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

Phone: (561)995-6706

Fax: (561)995-6708

City of Hollywood P.O. Box 229045 Hollywood, FL 33022 HILKA1

Invoice #	1839224	1 of 1
ACCOUNT NUMBER		DATE
HOLLYWO-01		7/21/2016
BALANCE DUE ON	The same of sections	AMOUNT DUE
7/21/2016		\$61.00



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. ***

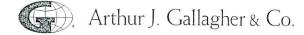
Please return this portion with your payment. Include your invoice number on your remittance to expedite processing.

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

Please send your remittance to:

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

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





Commercial Property

LIBERTY SURPLUS INSURANCE CORPORATION

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

ENDORSEMENT NO. 2

Named Insured:

City Of Hollywood

Policy Number:

1000124177-05

Effective Date:

6/21/2016

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 STANDARD FLOOD INSURANCE APPLICATION QUOTE NUMBER:

POLICY NUMBER:

ALTERNATE POLICY NUMBER:

REQUESTED EFFECTIVE DATE:

8-6-2016 to 8-6-2017

11043215

(800)303-5663 12:01 a.m. local time at the insured property location.

(2	6	City of Hollywood	z	Agency:	Arthur J Gallagher & Company
INSURED MAILING ADDRESS			INFORMATION	Name:	Debra Willis
AIL		PO BOX 229045	MA	Producer Number:	08172-00015-000-00003
M ≅			O.R.	Alternate Agent Number:	20
RED MAII		LLYWOOD, FL 33022-9045	N N	Address:	8200 Nw 41St St Ste 200
N. A	Telephone:		눋		
N N	Member ID:		AGENT		Miami, FL 33166-6204
	E-Mail:		◀	Telephone:	(305)592-6080
PROPERTY ADDRESS		2022 T 6: 6:		Demoise dilledes Medicales - De	T
E E		2933 Taft St	щ	Required Under Mandatory Pu	irchase: No
000		Jallania - J. 52020 4702	15 X		
P A		Hollywood, FL 33020-1703	12 5		
	Insured Small Business:		MORT GAGEE ORMATION		
	Insured Non-Profit:	No	_		
_	Send Renewal Bill To:	No Insured	RS R		N/A
Ó	DAY DAY WATER TO THE PROPERTY OF THE PROPERTY		됴		
INFORMATION	Policy Type:	Standard		Additional Mortgagee Info on	Application Part 2, If applicable.
RM	Waiting Period: Loan Close Date:	Standard - 30 Day Wait		3 3	
FO	was see stronger board. Advanced Service				
	Prior Policy Number:				
ENERAL	Prior Policy Expiration Date:				
单	Prior Policy Issued By:	240			
血	Property purchased on or after 07-06-20	012: Yes			

COVERAGE	В.	ASIC LIMIT	S	ADDI	TIONAL LI	MITS	DEDUCTIBLE	PRE	MIUM CALCULA	TIONS
FOR	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	AMOUNT	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

6-8-2016

\$338,300

100%

D	EDUCTIBLE 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
TOTAL PREMIUM:	\$4,861
FULL PREMIUM MUST ACCOMPAN	Y APPLICATION

Rate Table Used: R2A

Property Purchase Date:

Replacement Cost Ratio:

Estimated Replacement Cost:

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.

7-7-2016 Signature of Agent/Producer Date SIGN HERE Date Signature of Insured