

**ACORD. EVIDENCE OF PROPERTY INSURANCE**DATE (MM/DD/YY)  
10/24/2017

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

<b>PRODUCER</b> LOUIS MORRISON LOUIS J. MORRISON C & C CONSULTANTS P O BOX 701340 ST CLOUD, FL 34770-1340		<b>PHONE (A/C, No, Ext):</b> 888-494-9844	<b>COMPANY</b> ARCH INSURANCE COMPANY	
<b>CODE:</b>	<b>SUB CODE:</b>		<b>LOAN NUMBER</b> [REDACTED]	<b>POLICY NUMBER</b> GWPKG0063312
<b>AGENCY CUSTOMER ID #:</b>		<b>EFFECTIVE DATE</b> 08/13/2017		<b>EXPIRATION DATE</b> 08/13/2018
<b>INSURED</b>  K W RESORT UTILITIES CORP 6630 FRONT STREET KEY WEST, FL 33040		<input type="checkbox"/>		<b>CONTINUED UNTIL TERMINATED IF CHECKED</b>
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>				

**PROPERTY INFORMATION**  
LOCATION/DESCRIPTION  
6630 FRONT ST, KEY WEST (STOCK ISLAND), FL

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
PROPERTY-BLANKET (PER ATTACHED STATEMENT OF VALUES)	\$2,372,576	\$2,500**
BOILER & MACHINERY	INCLUDED	
INLAND MARINE/OWNED EQUIPMENT	\$167,760	\$500**
CAUSES OF LOSS: SPECIAL VALUATION: REPLACEMENT COST		

**REMARKS (Including Special Conditions)**  
\*\*\*WIND & HAIL EXCLUDED

**CANCELLATION**  
THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

<b>ADDITIONAL INTEREST</b> NAME AND ADDRESS  BRANCH BANKING AND TRUST COMPANY P.O. BOX 200047 KENNESAW, GA 30156	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	
	<b>LOAN #</b> [REDACTED]	
	<b>AUTHORIZED REPRESENTATIVE</b>  <i>Louis Morrison</i>	



# STATEMENT OF VALUES

DATE (MM/DD/YYYY)  
10/24/2017

AGENCY PHONE (A/C, No, Ext): 888-494-9844 FAX (A/C, No): 407-809-5283  LOUIS MORRISON LOUIS J. MORRISON C&C CONSULTANTS P O BOX 701340 ST CLOUD, FL 34770-1340  CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID _____	COMPANY ARCH INSURANCE COMPANY NAIC CODE: _____  INSURED / APPLICANT K W RESORT UTILITIES CORP POLICY NUMBER GWPKG0063312 HEADQUARTERS ADDRESS _____ _____ _____ COINS %      APPLICABLE CAUSES OF LOSS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black;"><input type="checkbox"/> 80%</td> <td style="width:15%; border: 1px solid black;"><input type="checkbox"/> BASIC</td> <td style="width:15%; border: 1px solid black;"><input type="checkbox"/> EARTHQUAKE COV</td> <td style="width:15%; border: 1px solid black;"><input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED</td> </tr> <tr> <td style="border: 1px solid black;"><input type="checkbox"/> 90%</td> <td style="border: 1px solid black;"><input type="checkbox"/> BROAD</td> <td style="border: 1px solid black;"><input type="checkbox"/> FLOOD</td> <td style="border: 1px solid black;"><input type="checkbox"/> BLANKET RATE REQUESTED</td> </tr> <tr> <td style="border: 1px solid black;"><input type="checkbox"/> 100%</td> <td style="border: 1px solid black;"><input checked="" type="checkbox"/> SPECIAL</td> <td style="border: 1px solid black;"><input type="checkbox"/> SPRINKLER LEAKAGE EXCL</td> <td style="border: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="border: 1px solid black;"><input type="checkbox"/> VANDALISM EXCL</td> <td style="border: 1px solid black;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> 80%	<input type="checkbox"/> BASIC	<input type="checkbox"/> EARTHQUAKE COV	<input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED	<input type="checkbox"/> 90%	<input type="checkbox"/> BROAD	<input type="checkbox"/> FLOOD	<input type="checkbox"/> BLANKET RATE REQUESTED	<input type="checkbox"/> 100%	<input checked="" type="checkbox"/> SPECIAL	<input type="checkbox"/> SPRINKLER LEAKAGE EXCL	<input type="checkbox"/>			<input type="checkbox"/> VANDALISM EXCL	<input type="checkbox"/>	PAGE 1 OF 2  EFFECTIVE DATE 08/13/2017
<input type="checkbox"/> 80%	<input type="checkbox"/> BASIC	<input type="checkbox"/> EARTHQUAKE COV	<input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED															
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<input type="checkbox"/> 100%	<input checked="" type="checkbox"/> SPECIAL	<input type="checkbox"/> SPRINKLER LEAKAGE EXCL	<input type="checkbox"/>															
		<input type="checkbox"/> VANDALISM EXCL	<input type="checkbox"/>															

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)  
 LOCATION #1-6630 FRONT STREET, STOCK ISLAND  
 LOCATION #2-13 - THROUGHOUT STOCK ISLAND AND KEY WEST

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/RC <sup>1</sup>	SUBJECT <sup>2</sup>	100% VALUES	RATE OR LOSS COST <sup>3</sup>	PREMIUM
	01	01	DESC: STAND ALONE CLARIFIER ADDRESS:	RC		180,000		
	01	02	DESC: PUMP HOUSE (PUMPS, MOTORS, ELECTRIC) ADDRESS:(SEWER PUMP SHED)	RC		70,000		
	01	03	DESC: IN THE OPEN (PUMPS, MOTORS, ELECTRIC) CARBON FEED, POLYMER FEED) ADDRESS:	RC		160,000		
	01	04	DESC: FUEL TANK AND GENERATOR ADDRESS:	RC		75,000		
	01	05	DESC: MAINTENANCE SHED BUILDING AND CONTENTS ADDRESS:	RC		50,000		
	01	06	DESC: CONCRETE AND STEEL (FIL TERS, ELECTRIC, PUMPS, MOTORS) ADDRESS:	RC		150,000		
	01	07	DESC: STEEL WASTEWATER TANK (PUMPS, MOTORS, ELECTRIC) ADDRESS:	RC		517,516		
	01	08	DESC: STEEL WASTEWATER TANK (PUMPS, MOTORS, ELECTRIC) ADDRESS:	RC		605,000		
	01	09	DESC: OFFICE TRAILER ADDRESS:	RC		75,000		
	01	09	DESC: CONTENTS OF OFFICE TRAILER ADDRESS:	RC		40,000		
	01	10	DESC: VACUUM BLDG ADDRESS:	RC		36,300		
<b>TOTAL</b>						<b>\$ CONT PAGE 2</b>	<b>N/A</b>	<b>\$</b>

<b>INSTRUCTIONS</b> 1. ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information. 2. SUBJECT: B = Building    S = Stock    F = Furniture & Fixtures    M = Machinery BPP = Your Business Personal Property    PPO = Personal Property of Others BI = Business Income    R = Rental Income    Other - specify 3. RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.	<b>SIGNATURE</b> ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF INSURED'S SIGNATURE: _____ TITLE: _____ DATE: 10/24/2017
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# STATEMENT OF VALUES

DATE (MM/DD/YYYY)  
10/24/2017

PAGE  
2 OF 2

EFFECTIVE DATE  
08/13/2017

AGENCY PHONE (A/C, No, Ext): 888-494-9844  
FAX (A/C, No): 407-809-5283

COMPANY ARCH INSURANCE COMPANY  
NAIC CODE:

LOUIS MORRISON  
LOUIS J. MORRISON C & C CONSULTANTS  
PO BOX 701340  
ST. CLOUD, FL 34770-1340

INSURED / APPLICANT  
K W RESORT UTILITIES CORP

POLICY NUMBER  
GWPKG0063312

HEADQUARTERS ADDRESS

CODE: SUBCODE:  
AGENCY CUSTOMER ID

COINS %	APPLICABLE CAUSES OF LOSS	EARTHQUAKE COV	FLOOD	SPRINKLER LEAKAGE EXCL	VANDALISM EXCL	SPECIFIC AVERAGE RATE REQUESTED	BLANKET RATE REQUESTED
<input type="checkbox"/> 80%	<input type="checkbox"/> BASIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 90%	<input type="checkbox"/> BROAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 100%	<input checked="" type="checkbox"/> SPECIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/RC <sub>1</sub>	SUBJECT <sub>2</sub>	100% VALUES	RATE OR LOSS COST <sub>3</sub>	PREMIUM
	01	10	DESC: PERMANENTLY INSTALLED FIXTURES ADDRESS:	RC		233,700		
	2-13	2-13	DESC: 12 LIFT STATIONS (\$15,000 EACH) ADDRESS:	RC		180,000		
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
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			DESC: ADDRESS:					
			DESC: ADDRESS:					
<b>TOTAL</b>						<b>\$ 2,372,576</b>	N/A	<b>\$</b>

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BPP = Your Business Personal Property PPO = Personal Property of Others  
BI = Business Income R = Rental Income Other - specify

3. RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

**SIGNATURE**

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

INSURED'S SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: 10/24/2017