

EXHIBIT ONE
CONDOMINIUM INSURANCE PROGRAM SPECIFICATIONS

_____ *DATE*

I. GENERAL INFORMATION

Association Name _____

Property Address _____

Mailing Address _____

Contact Person _____ Phone _____

II. PROPERTY INFORMATION

A. Building

#	Use	Const.	#Stories	#Units	Sprinkler	Replace Value	Sq. Ft.	#Units Between Firewalls
---	-----	--------	----------	--------	-----------	---------------	---------	--------------------------

1. _____
2. _____
3. _____
4. _____
5. _____

Note: Continue on separate sheet if needed.

B. General Information

1. Security

- | | |
|----------------------------|----------------------------------|
| a. Smoke/Fire Alarms _____ | d. Nearest Fire Sta. (mi.) _____ |
| b. Dead Bolt Locks _____ | e. Private Security _____ |
| c. Central Alarms _____ | |

2. ISO Protection Class _____

3. Distance from Ocean _____

4. Year(s) Construction Completed _____

5. Common (Association) Property _____

- | | |
|-----------------------------------|-------------------|
| a. Contents Value _____ | Description _____ |
| b. Sign(s) Value _____ | |
| c. Awnings/Canopies Value _____ | |
| d. Fences Value _____ | |
| e. Pool(s) Value _____ | |
| f. Pool (s) Equipment Value _____ | |
| g. Walkways/Value _____ | |
| h. Other _____ | |

6. *Boiler/Machinery* _____

a. Description of Units _____

b. Property Damage Limit _____ Liability Limits _____

C. Coverage Specifications

1. *Deductible (Per Building/Occurrence/Unit)* _____

2. *Blanket Building & Contents* _____

3. *Replacement Cost Endorsement* _____

4. *All Risk* _____

5. *Inflation Guard* _____ %

6. *Co Insurance* _____

7. *Agreed Amount Endorsement* _____

8. *Windstorm* _____

9. *Earthquake, Sinkhole, Earth Movement* _____

10. *Other* _____

III. GENERAL / EXCESS LIABILITY

A. General Information

1. # Pools _____

a. Fenced _____

b. Dive Board _____

c. Life Guard _____

2. # Tennis/Racquet Courts _____

3. *Other Recreational Facilities Owned/Leased* _____

4. # Elevators _____

B. Coverage Specifications

1. *Limit of Liability* _____

2. *Premises Medical* _____

3. *Personal Injury* _____

4. *Broad Form* _____

5. *Cross Legal Liability* _____

6. *Other* _____

7. *Elevator Collision* _____

8. *Excess/Umbrella Limit* _____

IV. CRIME

A. Coverage Form: _____

B. Limit _____

C. Deductible _____

V. AUTOMOBILE

A. List Owned Autos:

1. Year _____

2. Make _____

3. VIN _____

4. Cost New _____

5. Lienholder _____

B. If No Owned Autos—List of Employees _____

VI. WORKER COMPENSATION

A. # Employees _____

B. Annual Payroll _____

VII. FLOOD INSURANCE

A. Total Property Values _____

B. Deductible _____

C. Flood Zone _____

D. Elevation _____

VIII. DIRECTORS' AND OFFICERS' LIABILITY

A. Desired Limit _____

B. Deductible _____

C. Percent Units Sold _____

D. Percent Units Unsold _____

E. Percent Units Rented _____

F. Short-term _____

G. Long-term _____

Copy of By-Laws, Current Financial Statement and Current List of
Directors & Officers Attached.

IX. PRIOR LOSSES (See Current Loss Records)