT NAME: Gina Salvat PHONE (A/C No. Ext): (954) 640-6225 FAX (A/C No.): (954) 640-6226 E-MAIL ADDRESS: gsalvat@mackinsurance.com CODE: SUBCODE:		UNDERWRITER		UNDERWRITER OFFICE	
AGENCY CUSTOMER ID: 00029155		STATUS OF TRANSACTION		QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM PM CANCEL 5/18/2017 12:01	

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED		PREMIUM		PREMIUM			PREMIUM	
	ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$		ELECTRONIC DATA PROC	\$	X	PROPERTY	\$
	BOILER & MACHINERY	\$		EQUIPMENT FLOATER	\$		TRANSPORTATION / MOTOR TRUCK CARGO	\$
	BUSINESS AUTO	\$		FIDUCIARY LIABILITY COVERAGE	\$		TRUCKERS / MOTOR CARRIER	\$
	BUSINESS OWNERS	\$		GARAGE AND DEALERS	\$		UMBRELLA	\$
	COMMERCIAL GENERAL LIABILITY	\$		GLASS AND SIGN	\$		YACHT	\$
	CRIME	\$		INSTALLATION / BUILDERS RISK	\$			\$
	CYBER AND PRIVACY COVERAGE	\$		LIQUOR LIABILITY	\$			\$
	DEALERS	\$		OPEN CARGO	\$			\$

ATTACHMENTS

ADDITIONAL INTEREST	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT
ADDITIONAL PREMISES	LOSS SUMMARY
APARTMENT BUILDING SUPPLEMENT	PREMIUM PAYMENT SUPPLEMENT
CONDO ASSN BYLAWS (for D&O Coverage only)	PROFESSIONAL LIABILITY SUPPLEMENT
CONTRACTORS SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT
COVERAGES SCHEDULE	STATEMENT / SCHEDULE OF VALUES
DRIVER INFORMATION SCHEDULE	STATE SUPPLEMENT (If applicable)
HOTEL / MOTEL SUPPLEMENT	VACANT BUILDING SUPPLEMENT
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
5/18/2018	5/18/2019	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$ 0.00

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Tierra Verde at Delray Beach Condo Assn I c/o FirstService Residential 2000 Alta Meadows Lane Delray Beach, FL 33444				GL CODE 62003		SIC		NAICS		FEIN OR SOC SEC # 202884973	
				BUSINESS PHONE #: (561) 265-1766							
				WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION								
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST								
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION								
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST								
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION								
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST								