

ALEXANDER & SCHMIDT

CONDO-TOWNHOUSE-HOA RISK ASSESSMENT REPORT

SURVEY INFORMATION			
Survey Number:	173853-1	Policy Number:	FCA0066355-01
Insured:	Renaissance I Association, Inc.	Carrier:	Alliance Insurance
Location Address:	750 N Tamiami Trail Sarasota, FL 34236	Contact Name:	Thomas Richardson & Bob Rebey
Risk Control Rep:	Derek J Lynn	Contact Title:	Manager & Property Maintenance Manager
Account Web Sites:	http://www.rencondo.com/	Phone Number:	941-957-3957
Coverages:	Property & GL	Date of Survey:	03/27/2013

OPERATIONS			
Name of Complex:	Renaissance Condominium		
Years owned by insured:	N/A		
Is location considered:	<input checked="" type="checkbox"/> Condominium Association <input type="checkbox"/> Townhouse Association <input type="checkbox"/> Homeowners Association		
Number of bldgs. with living units:	One	Total # living units:	244
Total # of owner-occupied:	244	Total # rented by others:	N/A
Monthly rental per unit:	1BR: \$0	2BR: \$0	3BR: \$0 Other: \$0
Average occupancy:	NA		
Any seasonal occupancy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain: Used as Vacation property 6 months a year	
Subsidized housing:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, percentage:	
Student renters:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, percentage:	
Short term lease (< 6 mo.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Management lives on premises:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Management experience:	Combined experience of over 50 years		
Maintenance staff on premises:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If Yes, please provide the following: <input checked="" type="checkbox"/> Employee <input checked="" type="checkbox"/> Independent contractor If employee – what is payroll: Unknown If contractor – certificate of insurance obtained: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Can building be considered:	<input type="checkbox"/> Assisted Living <input type="checkbox"/> Retirement Home <input type="checkbox"/> Elderly Facility	If yes to any: Emergency Pull Cords: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Assistance Offered: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insured on historical register (local, county, state or national):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Details:	
Does insured own/operate:	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer		
Does insured own/operate:	<input type="checkbox"/> Refuse/Garbage Dumps <input type="checkbox"/> Refuse/Garbage Collection		
Does insured own/operate any streets/roads:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes: # of miles owned/operated: Speed limit posted: <input type="checkbox"/> Yes <input type="checkbox"/> No ___ MPH Are roads used by the public as through streets: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments (include brief description of operations):	The insured has a full time, head of maintenance person at the property (Mr. Bob Rebey). The association also uses two contractors for Maid Service (Helping Hands) and Security (Sentry Management). The contractors are all required to have COI's naming insured and they are verified annually. The owners of the units are responsible for the interior of their private property and the insured is responsible for overall management of property including exterior and landscaping maintenance and mechanical and electrical services. The property is a 16 story building with 244 units, all privately owned.
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PROPERTY	
Number of buildings:	1 Year built: 2001
Number of stories:	16
Separation between bldgs.:	N/A
Fire walls separating bldgs.:	N/A
Construction type:	<input type="checkbox"/> ISO I <input type="checkbox"/> ISO II <input type="checkbox"/> ISO III <input type="checkbox"/> ISO IV <input type="checkbox"/> ISO V <input checked="" type="checkbox"/> ISO VI
Wall construction:	Poured reinforced concrete
Floor construction:	Reinforced concrete
Roof construction:	Reinforced concrete with membrane cover
Type of interior finish:	Drywall on presumed wood/metal studs
Wiring:	<input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum
If Aluminum:	<input type="checkbox"/> Single Strand <input type="checkbox"/> Multi Strand
If Aluminum:	<input type="checkbox"/> Pigtail <input type="checkbox"/> CO/ALR <input type="checkbox"/> Copalum
Circuit breakers:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fuses (how many AMPS):	NA
Any wood shake shingle roofs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: Wood shake shingles treated w/fire retardant material: <input type="checkbox"/> Yes <input type="checkbox"/> No Is fire retardant material applied at least every 5 years: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of heating system:	<input checked="" type="checkbox"/> Central <input type="checkbox"/> Thru Wall <input type="checkbox"/> Space <input type="checkbox"/> None
If space or portable heating:	<input type="checkbox"/> UL Electric <input type="checkbox"/> Kerosene <input type="checkbox"/> Vented Gas <input type="checkbox"/> Non-Vented Gas <input checked="" type="checkbox"/> N/A
Wood burning stoves or fireplaces:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date of last inspection & cleaning:
Air conditioning in all units:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Type of air conditioning:	<input checked="" type="checkbox"/> Central <input type="checkbox"/> Thru Wall <input type="checkbox"/> Space <input type="checkbox"/> None
AC units regularly inspected/maintained:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical condition of foundation/basement:	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Overall construction quality:	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Overall building condition:	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Overall condition of windows:	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Overall condition of gutters/downspouts:	<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Comments:	The building is an ISO class 6 Masonry Fire resistive, 254,485 sq ft, 16 story, single structure with 244 units, constructed in 2001. They are efficiency units of different sizes including 1 bedroom, 2 bedroom, and 3 bedroom. The construction

	features are flat roof with reinforced concrete and covered membrane, supported by exterior load bearing walls of poured reinforced concrete cols/beams, and fire resistant cover exterior walls with stucco cover on a poured reinforced concrete slab at grade. The roof was in excellent condition. Interior construction of the premise is drywall on presumed wood/metal studs. The building is in excellent condition and well maintained.
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FIRE PROTECTION			
Fire sprinkler system:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Percentage sprinklered:	100
Areas sprinklered:	<input type="checkbox"/> Common Areas Only <input checked="" type="checkbox"/> All Units <input type="checkbox"/> Other (describe):		
Fire extinguishers:	<input checked="" type="checkbox"/> In all common areas <input checked="" type="checkbox"/> In all units	Serviced regularly:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Type of smoke detectors in units:	<input checked="" type="checkbox"/> Hard-wired <input checked="" type="checkbox"/> Battery <input type="checkbox"/> None		
Fire alarm system:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If fire alarm, check all that apply:	<input checked="" type="checkbox"/> Pull station <input checked="" type="checkbox"/> Visible warnings <input checked="" type="checkbox"/> Audible warnings <input checked="" type="checkbox"/> Connected to central station <input checked="" type="checkbox"/> Connected to Hard-wired smoke detectors		
Fire department:	<input checked="" type="checkbox"/> Paid <input type="checkbox"/> Volunteer	Distance from risk:	0.68 miles
Class at risk:	3		
Fire hydrant type:	<input checked="" type="checkbox"/> Double <input checked="" type="checkbox"/> Triple	# of hydrants in area:	6
Distance from bldgs.:	100 feet		
Central station fire alarm co. monitored by outside company:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of company: Sentry Management	

YEAR & TYPE OF UPDATE (check N/A only if no updates)		
Roofing:	<input type="checkbox"/> N/A Updated in 2012 (New covering, JF Coating)	
Plumbing:	<input type="checkbox"/> N/A Updated in 2012 (New Hot Water System)	
HVAC:	<input type="checkbox"/> N/A Updated in 2012 (New Cooling Tower)	
Electric:	<input type="checkbox"/> N/A Updated in 2012 (using LED lighting now)	
Other:	<input type="checkbox"/> N/A New water softener installation by Culligan	
Any recent roof or plumbing problems:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, explain:

ALL RISK	
Any overgrown trees, shrubs, bushes, etc. that would prevent motorists from seeing pedestrians, children, animals, etc.:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any V&MM noted:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Type of neighborhood:	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Rural <input type="checkbox"/> Other:
Any fences:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Any security systems:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Any nearby airports:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Any nearby large bodies of water:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Any security cameras:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside

LIABILITY			
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On site laundry facility:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Tenant access to roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, for what purpose:	
Sidewalks/grounds in satisfactory condition:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Garages or carports:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Explain: Third Story of Car park		
Who maintains grounds:	<input type="checkbox"/> Insured <input checked="" type="checkbox"/> Contractor		
Who handles snow/ice removal on sidewalks & parking areas:	N/A		
Two accessible fire exits per floor:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Exits clearly marked:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Inside <input type="checkbox"/> Outside		
Any balconies:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Proper guardrails on balconies:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Balconies secure, well-maintained:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Grills allowed on balconies:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Any exterior stairways:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
If over 3 stories, are interior stairways equipped with self-closing & locking fire doors on each floor:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
All stairways equipped with non-skid materials:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Condition of non-skid materials:	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
All stairways equipped with handrails:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Condition of handrails:	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Adequate lighting in stairways:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Emergency lighting in stairways:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
If over 3 stories, is there an elevator:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
If elevator, capacity:	10	Expiration date of elevator certificate:	March 2014
Elevators regularly inspected:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	By whom:	Otis Elevator Services
Is security provided:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type:	Uniformed and Plain clothes security
Security personnel armed:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Days & hours security provided:	24 hrs & 7 days a week
Security is:	<input checked="" type="checkbox"/> Independent contractor <input type="checkbox"/> Employee <input type="checkbox"/> N/A		
If employee, what is payroll:		If contractor, COI obtained:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Property perimeters:	<input checked="" type="checkbox"/> Fenced <input type="checkbox"/> Gated <input type="checkbox"/> Other:		
Premises including all parking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No There is a 3 story parking area adjacent building all above		

areas lighted:	grade. Ground level is for guest and the 2 upper levels are for owners. Key card access is required.
Comments:	My overall opinion of risk for this insured is excellent. The insured has a positive attitude toward safety and loss prevention overall. The Principals of the business have over 50 years of experience in this industry. The insured has an adequate loss prevention program in place. The property and premises appear to be well maintained and in good condition. The exterior and interior housekeeping is good. The fire extinguishers are adequate and currently serviced and tagged. There were no previous losses or claims reported.

OTHER INFORMATION		
Any water damage claims in past 3 years:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Explain:
Safeguards taken to prevent recurrences:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain: N/A
Claims for wrongful eviction in past 5 years:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Explain:
Property subject to rent control laws:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Explain: Property units privately owned
Any assault & battery incidents/claims on this property:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Explain:
Any current or past regulatory violations:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Explain:
Procedures in place for repair & replacement of broken windows, doors, locks, etc.:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Explain: Maintenance, if required
All locks replaced upon tenants leaving:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Explain: If Property units are sold, this is carried out by the property management company.

SWIMMING POOLS OR HOT TUBS <input type="checkbox"/> N/A		
Are there any hot tubs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are there any pools:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes:		
Diving boards:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Height: Depth of water under board:
Slides:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Underwater lighting:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Steps into shallow end with handrails:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pool area completely fenced:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gates/doors leading to pool are:	<input checked="" type="checkbox"/> Self-closing <input type="checkbox"/> Self-latching <input type="checkbox"/> Neither	
Deck or patio around pool:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Non-slip surface: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Good condition: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Depth marking clearly visible:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Life saving equipment at pool side:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply: <input checked="" type="checkbox"/> Ring buoy <input checked="" type="checkbox"/> 12 foot pole <input checked="" type="checkbox"/> Shepherd's hook
Warning signs posted & clearly visible:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pool maintained by:	<input checked="" type="checkbox"/> Insured <input type="checkbox"/> Outside company	If outside company, list name: Certificate of insurance obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

		N/A
Lifeguards on duty:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Provided by: <input type="checkbox"/> Insured <input type="checkbox"/> Contractor
“No Lifeguard on Duty” signs posted when applicable:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Filter & heating equipment enclosed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Frequency of water testing:	Daily	
Water clear on day of inspection:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pool comments:	The swimming pool is well maintained and with all the proper warnings, safety equipment, and security required to satisfy the VGB act.	
Pool drain cover meets Virginia Gramm Baker Safety Act:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List any other recreational exposures & number of each:	There is a interior Sauna and Gym	
Does insured sponsor any teams:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe:

ACCOUNT CONCLUSION

LOSS ANALYSIS

No losses reported in the past 3 years. The account is graded as satisfactory. Good management safety controls in place. as well as a pro-active safety attitude. Good ongoing maintenance program, housekeeping and non-smoking controls.

RECOMMENDATIONS

See one GL recommendation below.

OPINION OF RISK

Good **Fair** **Poor**

The observations contained in this survey are presented **for the sole use of and** as an aid to the recipient **insurer** in furtherance of **the insurer's** underwriting procedures and guidelines. The conditions noted herein are expressly limited to those conditions observed as of the date of this survey. The conditions identified, as well as the recommendations set forth in this survey, should not be perceived or interpreted as identifying all property and safety programs, policies and procedures that should exist or be put into place at the facility being surveyed. The observations presented in this survey do not constitute a guaranty or warranty expressed or implied, that the facility being surveyed complies with applicable laws, regulations, codes and/or statutes, and Alexander & Schmidt expressly disclaims any such expressed or implied guaranty or warranty.

Insured: Renaissance I Association, Inc
750 N Tamiami Trail
Sarasota, FL 34236
Attn: Owner

Policy#: FCA0066355-01

RECOMMENDATIONS

03-01 All construction contracts and/or purchase orders that you execute with your subcontractors should be signed and dated by a representative of your company and of the subcontractor's company. These documents should also include indemnification/hold harmless wording to properly protect your company from losses that may be incurred by the subcontractor (including claim defense costs) ultimately being passed on to you. Legal counsel should be consulted for exact wording.

ATTACH PHOTOS BELOW:



Front of Property



Side View of property



Rear of Property



Roof of Property



Roof of Property



Roof of Property



New Water Tower



Swimming Pool



Swimming Pool



Entrance to Car Park



Third Story of Car park



Third Story of Car park



Pump and Elevator Room



Water Pumps



New Culligan Water Softener Room



New Culligan Water Softener Room



Sprinkler Control Room



Central Sprinkler Control



Enclosed utilities



Waste Compactor Room



Interior Roof



Interior Hallways



Interior Hallways



Interior Hallways



Interior Hallways



Example of Unit Interior



Example of Unit Interior



Example of Unit Interior



Example of Unit Interior



Gym