

Arthur J. Gallagher Risk Management Services, Inc.  
2255 Glades Road, Suite #200E  
Boca Raton, FL 33431

HILKA1

Phone: (561)995-6706 Fax: (561)995-6708

<b>Invoice #</b>	<b>1839224</b>	1 of 1
ACCOUNT NUMBER	DATE	
HOLLYWO-01	7/21/2016	
BALANCE DUE ON	AMOUNT DUE	
7/21/2016	\$61.00	

City of Hollywood  
P.O. Box 229045  
Hollywood, FL 33022



Property PolicyNumber: EAF76958615 Company: AXIS Surplus Insurance Company Effective: 12/15/2015 to 12/15/2016

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
9853598	6/21/2016	7/21/2016	ENDT	Endorsement	\$61.00

Total Invoice Balance: \$61.00

\*\*\* SAVE TIME AND MONEY! PAY THIS INVOICE ONLINE AT [WWW.AJG.COM/EZPAY](http://WWW.AJG.COM/EZPAY). \*\*\*

Please return this portion with your payment. Include your invoice number on your remittance to expedite processing.

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City of Hollywood  
P.O. Box 229045  
Hollywood, FL 33022

<b>Invoice #</b>	<b>1839224</b>
ACCOUNT NUMBER	DATE
HOLLYWO-01	7/21/2016
BALANCE DUE ON	AMOUNT DUE
7/21/2016	\$61.00
AMOUNT PAID	

Please send your remittance to:

Arthur J. Gallagher Risk Management Services, Inc.  
PO Box 532143  
Atlanta, GA 30353



[WWW.AJG.COM/EZPAY](http://WWW.AJG.COM/EZPAY)



## Commercial Property

### LIBERTY SURPLUS INSURANCE CORPORATION

(A New Hampshire Stock Insurance Company, hereinafter the "Company")

ENDORSEMENT NO. 2

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Named Insured:	City Of Hollywood
Policy Number:	1000124177-05
Effective Date:	6/21/2016

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

#### POLICY CHANGE NOTIFICATION

In consideration of premium charged, it is understood and agreed that the following location is added per schedule on file with this Company:

Coral Rock House  
Community Center  
2933 Taft Street  
Hollywood, FL 33020  
Building:       \$338,300  
Total Value:    \$338,300

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED**



HARTFORD INSURANCE COMPANY OF THE MIDWEST  
 FLOOD INSURANCE PROCESSING CENTER  
 P.O. Box 2057  
 Kalispell, MT 59903-2057  
 (800)303-5663

STANDARD FLOOD INSURANCE APPLICATION

QUOTE NUMBER: 11043215  
 POLICY NUMBER:  
 ALTERNATE POLICY NUMBER:  
 REQUESTED EFFECTIVE DATE: 8-6-2016 to 8-6-2017  
 12:01 a.m. local time at the insured property location.

INSURED MAILING ADDRESS	City of Hollywood PO BOX 229045 HOLLYWOOD, FL 33022-9045	AGENT INFORMATION	Agency: Arthur J Gallagher & Company Name: Debra Willis Producer Number: 08172-00015-000-00003 Alternate Agent Number: Address: 8200 Nw 41St St Ste 200 Miami, FL 33166-6204 Telephone: (305)592-6080
	Telephone: Member ID: E-Mail:		Required Under Mandatory Purchase: No
PROPERTY ADDRESS	2933 Taft St Hollywood, FL 33020-1703	FIRST MORTGAGEE INFORMATION	N/A
GENERAL INFORMATION	Insured Small Business: No Insured Non-Profit: No Send Renewal Bill To: Insured Policy Type: Standard Waiting Period: Standard - 30 Day Wait Loan Close Date: Prior Policy Number: Prior Policy Expiration Date: Prior Policy Issued By: Property purchased on or after 07-06-2012: Yes Property Purchase Date: 6-8-2016 Estimated Replacement Cost: \$338,300 Replacement Cost Ratio: 100%		Additional Mortgagee Info on Application Part 2, If applicable.

COVERAGE FOR	BASIC LIMITS			ADDITIONAL LIMITS			DEDUCTIBLE AMOUNT	PREMIUM CALCULATIONS		
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM		DEDUCTIBLE DECREASE	COVERAGE AMOUNT	TOTAL ANNUAL PREMIUM
BUILDING	\$175,000	1.020	\$1,785	\$163,300	1.900	\$3,103	\$2,000	\$0	\$338,300	\$4,888
CONTENTS	\$0	0.000	\$0	\$0	0.000	\$0		\$0	\$0	\$0

DEDUCTIBLE OPTIONS		
BUILDING	CONTENTS	PREMIUM
\$2,000	\$0	\$4,861
\$3,000	\$0	\$4,705
\$4,000	\$0	\$4,569
\$5,000	\$0	\$4,456
\$10,000	\$0	\$3,962
\$15,000	\$0	\$3,625
\$20,000	\$0	\$3,288
\$25,000	\$0	\$3,062

BASE PREMIUM:	\$4,888
MULTIPLIER:	n/a
ICC PREMIUM:	\$70
CRS DISCOUNT: 20%	(\$992)
RESERVE FUND ASSESSMENT:	\$595
HFIAA SURCHARGE:	\$250
PROBATION SURCHARGE:	\$0
FEDERAL POLICY FEE:	\$50
<b>TOTAL PREMIUM:</b>	<b>\$4,861</b>

FULL PREMIUM MUST ACCOMPANY APPLICATION

Rate Table Used: R2A

This quote was rated with the information provided. Any new or additional information may void this quote, or result in a higher premium.

The statements contained herein are correct to the best of my knowledge. The property owner and I understand that any false statements may be punishable by fine or imprisonment under applicable federal law.

Signature of Agent/Producer \_\_\_\_\_ Date 7-7-2016

Signature of Insured  \_\_\_\_\_ Date \_\_\_\_\_