

Awnings & Tops By Tony

202 Carswell Ave
 Holly Hill, FL 32117
 Phone # 386-258-2800
 Fax # 386-258-2808
 topsbytonyinc@bellsouth.net

Estimate

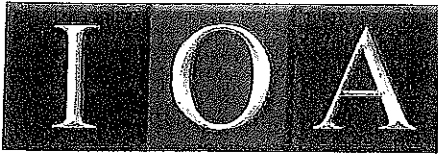
Date	Estimate #
8/3/2021	14-2862

Name / Address .
Bayshore Bath & Tennis 925 N Halifax Daytona Beach, Fl 386-255-3686 - Bob

Project

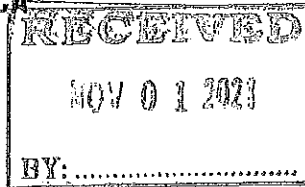
Description	Qty	Cost	Total
3" Elite Walk On Insulated Style Awning Aprox Size - 24' x 8' Material - White Baked Insulated Aluminum Panels/ White Structure 4" x 6" Posts to attach to existing concrete as required Slight pitch for water run off - Excludes gutter Price includes material, labor, and install Excludes permit and engineering Excludes replacement of pavers		3,840.00	3,840.00
We work with a 50% deposit and balance due upon installation		Total	\$3,840.00

Customer Signature _____



INSURANCE OFFICE OF AMERICA

200 E. Granada Blvd. Suite 200
 Ormond Beach, FL 32176
 Phone: (386) 671-3080
 Fax: (386) 671-3003



INVOICE

ACCOUNT	BAYSCLU-02
INVOICE	
DATE	10/26/2021
PAGE	

ACCOUNT EXECUTIVE
Michael Mort

ACCOUNT REPRESENTATIVE
Brian Mort

Bayshore Club Management Association, Inc.
 925 N Halifax Ave
 Daytona Beach, FL 32118

INSURED'S NAME	POLICY NUMBER	POLICY PERIOD
Bayshore Club Management Association, Inc.	TBD	11/1/2021 - 11/1/2022

TRANSACTION TYPE	EFFECTIVE	COMPANY	DESCRIPTION	AMOUNT
Renewal	11/1/21 - 11/1/22	Kinsale Ins Co CNA CNA Greenwich Ins Co	General Liability Crime Directors & Officers Umbrella	\$20,527.50 \$4,436.00 Included \$4,186.00
P.O. _____ OPER _____ RESERVE _____ ACCT. # _____ APPROVED _____ DATE _____ OK # _____				
<i>11/1/20-21</i> <i>Kinsale \$19,530.00</i> <i>CNA 3,823.00</i> <i>CNA Included</i> <i>Greenwich \$3,199.00</i>				

Payment Due Date: On or Before November 1, 2021

PLEASE MAKE YOUR CHECK PAYABLE TO:

Insurance Office of America

200 E. Granada Blvd. Suite 200
 Ormond Beach, FL 32176

INVOICE TOTAL
\$29,149.50

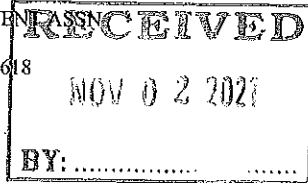
Occidental Fire and Casualty Company of NC
FLOOD INSURANCE RENEWAL PREMIUM NOTICE

IMPORTANT: THIS FLOOD INSURANCE POLICY WILL EXPIRE: 12/24/2021
PAY ONLINE: nationalfloodservices.com/paymybill

PAYOR NAME & MAILING ADDRESS

PRODUCER NAME & MAILING ADDRESS

BAYSHORE CLUB MANAGEMENT ASSN
 925 N HALIFAX AVE
 DAYTONA BEACH, FL 32118-6618



PRODUCER#: 00700-00659-000-00001
 INSURANCE OFFICE OF AMERICA INC
 200 E GRANADA BLVD STE 200
 ORMOND BEACH, FL 32176-6692
 (386)671-3080

INSURED NAME

LOCATION OF INSURED PROPERTY

BAYSHORE CLUB MANAGEMENT ASSN

925-935 N HALIFAX AVE
 DAYTONA BEACH, FL 32118-6619

If you are no longer responsible for the payment of the premium on this policy please notify your agent.

	COVERAGE		DEDUCTIBLE		PREMIUM OPTIONS	
	1. Option 1 includes a 10% increase in the amount of building coverage and a 5% increase in the amount of contents coverage.	BUILDING \$53,250,000	CONTENTS \$100,000	BUILDING \$5,000	CONTENTS \$5,000	1
2. Option 2 is the amount of insurance coverage currently in force.	COVERAGE		DEDUCTIBLE		PREMIUM OPTIONS	
	BUILDING \$50,030,300	CONTENTS \$100,000	BUILDING \$5,000	CONTENTS \$5,000	2	\$45,234.00

CT. # _____ APPROVED _____
 DATE _____ CK # _____

If paying by CHECK, please detach and return bottom remittance portion with your payment in the enclosed envelope.
 Print Date: 10/25/2021

PLEASE DO NOT STAPLE

INSURED NAME & MAILING ADDRESS
 BAYSHORE CLUB MANAGEMENT ASSN
 925 N HALIFAX AVE
 DAYTONA BEACH, FL 32118-6618

PRODUCER 00700 006590000000001
POLICY NUMBER 87043597442020

Payment must be received by the due date to retain the Policy Effective Date

RENEWAL EFFECTIVE DATE: 12/24/2021
PAYMENT DUE BY: 12/24/2021

PAY ONLINE: nationalfloodservices.com/paymybill

SELECT COVERAGE OPTION:

\$47,798 \$45,234
 Make check payable to:
 OCCIDENTAL FIRE AND CASUALTY COMPANY OF NC

12/24/20-2! \$ 45,234.00



OCCIDENTAL FIRE AND CASUALTY COMPANY OF NC
 Flood Insurance Processing Center
 PO Box 731178
 Dallas, TX 75373-1178

ACORD FLORIDA WORKERS COMPENSATION APPLICATION

DATE(MM/DD/YYYY)
11/02/2021

PRODUCER	PHONE (A/C, No, Ext): FAX (A/C, No):	COMPANY Zenith Insurance Company	UNDERWRITER
INSURANCE OFFICE OF AMERICA - ORMOND BEACH 200 E Granada Blvd 200 Ormond Beach, FL 32176		APPLICANT NAME - INCLUDE ALL SUBSIDIARIES & DBA'S TO BE INCLUDED IN COVERAGE, ALONG WITH THEIR FEIN Bayshore Club Management Association, Inc.	
MAILING ADDRESS (INCLUDING ZIP CODE) - INCLUDE PRINCIPAL PHYSICAL LOCATION AND ALL INSURED ENTITIES 925 N Halifax Ave & 935 N Halifax Ave Daytona Beach, FL 32118-3707		<input type="checkbox"/> CHECK HERE IF LIST OF ADDITIONAL LOCATIONS ATTACHED	
LICENSE #:	YRS IN BUS	SIC CODE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER:
CODE: 093751A	SUB CODE:	30	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORP
AGENCY CUSTOMER ID	FEDERAL EMPLOYER ID NUMBER 591647753	NCCI ID NUMBER	OTHER RATING BUREAU ID NUMBER

STATUS OF SUBMISSION

BILLING / AUDIT INFORMATION

<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN	<input type="checkbox"/> PREM FINANCED	AUDIT
		<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> AT EXPIRATION <input type="checkbox"/> MONTHLY
		<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> OTHERS:	<input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL
		<input type="checkbox"/> PAYROLL CO	<input type="checkbox"/> QUARTERLY	% DOWN:	<input type="checkbox"/> QUARTERLY

LOCATIONS - LIST ALL PHYSICAL LOCATIONS, INCLUDING OTHER STATES, WHETHER COVERAGE IS REQUESTED OR NOT, IF APPLICANT IS A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY, LIST ALL CLIENT COMPANIES AND THEIR LOCATIONS

#	STREET, CITY, COUNTY, STATE, ZIP CODE
1	925 N Halifax Ave & 935 N Halifax Ave, Daytona Beach FL 32118-3707, # of Employees at this location: 5

POLICY INFORMATION

PROPOSED EFF DATE 12/21/2021	PROPOSED EXP DATE 12/21/2022	NORMAL ANNIVERSARY RATING DATE	<input type="checkbox"/> PARTICIPATING <input type="checkbox"/> NON-PARTICIPATING	RETRO PLAN
PART 1 - WORKERS COMPENSATION (States) FL	PART 2 - EMPLOYER'S LIABILITY \$500,000 EACH ACCIDENT \$500,000 DISEASE-POLICY LIMIT \$500,000 DISEASE-EACH EMPLOYEE	PART 3 - OTHER STATES INS	DEDUCTIBLES	OTHER COVERAGES <input type="checkbox"/> U.S.I.&H. <input type="checkbox"/> VOLUNTARY COMPENSATION
DIVIDEND PLAN/SAFETY GROUP	ADDITIONAL COMPANY INFORMATION			

RATING INFORMATION - STATE: FL CHECK HERE IF LIST OF ADDITIONAL CLASS CODES ATTACHED

LOC #	CLASS CODE	COM-PANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EM-PLOYEES	ACTUAL REMUNERATION PAST 12 MONTHS	ESTIMATED REMUNERATION FOR NEXT POLICY PERIOD	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
	9012	1	(See Additional Page Attached)	2		\$117,240		
	9015	1	(See Additional Page Attached)	3		\$101,920		
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS							FACTOR	FACTORED PREMIUM
TOTAL								
EXPERIENCE MODIFICATION							N/A	
MODIFIED PREMIUM								\$5,048
PREMIUM DISCOUNT							0.000	
EXPENSE CONSTANT							N/A	\$160
TERRORISM								\$22
TOTAL ESTIMATED ANNUAL PREMIUM								\$5,230
MINIMUM PREMIUM							DEPOSIT PREMIUM	\$160

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, OWNERS TO BE INCLUDED OR EXCLUDED. (REMUNERATION TO BE INCLUDED MUST BE PART OF RATING INFORMATION SECTION.) ATTACH LIST OF ADDITIONS/EXEMPTIONS, IF ANY. PROVIDE COPIES OF EVIDENCE OF EXCLUSIONS/INCLUSIONS. DISCLOSURES OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY, AS AN ALTERNATIVE, ATTACH A COPY OF EXEMPTION OR INCLUSION FORM FILED WITH THE STATE OF FLORIDA.

#	NAME	DATE OF BIRTH	SOCIAL SECURITY #	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/ EXC	CLASS CODE	REMUNERATION