

ADDITIONAL PREMISES INFORMATION		PREMISES #: 1		STREET ADDRESS: 1241 - 1261 Gulf of Mexico Drive Longboat Key, FL 34228									
		BUILDING #: 3		BLDG DESCRIPTION: Guard House									
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY				
BUILDING		78,901		R	Special								
BUS PERS PROP		10,196		R	Special								
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		
<input type="checkbox"/>									<input type="checkbox"/>				
# 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		FT		MI				4	1		1999	324	
BUILDING IMPROVEMENTS				BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES			
<input type="checkbox"/> WIRING, YR:		<input type="checkbox"/> PLUMBING, YR:											
<input type="checkbox"/> ROOFING, YR:		<input type="checkbox"/> HEATING, YR:		WIND CLASS		SEMI- RESISTIVE		HEATING BOILER ON PREMISES? (Y/N)					
<input type="checkbox"/> OTHER: YR:				RESISTIVE				IF YES, 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 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 INTERESTS													
RANK:		NAME AND ADDRESS:			REFERENCE #:			CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER			
INTEREST										LOCATION:		BUILDING:	
<input type="checkbox"/> LOSS PAYEE										SCHEDULED ITEM NUMBER:			
<input type="checkbox"/> MORT- GAGEE										OTHER:			
ITEM DESCRIPTION:													
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, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)													
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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.													