



INSURANCE

Underwritten by:
First Protective Insurance Company
PO Box 958405
Lake Mary, FL 32795

Reason Amended: Amend Deductible
Prorated Change in Premium: \$13,144.01

ACCOUNT NUMBER: 9674743436
POLICY NUMBER: 4780039157
TRANSACTION NUMBER: 1145875153
DATE QUOTE PROVIDED: 06/11/2026
PROPOSED EFFECTIVE DATE: 07/31/2026
PROPOSED EXPIRATION DATE: 07/31/2027

COMMERCIAL PROPERTY QUOTE

THIS QUOTE IS ONLY VALID FOR 30 DAYS

Please review the quote provided as it may differ from what was originally requested

NAMED INSURED & MAILING ADDRESS:	AGENT:	523-24-22340
SUN KETCH II CONDOMINIUM ASSOC INC 24701 US HIGHWAY 19 N STE 102 C/O AMERITECH CLEARWATER, FL 33763-4037	MCGRUFF, A MARSH & MCLENNAN AGENCY - ST. PETERSBURG - CL 12485 28TH ST N FL 3 ST PETERSBURG, FL 33716-1825 PHONE: 727-823-5551	

PREMIUM INFORMATION:	
COMMERCIAL PROPERTY:	
COMMERCIAL PROPERTY PREMIUM:	\$194,148.00
TRIA:	
TAXES AND FEES:	
FIRE MARSHALL REGULATORY ASSESSMENT TAX:	\$194.00
FLORIDA INSURANCE GUARANTY ASSOCIATION (FIGA) ASSESSMENT:	\$1,941.48
POLICY FEE:	\$25.00
EMERGENCY MANAGEMENT PREPAREDNESS FEE:	\$4.00
TOTAL PREMIUM, TAXES AND FEES:	\$196,312.48
HURRICANE PREMIUM:	\$161,814.00
TOTAL INSURED VALUE:	\$25,317,739.00

DESCRIPTION OF LOCATIONS(S):			
LOC NO	BLDG NO	BUILDING ADDRESS	OCCUPANCY
1	1	207 SUN VISTA CT S, TREASURE ISLAND, FL 33706-4413	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
2	1	215 SUN VISTA CT S, TREASURE ISLAND, FL 33706-4413	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
3	1	223 SUN VISTA CT N, TREASURE ISLAND, FL 33706-4413	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
4	1	214 SUN VISTA CT S, TREASURE ISLAND, FL 33706-4400	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
5	1	224 SUN VISTA CT S, TREASURE ISLAND, FL 33706-4400	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
6	1	12200 SUN VISTA CT W, TREASURE ISLAND, FL 33706-4415	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
7	1	12224 SUN VISTA CT W, TREASURE ISLAND, FL 33706-4471	0331 CONDO-RES W/O MERC-UP TO 10 UNITS



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DESCRIPTION OF LOCATIONS(S):			
LOC NO	BLDG NO	BUILDING ADDRESS	OCCUPANCY
8	1	12300 SUN VISTA CT W, TREASURE ISLAND, FL 33706-4471	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
9	1	12324 SUN VISTA CT W, TREASURE ISLAND, FL 33706-4472	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
10	1	12221 SUN VISTA CT W, TREASURE ISLAND, FL 33706-4417	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
11	1	12241 SUN VISTA CT W, TREASURE ISLAND, FL 33706-4473	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
12	1	12309 SUN VISTA CT W, TREASURE ISLAND, FL 33706-4473	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
13	1	208 SUN VISTA CT N, TREASURE ISLAND, FL 33706-4460	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
14	1	220 SUN VISTA CT N, TREASURE ISLAND, FL 33706-4475	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
15	1	219 SUN VISTA CT N, TREASURE ISLAND, FL 33706-4461	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
16	1	232 SUN VISTA CT N, TREASURE ISLAND, FL 33706-4475	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
17	1	12302 SUN VISTA CT E, TREASURE ISLAND, FL 33706-4477	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
18	1	12226 SUN VISTA CT E, TREASURE ISLAND, FL 33706-4419	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
19	1	12303 SUN VISTA CT E, TREASURE ISLAND, FL 33706-4478	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
20	1	12223 SUN VISTA CT E, TREASURE ISLAND, FL 33706-4449	0331 CONDO-RES W/O MERC-UP TO 10 UNITS
21	1	12203 SUN VISTA CT E, TREASURE ISLAND, FL 33706-4449	0331 CONDO-RES W/O MERC-UP TO 10 UNITS



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DESCRIPTION OF LOCATIONS(S):			
LOC NO	BLDG NO	BUILDING ADDRESS	OCCUPANCY
21	2	12203 SUN VISTA CT E, TREASURE ISLAND, FL 33706-4449	0331 CONDO-RES W/O MERC-UP TO 10 UNITS

POLICY LEVEL COVERAGES:	
COVERED CAUSE OF LOSS:	SPECIAL
COVERAGE	LIMIT OF INSURANCE
TERRORISM (TRIA)	Excluded
PROPERTY EXTENSION PLUS (BROADENING ENDORSEMENT) - DELUXE	See Schedule

INSURANCE AT THE DESCRIBED LOCATIONS APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN						
COVERAGES PROVIDED:						
AGREED VALUE EXPIRATION DATE:			11/29/2026			
LOC NO	BLDG NO	COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	
1	1	BUILDING COVERAGE	\$939,217	Replacement Cost	Agreed Value	
2	1	BUILDING COVERAGE	\$939,217	Replacement Cost	Agreed Value	
3	1	BUILDING COVERAGE	\$939,217	Replacement Cost	Agreed Value	
4	1	BUILDING COVERAGE	\$1,133,922	Replacement Cost	Agreed Value	
5	1	BUILDING COVERAGE	\$939,217	Replacement Cost	Agreed Value	
6	1	BUILDING COVERAGE	\$1,329,982	Replacement Cost	Agreed Value	



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COVERAGES PROVIDED:					
AGREED VALUE EXPIRATION DATE:		11/29/2026			
LOC NO	BLDG NO	COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE
7	1	BUILDING COVERAGE	\$1,329,982	Replacement Cost	Agreed Value
8	1	BUILDING COVERAGE	\$1,329,982	Replacement Cost	Agreed Value
9	1	BUILDING COVERAGE	\$1,329,982	Replacement Cost	Agreed Value
10	1	BUILDING COVERAGE	\$1,133,922	Replacement Cost	Agreed Value
11	1	BUILDING COVERAGE	\$939,217	Replacement Cost	Agreed Value
12	1	BUILDING COVERAGE	\$1,133,922	Replacement Cost	Agreed Value
13	1	BUILDING COVERAGE	\$1,329,982	Replacement Cost	Agreed Value
14	1	BUILDING COVERAGE	\$1,329,982	Replacement Cost	Agreed Value
15	1	BUILDING COVERAGE	\$1,329,982	Replacement Cost	Agreed Value
16	1	BUILDING COVERAGE	\$1,329,982	Replacement Cost	Agreed Value
17	1	BUILDING COVERAGE	\$1,329,982	Replacement Cost	Agreed Value
18	1	BUILDING COVERAGE	\$1,133,922	Replacement Cost	Agreed Value
19	1	BUILDING COVERAGE	\$1,329,982	Replacement Cost	Agreed Value
20	1	BUILDING COVERAGE	\$1,329,982	Replacement Cost	Agreed Value
21	1	BUILDING COVERAGE	\$1,133,922	Replacement Cost	Agreed Value
21	2	BUILDING COVERAGE	\$92,922	Replacement Cost	Agreed Value



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DEDUCTIBLES:						
LOC NO	BLDG NO	BUILDING ADDRESS	AOP PER OCCURENCE	HURRICANE CALENDAR YEAR/ PER OCCURENCE	OTHER WIND PER OCCURENCE	SINKHOLE PER OCCURENCE
1	1	207 SUN VISTA CT S, TREASURE ISLAND, FL 33706-4413	\$5,000	3% Calendar Year	\$5,000	
2	1	215 SUN VISTA CT S, TREASURE ISLAND, FL 33706-4413	\$5,000	3% Calendar Year	\$5,000	
3	1	223 SUN VISTA CT N, TREASURE ISLAND, FL 33706-4413	\$5,000	3% Calendar Year	\$5,000	
4	1	214 SUN VISTA CT S, TREASURE ISLAND, FL 33706-4400	\$5,000	3% Calendar Year	\$5,000	
5	1	224 SUN VISTA CT S, TREASURE ISLAND, FL 33706-4400	\$5,000	3% Calendar Year	\$5,000	
6	1	12200 SUN VISTA CT W, TREASURE ISLAND, FL 33706-4415	\$5,000	3% Calendar Year	\$5,000	
7	1	12224 SUN VISTA CT W, TREASURE ISLAND, FL 33706-4471	\$5,000	3% Calendar Year	\$5,000	
8	1	12300 SUN VISTA CT W, TREASURE ISLAND, FL 33706-4471	\$5,000	3% Calendar Year	\$5,000	
9	1	12324 SUN VISTA CT W, TREASURE ISLAND, FL 33706-4472	\$5,000	3% Calendar Year	\$5,000	
10	1	12221 SUN VISTA CT W, TREASURE ISLAND, FL 33706-4417	\$5,000	3% Calendar Year	\$5,000	
11	1	12241 SUN VISTA CT W, TREASURE ISLAND, FL 33706-4473	\$5,000	3% Calendar Year	\$5,000	
12	1	12309 SUN VISTA CT W, TREASURE ISLAND, FL 33706-4473	\$5,000	3% Calendar Year	\$5,000	



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DEDUCTIBLES:						
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14	1	220 SUN VISTA CT N, TREASURE ISLAND, FL 33706-4475	\$5,000	3% Calendar Year	\$5,000	
15	1	219 SUN VISTA CT N, TREASURE ISLAND, FL 33706-4461	\$5,000	3% Calendar Year	\$5,000	
16	1	232 SUN VISTA CT N, TREASURE ISLAND, FL 33706-4475	\$5,000	3% Calendar Year	\$5,000	
17	1	12302 SUN VISTA CT E, TREASURE ISLAND, FL 33706-4477	\$5,000	3% Calendar Year	\$5,000	
18	1	12226 SUN VISTA CT E, TREASURE ISLAND, FL 33706-4419	\$5,000	3% Calendar Year	\$5,000	
19	1	12303 SUN VISTA CT E, TREASURE ISLAND, FL 33706-4478	\$5,000	3% Calendar Year	\$5,000	
20	1	12223 SUN VISTA CT E, TREASURE ISLAND, FL 33706-4449	\$5,000	3% Calendar Year	\$5,000	
21	1	12203 SUN VISTA CT E, TREASURE ISLAND, FL 33706-4449	\$5,000	3% Calendar Year	\$5,000	
21	2	12203 SUN VISTA CT E, TREASURE ISLAND, FL 33706-4449	\$5,000	3% Calendar Year	\$5,000	



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APPLICABLE ONLY WHEN ENTRIES ARE MADE IN THE SCHEDULE BELOW

OPTIONAL COVERAGES:

LOC NO	BLDG NO	COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE
21	2	SPECIAL CLASS ITEM 1 (1 SWIMMING POOL - POOL)	\$199,151	Replacement Cost	Agreed Value
21	2	SPECIAL CLASS ITEM 2 (1 POOL PUMP AND EQUIPMENT - POOL HEATER)	\$5,725	Replacement Cost	Agreed Value
21	2	SPECIAL CLASS ITEM 3 (1 PROPERTY NOT OTHERWISE CLASSIFIED - POOL DECK)	\$24,444	Replacement Cost	Agreed Value

ORDINANCE OR LAW COVERAGE:

LOC NO	BLDG NO	COV A LIMIT OF INSUR	COV B LIMIT OF INSUR	COV C LIMIT OF INSUR	COV B AND C COMBINED LIMIT OF INSUR	COV A, B & C COMBINED LIMIT OF INSUR
1	1	\$939,217			\$23,480	
2	1	\$939,217			\$23,480	
3	1	\$939,217			\$23,480	
4	1	\$1,133,922			\$28,348	
5	1	\$939,217			\$23,480	
6	1	\$1,329,982			\$33,250	
7	1	\$1,329,982			\$33,250	
8	1	\$1,329,982			\$33,250	
9	1	\$1,329,982			\$33,250	
10	1	\$1,133,922			\$28,348	
11	1	\$939,217			\$23,480	



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ORDINANCE OR LAW COVERAGE:						
LOC NO	BLDG NO	COV A LIMIT OF INSUR	COV B LIMIT OF INSUR	COV C LIMIT OF INSUR	COV B AND C COMBINED LIMIT OF INSUR	COV A, B & C COMBINED LIMIT OF INSUR
12	1	\$1,133,922			\$28,348	
13	1	\$1,329,982			\$33,250	
14	1	\$1,329,982			\$33,250	
15	1	\$1,329,982			\$33,250	
16	1	\$1,329,982			\$33,250	
17	1	\$1,329,982			\$33,250	
18	1	\$1,133,922			\$28,348	
19	1	\$1,329,982			\$33,250	
20	1	\$1,329,982			\$33,250	
21	1	\$1,133,922			\$28,348	
21	2	\$92,922			\$2,323	

PROPERTY ENHANCEMENT ENDORSEMENT:	DELUXE
COVERAGE DESCRIPTION	LIMIT OF INSURANCE
ELECTRONIC DATA	\$100,000
NEWLY ACQUIRED PROPERTY (IN DAYS)	90
DEBRIS REMOVAL	\$50,000
FIRE DEPARTMENT SERVICE CHARGE	\$100,000
POLLUTANT CLEANUP AND REMOVAL	\$150,000
PERSONAL EFFECTS - SUBLIMIT PER PERSON	\$5,000



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PROPERTY ENHANCEMENT ENDORSEMENT:	DELUXE
COVERAGE DESCRIPTION	LIMIT OF INSURANCE
PERSONAL EFFECTS - SUBLIMIT PER DESCRIBED PREMISES	\$25,000
PROPERTY OF OTHERS	\$25,000
VALUABLE PAPERS AND RECORDS (OTHER THAN ELECTRONIC DATA)	\$500,000
PROPERTY OFF-PREMISES (INCLUDING WHILE IN TRANSIT)	\$25,000
OUTDOOR PROPERTY - EXCEPT TREES, SHRUBS, LAWNS OR PLANTS	\$10,000
OUTDOOR PROPERTY - EXCEPT ANY ONE TREE, SHRUB OR PLANT	\$5,000
OUTDOOR PROPERTY	\$100,000
ACCOUNTS RECEIVABLE	\$500,000
BROADENED PREMISES (IN FT)	1,000
BACK-UP OF SEWERS OR DRAINS	\$150,000
COMPUTER EQUIPMENT	\$25,000
LAPTOP/PORTABLE COMPUTERS	\$5,000
FIRE EXTINGUISHER RECHARGE	\$10,000
OUTDOOR SIGNS	\$20,000
"FUNGUS", WET ROT, DRY ROT AND BACTERIA	\$50,000
LOCK REPLACEMENT	\$7,500
REWARD REIMBURSEMENT	\$25,000
PROPERTY IN TRANSIT	\$100,000
INVENTORY AND APPRAISALS OF LOSS	\$2,500
OFF PREMISES POWER FAILURE (SUBJECT TO A 24 HOUR DEDUCTIBLE)	\$50,000
WIND DRIVEN PRECIPITATION	\$250,000
MONEY AND SECURITIES INSIDE THE PREMISES	\$10,000



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PROPERTY ENHANCEMENT ENDORSEMENT:	DELUXE
COVERAGE DESCRIPTION	LIMIT OF INSURANCE
MONEY AND SECURITIES OUTSIDE THE PREMISES	\$10,000
CONSEQUENTIAL LOSS	\$10,000

SPECIAL CONDITIONS/REMARKS:
*Required Binding Documents: Completed and Signed Acord Application, Signed and Dated Supplemental application, TRIA form, COMPLETED EXCEL SOV*Flood Declarations page or Flood Waiver*Unacceptable electrical panels include Challenger, Sylvania, Federal Pacific, Stab-Loc and Zinsco.*If has had sealant applications, must provide Maintenance plan and Warranty documentation. Also sealant application has to be recoated every 3 years*No short term (30 days) rentals over 25%*No Mercantile over 25%*No Structural EIFS or Decorative over 25%*Subject to favorable inspection. Please provide Contact Name, Phone Number and Email.*No Losses 3 Years evidenced by?3 Years Currently Valued Loss Runs, Signed Acord 125 Application marked no losses or No Known Loss Letter.

FORMS/ ENDORSEMENTS APPLICABLE:		
FORM NUMBER	EDITION DATE	FORM NAME
FPIC FL DEC	09 23	DECLARATIONS PAGE
FPIC TOC CA	09 23	TABLE OF CONTENTS - CONDOMINIUM ASSOCIATION
FPIC NOCPT	01 25	NOTICE OF CHANGE IN POLICY TERMS
IL P 001	01 04	OFAC ADVISORY NOTICE
CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
CP 10 30	03 24	CAUSES OF LOSS - SPECIAL FORM
CP 00 90	07 88	COMMERCIAL PROPERTY CONDITIONS
FPIC CPC	07 23	COMMON POLICY CONDITIONS CANCELLATION AND NONRENEWAL



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FORMS/ ENDORSEMENTS APPLICABLE:		
FORM NUMBER	EDITION DATE	FORM NAME
CP 01 40	07 06	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP 01 91	07 10	FLORIDA CHANGES - RESIDENTIAL CONDOMINIUM ASSOCIATIONS
CP 03 22	01 06	FLORIDA - MULTIPLE DEDUCTIBLE FORM (FIXED DOLLAR DEDUCTIBLES)
CP 03 23	07 23	FLORIDA CALENDAR YEAR HURRICANE PERCENTAGE DEDUCTIBLE (RESIDENTIAL RISKS)
CP 12 09	09 95	WINDSTORM PROTECTIVE DEVICES
CP 12 70	09 96	JOINT OR DISPUTED LOSS AGREEMENT
CP 14 10	06 95	ADDITIONAL COVERED PROPERTY
FPIC ADPR	04 23	ADDITIONAL PROPERTY NOT COVERED
FPIC ASBE	01 25	ASBESTOS EXCLUSION
FPIC CGCC	03 23	CATASTROPHIC GROUND COVER COLLAPSE
FPIC CPPC	03 23	FLORIDA - CLAIM PAYMENT PROVISION - CONDOMINIUM
FPIC EDEE	03 23	EXISTING DAMAGE EXCLUSION ENDORSEMENT
FPIC FC	05 24	FLORIDA CHANGES
FPIC FC APR	01 24	FLORIDA CHANGES - APPRAISAL (COMMERCIAL RESIDENTIAL PROPERTY)
FPIC ORDLAW	03 23	ORDINANCE OR LAW COVERAGE
FPIC PE	03 23	PROPERTY ENHANCEMENT ENDORSEMENT - DELUXE
FPIC REM	07 24	ADDITIONAL COVERAGE - REASONABLE EMERGENCY MEASURES ENDORSEMENT
FPIC SOLC	03 23	ORDINANCE OR LAW COVERAGE SCHEDULE
IL 01 75	03 24	FLORIDA CHANGES - LEGAL ACTION AGAINST US
IL 09 35	07 02	EXCLUSION OF CERTAIN COMPUTER - RELATED LOSSES
IL 09 53	01 15	EXCLUSION OF CERTIFIED ACTS OF TERRORISM



INSURANCE

Underwritten by:
First Protective Insurance Company
PO Box 958405
Lake Mary, FL 32795

ACCOUNT NUMBER: 9674743436
POLICY NUMBER: 4780039157
TRANSACTION NUMBER: 1145875153
DATE QUOTE PROVIDED: 06/11/2026
PROPOSED EFFECTIVE DATE: 07/31/2026
PROPOSED EXPIRATION DATE: 07/31/2027

COMMERCIAL PROPERTY QUOTE

THIS QUOTE IS ONLY VALID FOR 30 DAYS

Please review the quote provided as it may differ from what was originally requested

NAMED INSURED & MAILING ADDRESS:	AGENT:	523-24-22340
SUN KETCH II CONDOMINIUM ASSOC INC 24701 US HIGHWAY 19 N STE 102 C/O AMERITECH CLEARWATER, FL 33763-4037	MCGRUFF, A MARSH & MCLENNAN AGENCY - ST. PETERSBURG - CL 12485 28TH ST N FL 3 ST PETERSBURG, FL 33716-1825 PHONE: 727-823-5551	

FORMS/ ENDORSEMENTS APPLICABLE:		
FORM NUMBER	EDITION DATE	FORM NAME
FPIC TRIAOPT	07 23	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Please make checks payable to:
Frontline Insurance
PO Box 631439
Cincinnati, Ohio 45263-1439

Please send **Overnight payments** to:
Fifth Third Bank c/o Frontline Lockbox 631439 - MD
1MOC1Q 5050 Kingsley Drive, Cincinnati, OH 45227

First Protective Insurance Company

Election Not To Buy Separate Flood Insurance

I, _____, have elected **NOT** to purchase separate flood insurance for the property to be insured by First Protective Insurance Company ("First Protective") and affirm the following:

I UNDERSTAND FIRST PROTECTIVE INSURANCE COMPANY DOES NOT PROVIDE COVERAGE FOR DAMAGE CAUSED BY, OR RESULTING FROM, FLOOD, INCLUDING ANY FLOODING AND/OR STORM SURGE ASSOCIATED WITH WINDSTORM EVENTS.

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

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

I UNDERSTAND MY FIRST PROTECTIVE INSURANCE COMPANY 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 First Protective Insurance Company strongly recommend that property owners in "Special Flood Hazard Areas" obtain flood coverage.

I have read and I understand the information above, and I choose **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.

Application/Policy Number

Policyholder/Applicant Signature

Agent's Signature

Print Name

Print Name

Date

Date

First Protective Insurance Company
FLORIDA BUILDING CODE COMMERCIAL MITIGATION VERIFICATION AFFIDAVIT

WIND LOSS MITIGATION INFORMATION

PREMISES #		SUBJECT OF INSURANCE:
BUILDING #		STREET ADDRESS:
# STORIES		BLDG DESCRIPTION:
BUILDING TYPE: ☐ I (3 stories or less) ☐ II (4 to 6 stories) ☐ III (7 or more stories)		

Terrain Exposure Category must be provided for each insured location

I hereby certify that the building or unit at the address indicated above **TERRAIN EXPOSURE CATEGORY** as defined under the Florida Building Code is (Check One): ☐ **Exposure C** or ☐ **Exposure B**

Certification below for purposes of **TERRAIN EXPOSURE CATEGORY** above does not require personal inspection of the premises.

Certification of Wind Speed is required to establish the basic wind speed of the location (Complete for Terrain B only if Year Built On or After Jan 1, 2002).

I hereby certify that the basic **WIND SPEED** of the building or unit at the address indicated above based upon county wind speed lines defined under the Florida Building Code (FBC) is (Check One): ☐ **≥100** ☐ **≥110** ☐ **≥120**

Certification of Wind Design is required when the buildings is constructed in a manner to exceed the basic wind speed design established for the structure location (Complete for Terrain B only if Year Built On or After Jan.1, 2002).

I hereby certify that the building or unit at the address indicated above is designed and mitigated to the Florida Building Code (FBC) **WIND DESIGN** of (Check One): ☐ **≥100** ☐ **≥110** ☐ **≥120**

Certification for the purpose of establishing the basic **WIND SPEED** or **WIND SPEED DESIGN** above does not require personal inspection of the premises.

Specify the type of mitigation device(s) installed:

- ☐ **Roof Coverings**
- ☐ **FBC Equivalent - Type I Only**
Asphalt roof coverings installed in accordance with ASTM D 3161 (modified for 110 mph) or Miami Date County PA 107-95
 - ☐ **Non-FBC Equivalent - Type I Only**
Asphalt roof coverings not meeting requirements listed above for FBC Equivalent and all other roof covering types.
 - ☐ **Reinforced Concrete Roof - Type I, II or III**
A roof structure composed of cast-in-place or pre-cast structural concrete designed to be self-supporting and integrally attached to all/support system.
 - ☐ **Non-FBC Equivalent - Type II or III**
All roof cover types and configurations that do not meet Level B below.
 - ☐ **FBC Equivalent - Type II or III**
Roof Coverings that satisfy all of the following conditions and are one of the following types.
 1. Built-Up
 2. Modified Bitumen
 3. Sprayed Polyurethane foam
 4. Liquid membrane applied over concrete
 5. Asphalt roll roofing
 6. Wood shakes in good condition, attached with at least two mechanical fasteners
 7. Ballasted roof designed to meet the design wind speed requirements
 8. Asphalt roof coverings installed in accordance with ASTM D 3161 (modified for 110 mph) or Miami Date County PA 107-95All mechanical equipment must be adequately tied to the roof deck to resist overturning and sliding during high winds. Any flat roof covering with flashing or coping must be mechanically attached to the structure with face fasteners (no clip/cleat systems); and roof coverings on flat roofs must be 10 years old or less.

First Protective Insurance Company
FLORIDA BUILDING CODE COMMERCIAL MITIGATION VERIFICATION AFFIDAVIT

☐

Roof Shape

☐

Hip - Type I Only

Roof having sloping ends and sloping side down to the eaves line.

☐

Gable - Type I Only

The portion of the roof above the eaves line of a double-sloped roof; the end section appears as an inverted V.

☐

Flat - Type I Only

A horizontal roof with a pitch of less than 10 degrees.

☐

Roof Deck Attachment

Level A - Type I Only

Plywood/OSB roof sheathing attached to roof trusses/rafters by 6 penny nails (2" x 0.131" diameter) or greater which are properly spaced at a maximum of 6" along the edge and 12" in the field on 24" truss/rafter spacing.

☐

Or

Batten decking of Skipped decking (typically used on roof decks supporting wood shakes or wood shingles).

Or

Any system of screws, nails, adhesives, other roof deck fastening systems or truss/rafter spacing that has an equivalent mean uplift resistance of 55 pounds per square foot or more as evidenced by laboratory uplift tests on full size sheets of plywood/OSB.

Level B - Type I Only

Plywood/OSB roof sheathing with a minimum thickness of ½" attached to roof trusses/rafters by 8 penny (2.5" x 0.131" diameter) nails or greater which are properly spaced at a maximum of 6" along the edge and 12" in the field on 24" truss/rafter spacing.

☐

Or

Any system of screws, nails, adhesives, other roof deck fastening systems or truss/rafter spacing that has an equivalent mean uplift resistance of 103 pounds per square foot or more as evidenced by laboratory uplift tests on full size sheets of plywood/OSB.

Level C - Type I Only

Plywood/OSB sheathing with a minimum thickness of ½" attached to roof trusses/rafters by 8d (2.5" x 0.131" diameter) nails which are properly spaced at a maximum of 6" along the edge and 6" in the field on 24" truss/rafter spacing.

☐

Or

Dimensional Lumber or Tongue & Groove deck roof composed of 3/4" thick boards with nominal widths of 4" or more.

Or

Any system of screws, nails, adhesives, other roof deck fastening systems or truss/rafter spacing that has an equivalent mean uplift resistance of 182 pounds per square foot or more as evidenced by laboratory uplift tests on full size sheets of plywood/OSB.

☐

Level A - Wood or Other Deck Type II only

Roof deck composed of sheets of structural panels (plywood or OSB).

Or

Architectural (non-structural) metal panels that require a solid decking to support weight and loads.

Or

Other roof decks that do not meet Levels B or C below.

☐

Level B - Metal Deck Type II or III

Metal roof deck made of structural panels that span from joist to joist

☐

Level C - Reinforced Concrete Roof Deck Type I, II or III

A roof structure composed of cast-in-place or pre-cast structural concrete designed to be self-supporting and integrally attached to wall/support system.

☐

Secondary Water Resistance

☐

Underlayment

A self-adhering polymer modified bitumen roofing underlayment (thin rubber sheets with peel and stick underside located beneath the roof covering and normal felt underlayment) with a minimum width of 6" meeting the requirements of ASTM D 1970 installed over all plywood/OSB joints to protect from water intrusion. All secondary water resistance products must be installed per the manufacturer's recommendations. Roofing felt of similar paper based products are not acceptable for secondary water resistance.

☐

Foamed Adhesive

A foamed polyurethane sheathing adhesive applied over all joints in the roof sheathing to protect interior from water intrusion.

First Protective Insurance Company
FLORIDA BUILDING CODE COMMERCIAL MITIGATION VERIFICATION AFFIDAVIT

☐ **Roof-Wall Connection**

☐ **Toe-Nail - Type I only**

Rafter/truss anchored to top plate of wall using nails driven at an angle through the rafter/truss and attached to the top plate of the wall.

☐ **Clips - Type I only**

Metal clips installed on each truss/rafter that attach to the side only of the truss/rafter member and to the wall frame. Metal clip should be free of severe corrosion, have a minimum of 3 nails into the truss/rafter and 3 nails into the wall.

☐ **Single Wraps - Type I only**

Metal straps installed on each truss/rafter that wrap over the top of the truss/rafter and attach to the wall frame in one location. Metal strap should be free of severe corrosion, have a minimum of 3 nails into the truss/rafter and 3 nails into the wall.

☐ **Double Wraps - Type I only**

Metal straps installed on each truss/rafter that wrap over the top of the truss/rafter and attach to the wall frame in two locations. Metal strap should be free of severe corrosion, have a minimum of 3 nails into the truss/rafter and 3 nails into the wall at each location.

☐ **Opening Protection**

☐ **Class A (Hurricane Impact)**

All glazed openings (windows, skylights, sliding glass doors, doors with windows, etc) less than 60 feet above grade must be protected with impact resistant coverings (e.g. shutters), impact resistant doors, and/or impact resistant glazing that meet the requirements of one of:

- ☐ **SSTD12;**
- ☐ **ASTM E 1886 and ASTM E 1996 (Missile Level C -9 lb);**
- ☐ **Miami-Dade PA 201, 202, and 203; or**
- ☐ **Florida Building Code TAS 201, 202 and 203.**

All glazed openings between 30 and 60 feet above grade must meet the Small Missile Test of the respective standard. All glazed openings less than 30 feet above grade shall meet the Large Missile Test of the respective standard.

CERTIFICATION

I certify that I am *(CHECK ONE OF THE FOLLOWING)* :

- ☐ a Licensed Roofing Contractor,
- ☐ a resident Licensed Building Contractor,
- ☐ a Licensed Building Inspector,
- ☐ a Registered Architect,
- ☐ an Engineer in the State of Florida,
- ☐ a **Building Code Official** (who is duly authorized by the State of Florida or its county's municipalities to verify building code compliance).

I also certify that I personally inspected the premises at the Location Address listed above on the date of this Affidavit. In my professional opinion, based on my knowledge, information and belief, I certify that the above statements are true and correct.

This Affidavit and the information set forth in it are provided solely for the purpose of verifying that certain structural or physical characteristics exist at the Location Address listed above and for the purpose of permitting the Named Insured to receive a property insurance premium discount on insurance provided by First Protective Insurance Company and for no other purpose. The undersigned does not make a health or safety certification or warranty, express or implied, of any kind, and nothing in this Affidavit shall be construed to impose on the undersigned or on any entity to which the undersigned is affiliated any liability or obligation of any nature to the named insured or to any other person or entity.

Name of Company: _____ License #: _____

Date: _____ Phone: _____

Signature: _____

Applicant's Signature: _____ Date: _____

"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."



INSURANCE

First Protective Insurance Company
Commercial Residential Property Supplement Application

Effective Date: _____

Named Insured(s): _____

I. BUILDING

Do any buildings have pre-existing damage? ☐ Yes ☐ No

If yes, please describe: _____

Has applicant(s) ever reported any potential sinkhole, settlement, or cracking damage or loss to any building or other property or have any knowledge that any prior owner of any building reported any such damage or loss? ☐ Yes ☐ No

Does any building have cracking, current or ongoing concrete work, known or suspected construction defects or structural damage? ☐ Yes ☐ No

Are any buildings older than 30 years (25 years within 3 miles of the coast) and have 3 or more floors? ☐ Yes ☐ No

If yes, please submit the structural inspection report.

Is any building under construction, renovation, repair, or conversion? ☐ Yes ☐ No

Has the roof been replaced? ☐ Yes ☐ No

If yes, what year _____

Do any buildings have wood or cedar shake shingles or siding? ☐ Yes ☐ No

Do any roofs have polyurethane foam or similar coating? ☐ Yes ☐ No

If yes, is there an active warranty and maintenance contract in place? ☐ Yes ☐ No

Do any buildings have aluminum wiring or ineligible electrical panels (Zinsco, Sylvania, Federal Pacific/Stab-Lock, Challenger)? ☐ Yes ☐ No

Are all buildings equipped with current tagged fire extinguishers? ☐ Yes ☐ No

Is there any cast iron, polybutylene, or galvanized plumbing on the premises? ☐ Yes ☐ No

Does any building, exterior component, fixture, or feature, include exterior insulation finishing systems (EIFS)? ☐ Yes ☐ No

If yes, list percentage and whether structural or decorative: _____

II. OCCUPANCY

of Total units: _____ # of Owner-occupied units: _____ # Rental units: _____ # Vacant units: _____

% of Seasonal owner units: _____ % of Continuing Care Retirement Community units: _____

Are short-term rentals allowed? ☐ Yes ☐ No

If yes, please list % of units _____, and duration (daily, weekly, monthly, or other): _____

Are seasonal units required to shut off water while unoccupied? ☐ Yes ☐ No

Has the building usage changed from the original intent (ex. Apartment Conversion)? ☐ Yes ☐ No

Named Insured: _____

Is the property considered a timeshare, resort condominium or condo-tel? ☐ Yes ☐ No

Does any building contain mercantile or office occupancies (other than offices used for rental & building management)? ☐ Yes ☐ No

If yes, please list percentage _____ % and describe use: _____

Does the risk include commercial cooking? ☐ Yes ☐ No

Is grilling on balconies permitted? ☐ Yes ☐ No

Does any building contain subsidized housing? ☐ Yes ☐ No

III. MANAGEMENT / OPERATIONS

Is the named insured a developer or property manager? ☐ Yes ☐ No

Has the insured been involved in any prior, existing, pending, or planned litigation? ☐ Yes ☐ No

If yes, please explain. Include details of first party lawsuits against any insurance company and whether the insured prevailed or settled. _____

Condominium only - Is condominium created pursuant to Florida Statutes – Chapter 718? ☐ Yes ☐ No

Apartment only - Is the apartment managed by a resident property manager, owner residing in the complex or property management company with a minimum of three years' experience? ☐ Yes ☐ No

IV. LOCATION

Is the property located in flood zone A, AO, AH, A1-A30, AE, A99, V, V1-V30, VE or within 1,320 feet from tidal water? ☐ Yes ☐ No

If yes, at binding, please attach Flood Declarations Page listing the maximum building limits available from NFIP or the "Election Not to Buy Separate Flood Insurance" (FPIC FW01 03 23) signed by the insured and agent.

APPLICANT(S) SIGNATURE

I/we hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I/we hereby represent that I have read and answered all questions on the application and that all information is accurate and complete. I/we agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

X _____

Applicant(s) Signature

Date

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.

AGENT'S SIGNATURE

The undersigned hereby declares that to the best of my knowledge, all information contained herein is correct; that this form was completed with the applicant and signed by the applicant. I also certify that all questions on the application have been asked to and answered by the applicant.

X _____

Agent's Signature

License Number

Date

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.