



ANNUNCIATION GREEK ORTHODOX CHURCH

12250 N.W. 2nd Avenue North Miami, Florida 33168
Telephone: (305) 681-1061 • Fax: (305) 687-0600

September 17, 2012

Dear Mayor & Council:

Our organization has been part of the city of North Miami for over 48 years and has been an integral part of the community. In keeping with Greek traditions, we will be re-igniting our Greek Festival of North Miami beginning this year, on November 3-4, 2012. The event will include all the residents of North Miami plus Miami-Dade County's residents.

The festival will be held for two days and will allow the residents of Miami-Dade County to experience being "Greek" for a weekend. Folk dancing, crafts, tours of the Byzantine art in the church and a lot of music will make everyone enjoy a "Big Fat Greek Festival"!

The festival will include delicious Greek foods such as Gyros, Pastichio (Greek Lasagna), Greek sausages, Lamb, Lemon rice and many more homemade items including a wide assortment of pastries and baked goods. We will also have vendors selling an assortment of items ranging from jewelry to clothes. Children will enjoy face painting, sack racing and many other fun activities.

The Greeks want to promote the beauty of their culture for everyone to see and experience. By having this festival, members of the community will learn about the proud Greek heritage and its contributions to the modern world.

The organization wants to make this a successful festival for the city and its residents. It seeks the support of the community so this can be a fun, joyous and happy occasion. The Greek Festival would like to have a Gold Sponsorship from the city in the amount of \$60,000 (almost the same as our Winter Festival Thanksgiving Parade) to pay for advertising & marketing, police officers, signage, permits, etc.

Please note that this is the first time the Greek Festival is asking for a Sponsorship from the city in 48 years. This will be a large affair so the organization needs the assistance of North Miami to make it a successful one. Join us in making it memorable!

We have submitted the events package to Andrea Ramos and are working with Parks & Recreation to comply with all the requirements that the city is imposing.

If you have any questions, please do not hesitate to call me at the above number or at 305-577-7494.

Sincerely,

Catherine Christofis

Vice President

Facsimile Transmission

DATE: 9/21/12 # OF PAGES 2
(including cover sheet)
TO: Mayor Pierre FROM: Catherine Christofis
COMPANY: _____ DEPT: _____
PHONE #: _____ PHONE #: 305-577-7494
FAX #: _____ FAX #: _____

URGENT For your review Reply ASAP Please Comment

REMARKS

Mayor Pierre,

Please see attached letter. Can you please put this item on the agenda for ~~Sept. 25, 2012?~~ ^{Oct 9, 2012}
We have started the process for obtaining all permits for this event. I am giving the package to Andrea Ramos this Wednesday.

If you have any questions, please do not hesitate to call me at the above #.

Thank you!

Catherine

Mr. Manager:

We need approval for liquor permit + banner. Needs to go in front of council per Parks + Recreation.

Thank You!

Pineda, Mayda

From: Ramos, Andrea
Sent: Tuesday, October 02, 2012 11:21 AM
To: Pineda, Mayda
Cc: Geimer, Jeff
Subject: Greek Festival
Attachments: SPECIAL EVENT APP GREEK CHURCH-09192012150109.pdf

Please find the attached application to be attached to the council agenda.

Also, the group is requesting use of the Street Banner across 125 Street. This is something that the city has not permitted for a number of years. It was previously done for the WinterNational Thanksgiving Day Parade, however, FDOT does not allow and had the city remove the street pole banners where the banner was secured on.

Additionally, they are requesting the permit to serve liquor at their festival and will request permission.



Parks & Recreation Department
12300 NE 8th Avenue
North Miami, FL 33161
305-895-9840, ext. 12227 Phone
305-892-8639 Fax
aramos@northmiamifl.gov
www.northmiamifl.gov/parks

 green North Miami Please print only if necessary

The City of North Miami is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. E-mail messages are covered under such laws and thus subject to disclosure. All E-mail sent and received is captured by our servers and kept as a public record.



ANNUNCIATION GREEK ORTHODOX CHURCH

12250 N.W. 2nd Avenue North Miami, Florida 33168
Telephone: (305) 681-1061 • Fax: (305) 687-0600

August 21, 2012

METROPOLIS
OF ATLANTA

Dear Sir/Madam:

Our organization has been part of the city of North Miami for over 48 years and has been an integral part of the community. In keeping with Greek traditions, we will be re-igniting our Greek Festival of North Miami beginning this year, on November 3-4, 2012. The event will include all the residents of North Miami plus Miami-Dade County's residents.

The festival will be held for two days and will allow the residents of Miami-Dade County to experience being "Greek" for a weekend. Folk dancing, crafts, tours of the Byzantine art in the church and a lot of music will make everyone enjoy a "Big Fat Greek Festival"!

The festival will include delicious Greek foods such as Gyros, Pastichio (Greek Lasagna), Greek sausages, Lamb, Lemon rice and many more homemade items including a wide assortment of pastries and baked goods. We will also have vendors selling an assortment of items ranging from jewelry to clothes. Children will enjoy face painting, sack racing and many other fun activities.

The Greeks want to promote the beauty of their culture for everyone to see and experience. Sharing the best of Greek culture with North Miami and beyond has made people appreciate and understand Greeks more. By having this festival, new members of the community will learn about the proud Greek heritage and its contributions to the modern world.

The organization would like to place a vinyl banner across 125th Street to let everyone know about this wonderful event. Many cities such as Miami allow banners across major thoroughfares to announce festivals and major events. Coconut Grove always places banners across Ingraham Hwy. to inform the public regarding the Coconut Grove Arts Festival, Goombay and their annual Bedlam Race. Coral Gables also allows banners to announce their Orange Jr. Bowl Parade. Pinecrest uses them for their Farmer's Markets.

Unfortunately, our city does not allow banners to be placed across road ways at this time. The church respectfully requests a change to this law so that it will be allowed to place the banner across 125th Street, near City Hall.

The organization wants to make this a successful festival for the city and its residents. It seeks the support of the community so this can be a fun, joyous and happy occasion.

If you have any questions, please do not hesitate to call us at the above number or at 305-577-7494.

Sincerely,

Catherine Christofis

Vice President



Catherine Christofis
Assistant Vice President
Trainee RI 22917

305-577-7494 Phone
786-313-5610 Fax
catherine.christofis@citynational.com

1450 Brickell Avenue
Suite 2800
Miami, FL 33131

citynational.com

City of North Miami
COMMUNITY EVENT APPLICATION

For office use only

Please fill out this application completely.

Note: See page four (4) for checklist

Are you requesting a fee waiver for City facilities and services?
Yes No

EVENT

1. Event Name: Greek Festival of North Miami

2. Requested Location: On church grounds

• Alternate Location (if requested location is not available): _____

3. Date: Nov 3-4, 2012 Rain-Out or Alternate Date (if date requested is not available): _____

If more than one (1) day please specify:

Day 1: Nov 3 Day 2: Nov 4

4. Actual Event Start Time: Begin: 11:00 am End: 11:00 pm

5. Set-up Date: Nov 2, 2012 Set-up Time: 9:00 am

6. Breakdown Completed Date: Nov. 5, 2012 Breakdown Completion Time: 10:00 pm

7. Estimated amount of people attending: 1,000 (more)

8. Type of Event: check all that apply

Award Show
 Community Event

Concert / Performance

Fair / Carnival

Festival
 Fund-Raiser

Parade

Political

Religious

Sporting Event

Other _____

Please also provide a detailed description of your event on your organizations letterhead.

9. Number of times this event has taken place in the City of North Miami: Annually for the past 6 years.

10. Was this event presented in other cities? Yes _____ No

• If yes, what cities: _____

11. References: Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

ORGANIZATION

• What type is your organization: *Please circle all that apply.*

For Profit Non Profit Governmental Neighborhood Association Other: _____

• Name: Greek Orthodox Church of the Annunciation

Address: 12250 NW 2nd Avenue

City: North Miami State: FL Zip: 33168

Phone: 305-681-1061 Fax: 305-687-0600 E-Mail: solitairestone@gmail.com

• Contact persons name: Catherine Christofis

Phone: 305-577-7494 Cell: 305-815-8345 E-Mail: Same as above

• Alternate contact person: Maro Panayiotou
 Phone: _____ Cell: 305-542-3682 E-Mail: gponoriginals



LOGISTICS

12. Will you require road closure? Yes No _____

If yes, please describe what streets you want closed and the closing and opening dates / times.

• NW 12nd Street (s) from: NW 2nd Ave to: NW 3rd Avenue

• Closure date: Nov 3, 2012 Time: 11:00am

• Opening date: Nov 5, 2012 Time: Morning

12A Approximate number of vehicles anticipated: 70-100

A computerized map attached showing cross streets and location of proposed venue; along with staging set up and full logistical set-up must be included in your packet.



13. Will you be securing your event with fencing? Yes _____ No

14. Will you need trash removal? Yes _____ No

• If yes, how many dumpsters? _____ How many pick ups? _____



15. Are you requesting use of the City's Showmobile? Yes _____ No

Use of Showmobile will require a non-waivable fee to cover cost of set up and breakdown. This fee cannot be waived.

16. Will you require temporary electrical work? Yes _____ No

• If yes, please provide electricians name: _____

• Business Name: _____ Phone: _____

(Note: The electrician you hire needs to apply for a permit through the City of North Miami.)

17. Will you be erecting the any of the following?

	Yes	No	How Many	Size / Dimension
Tent	<input checked="" type="checkbox"/>	_____	<u>1</u>	<u>Large - Permit to be obtained if necessary.</u>
Ticket Booth	_____	_____	_____	_____
Staging	_____	_____	_____	_____
Dance Floor	_____	<input checked="" type="checkbox"/>	_____	_____
Other Temporary Structure	_____	<input checked="" type="checkbox"/>	_____	_____

Note: Tent permits are required for tents larger than 10' x 10'.

(Please include these items on your site map and provide the City a detailed floor plan for the event.)

18. Will your event include any of the following?

Fireworks Games for children Mechanical / Amusement Rides

- If yes, please provide a detailed description: NIA

- Company Name: _____
- Insurance Carrier: _____
- Agents Name: _____ Phone: _____

Note: All amusement rides must be approved by the state. All carnival, amusement or carnival type events shall provide the required insurance policy or policies as required by the City of North Miami and must get proper permits from the City's Building and Zoning department.

19. Will music be played? Yes No _____ If yes, what type?

- Name of Sound Company: Sasha Band
- Address: _____ Phone: _____

Foul language, offensive materials, strippers, erotic dancers or lewd or lascivious behavior is PROHIBITED.

SAFETY

20. List the beverages to be served: Coke, Sprite, Water, Pepsi

(Note: Beverages must be dispensed in soft containers. No glass containers or cans allowed.)

21. Will alcohol be served? Yes No _____ If yes, what type: Beer / Wine
Maybe not though - not decided yet.

Sale and/or distribution of alcoholic beverages including beer and wine must be approved by the City Council. Upon approval, the organization must apply for a temporary liquor license from the State of Florida, Division of Alcoholic Beverages and Tobacco under Florida Statute 561.42. Contact the County office at 305-470-6783 for instructions on obtaining this license.

22. Will Food be served? Yes No _____ If yes, what type? Various Items -
Greek lasagna, Gyros, Pastries, etc.

Please note: Sanitary and food facilities shall be provided by the Licensee in accordance with applicable laws and regulations of the Department of Business and Professional Regulation (Form DBPR HR-7029, Division of Hotels and Restaurant Application for Temporary Event Vendor License). Licensees agree to ensure that any and all grease remaining after the event by food vendors shall be properly disposed of in accordance with any applicable standards. In the event Licensee fails to properly dispose of the grease, the City will charge Licensee for the cost incurred by the City to do so.

CONCESSIONAIRE RIGHTS: Licensee shall have exclusive concessionaire rights within the permitted area.

23. You are required to hire City of North Miami police for your event.

The police Department determines how to staff the event with off-duty officers for crowd, traffic or other public safety concerns. The police department will inform you of the number of officers needed. Staffing is larger for events that serve alcohol and/or close roadways. Any event at a City facility that runs after 11:00 p.m. will require police. PLEASE CALL 305-921-9294 for more information on off-duty officers.

24. You may be required to hire EMS to be on-site at your event. The City of North Miami Special Events Supervisor will advise you accordingly.

RISK MANAGEMENT

Prior to the commencement of any event, the City of North Miami requires organizers of the special event to provide the City with a valid certificate of insurance showing:

- General Liability Insurance:** \$1,000,000 minimum combined single limit for bodily injury and property damage.
- Liquor Liability Insurance:** \$1,000,000 minimum limit, if alcoholic beverages are being served or sold at the event.
- Workers' Compensation** Statutory coverage.
- Employers' Liability:** \$500,000 / accident / disease / policy limit.

Proof of workers' compensation coverage is required from employers with four (4) or more employees.

- All Certificates of Insurance shall include a description of the special event, event location and event date(s).
- All liability policies shall be issued by an "A" rated or better insurance carrier, endorsed by A & M Best and authorized to transact business in the State of Florida.
- **The City of North Miami must be named additional insured on all liability policies.**
- The issuing insurer shall endeavor to notify the City of any policy cancellation by mailing 10 days written notice to the City prior to issuance of a cancellation notice.
- All special event organizers shall indemnify and save the City harmless from any and all claims, suits, actions, damages or causes of action arising as a result of the special event.

Sign here to verify you have read the entire event application and conditions.

Catherine Christofis
Print Name

Catherine Christofis
Signature

8/17/12
Date

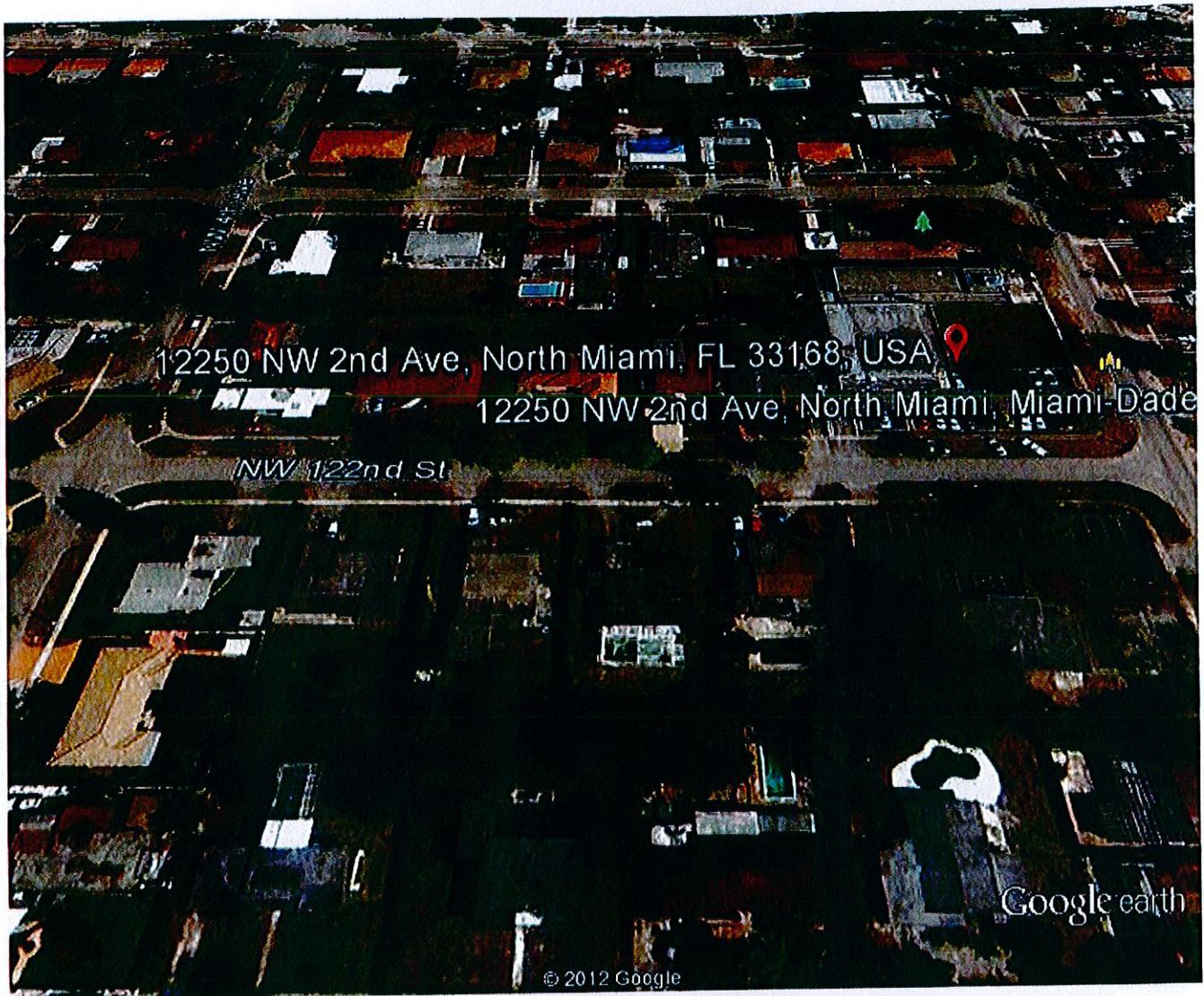
Please return the completed application and detailed description of the event on your organizations letterhead and site map to:

North Miami Parks and Recreation Department
12300 NE 125 Street,
North Miami, FL 33161
Attn: Special Events Division

Please note
Forms 1 - 4 are mandatory
upon submission of application

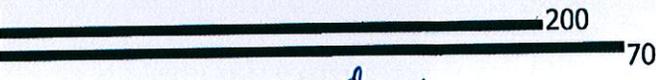
Forms Required Checklist

1. *Proof of Organization Identification from the State of Florida*
2. *Detailed Description of Event (1 page) on business/organization letterhead.*
3. *Proof of Insurance or quote for special event insurance.*
4. *Layout map - must be computerized (not handwritten)*
5. Tent Permit (required for any tents larger than 10 x 10) application in the Building & Zoning Dept.
6. Map of cross streets and road closures.
7. Proof of liquor license (if serving alcohol) – this requires city council approval
8. Proof of Worker's Compensation (for organizations with 4 or more employees)



Google earth

feet
meters



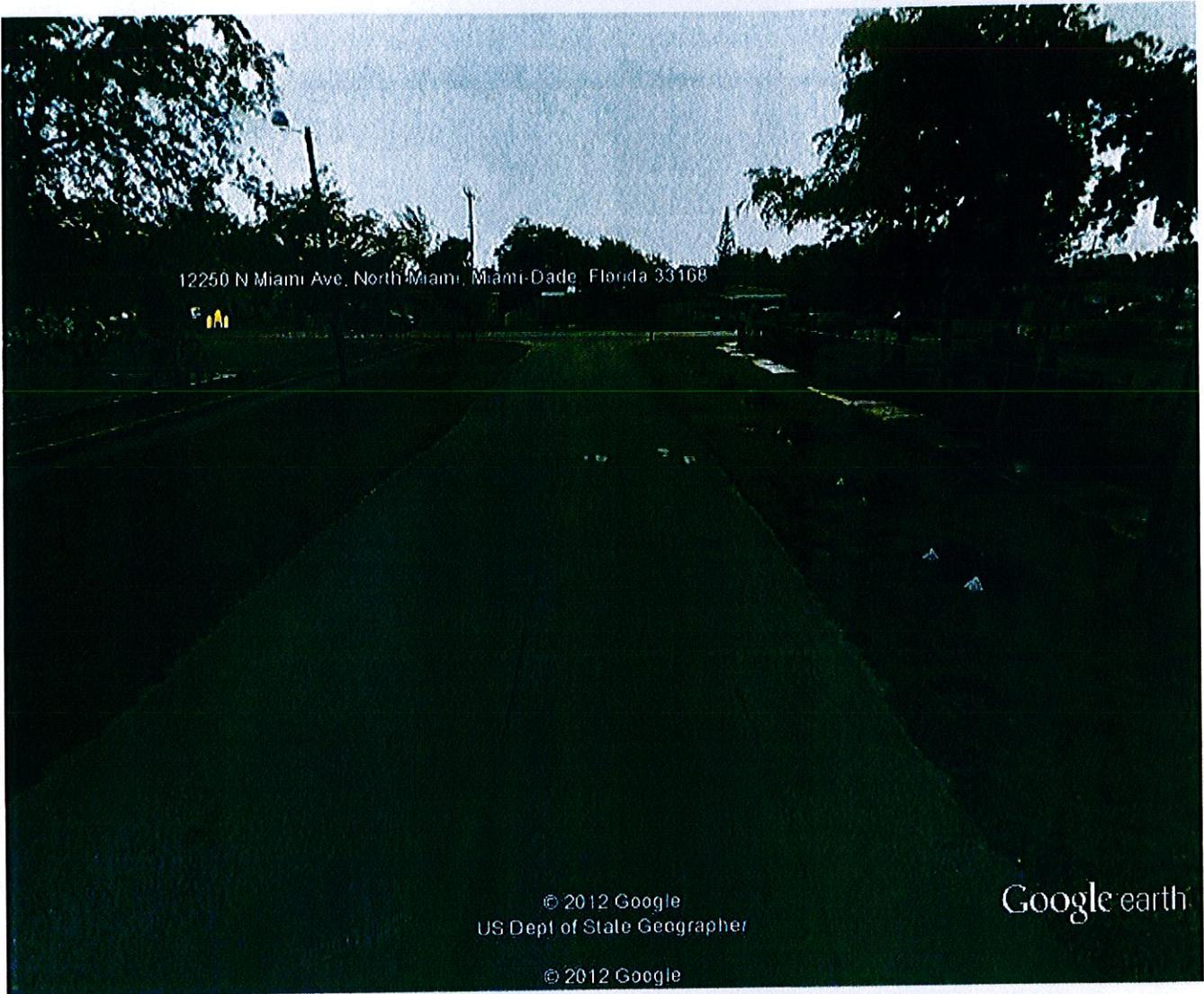
NW 122nd St.

From NW 2nd Ave to NW 3rd Avenue



Google earth





Google earth

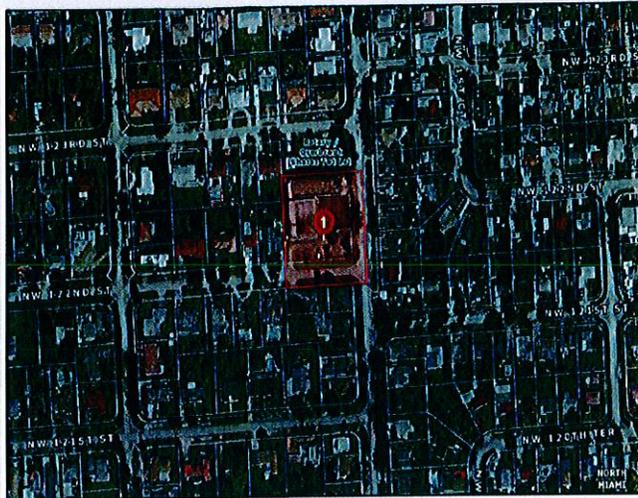




MIAMI-DADE COUNTY
OFFICE OF THE PROPERTY APPRAISER
PROPERTY SEARCH SUMMARY REPORT

Honorable Pedro J. Garcia
Property Appraiser

Property Information:	
Folio	06-2125-000-0120
Property Address	12250 NW 2 AVE
Owner Name(s)	GREEK ORTHODOX CH OF THE ANNUNCIATION NO MIA
Mailing Address	12230 NW 2 AVE MIAMI FL 33168-4529
Primary Zone	0700 SINGLE FAMILY RESIDENCE
Use Code	0044 RELIGIOUS
Beds/Baths/Half	0/0/0
Floors	1
Living Units	0
Adj. Sq. Footage	10,497
Lot Size	52,272 SQ FT
Year Built	1958
Legal Description	25 52 41 1.20 AC N418FT OF E210FT OF SE1/4 OF SW1/4 LESS N105FT & S61FT LOT SIZE 52272 SQUARE FEET
Assessment Information:	
	Current Previous
Year	2011 2010
Land Value	\$120,226 \$156,816
Building Value	\$1,043,465 \$1,052,030
Market Value	\$1,163,691 \$1,208,846
Assessed Value	\$1,163,691 \$1,208,846
Exemption Information:	
	Current Previous
Year	2011 2010
Homestead	\$0 \$0
2nd Homestead	\$0 \$0
Senior	\$0 \$0
Veteran Disability	\$0 \$0
Civilian Disability	\$0 \$0
Widow(er)	\$0 \$0



Aerial Photography 2010

Taxable Value Information:		
	Current	Previous
Year	2011	2010
	Exemption/Taxable	Exemption/Taxable
County	\$1,163,691 / \$0	\$1,208,846 / \$0
School Board	\$1,163,691 / \$0	\$1,208,846 / \$0
City	\$1,163,691 / \$0	\$1,208,846 / \$0
Regional	\$1,163,691 / \$0	\$1,208,846 / \$0
Sale Information:		

Disclaimer:

The Office of the Property Appraiser and Miami-Dade County are continually editing and updating the tax roll and GIS data to reflect the latest property information and GIS positional accuracy. No warranties, expressed or implied, are provided for data and the positional or thematic accuracy of the data herein, its use, or its interpretation. Although this website is periodically updated, this information may not reflect the data currently on file at Miami-Dade County's systems of record. The Property Appraiser and Miami-Dade County assumes no liability either for any errors, omissions, or inaccuracies in the information provided regardless of the cause of such or for any decision made, action taken, or action not taken by the user in reliance upon any information provided herein. See Miami-Dade County full disclaimer and User Agreement at <http://www.miamidade.gov/info/disclaimer.asp>.

Property information inquiries, comments, and suggestions email: pawebmail@miamidade.gov
GIS inquiries, comments, and suggestions email: gis@miamidade.gov

Generated on: Thursday, August 16, 2012

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

 [www.Sunbiz.org](http://www.sunbiz.org)

[Home](#) [Contact Us](#) [E-Filing Services](#) [Document Searches](#) [Forms](#) [Help](#)

[Previous on List](#) [Next on List](#) [Return To List](#) Entity Name Search

[Events](#) [No Name History](#) Submit

Detail by Entity Name

Florida Non Profit Corporation

GREEK ORTHODOX CHURCH OF THE ANNUNCIATION, INC.

Filing Information

Document Number	N05000000059
FEI/EIN Number	591660011
Date Filed	01/03/2005
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	11/06/2006
Event Effective Date	NONE

Principal Address

12250 NW 2ND AVENUE
NORTH MIAMI FL 33168 US
Changed 11/06/2006

Mailing Address

12250 NW 2ND AVENUE
NORTH MIAMI FL 33168 US
Changed 11/06/2006

Registered Agent Name & Address

PEREIRA, JOSEPH A JR
10300 SW 72 ST
470J
MIAMI FL 33173 US

Officer/Director Detail

Name & Address

Title P/D

PANAYIOTOU, MARO
12250 NW 2ND AVENUE
NORTH MIAMI FL 33168 US

Title VP/D

CHRISTOFIS, CATHERINE
12250 NW 2ND AVENUE
NORTH MIAMI FL 33168 US

Title T/D

TASCHIOGLOU, JOHN
12250 NW 2ND AVENUE
NORTH MIAMI FL 33168 US

Title S/D

SEBEKOS, KONSTANTINOS
12250 NW 2ND AVENUE
NORTH MIAMI FL 33168

Title DIR

STEFAS, ANNA
12250 NW 2ND AVE
NORTH MIAMI FL 33168

Annual Reports

Report Year	Filed Date
2010	05/23/2010
2011	03/20/2011
2012	03/12/2012

Document Images

03/12/2012 -- ANNUAL REPORT	View image in PDF format
03/20/2011 -- ANNUAL REPORT	View image in PDF format
05/23/2010 -- ANNUAL REPORT	View image in PDF format
04/25/2010 -- ANNUAL REPORT	View image in PDF format
04/13/2009 -- ANNUAL REPORT	View image in PDF format
04/28/2008 -- ANNUAL REPORT	View image in PDF format
04/25/2007 -- ANNUAL REPORT	View image in PDF format
11/06/2006 -- REINSTATEMENT	View image in PDF format
01/03/2005 -- Domestic Non-Profit	View image in PDF format

Note: This is not official record. See documents if question or conflict.

[Previous on List](#) [Next on List](#) [Return To List](#)

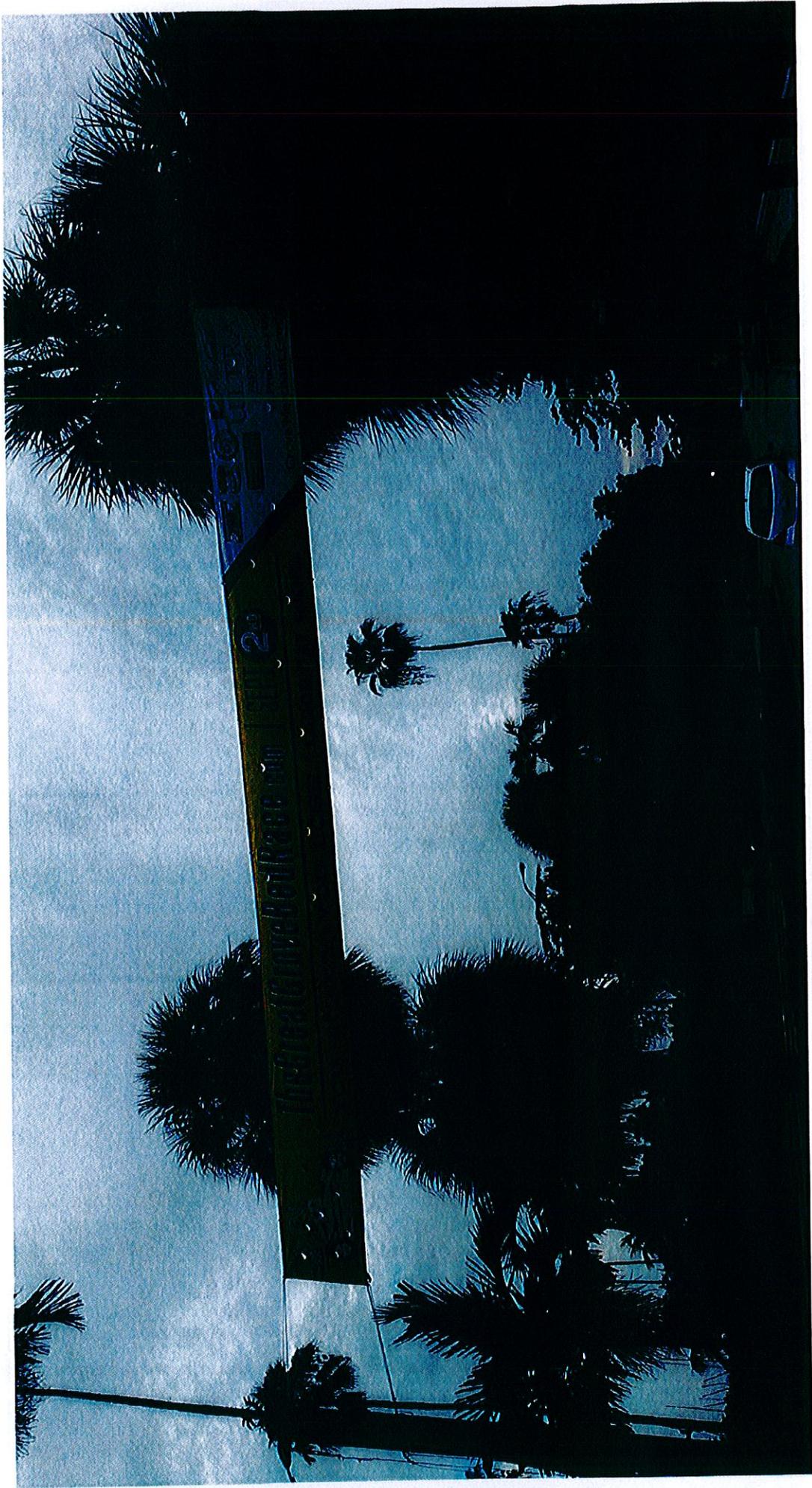
Entity Name Search

[Events](#)

No Name History

[| Home](#) | [Contact us](#) | [Document Searches](#) | [E-filing Services](#) | [Forms](#) | [Help](#) |

Copyright © and Privacy Policies
State of Florida, Department of State



Coconut Grove Banner 8/21/12



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza ■ Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive ■ Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

In Witness Whereof, the Company has caused this policy to be executed and attested.

Secretary

President

The information contained herein replaces any similar information contained elsewhere in the policy.

COMMON POLICY DECLARATIONS

Renewal of
CPS1423531



SCOTTSDALE INSURANCE COMPANY®

Policy Number
CPS1650658

Home Office:
One Nationwide Plaza ■ Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive ■ Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

ITEM 1. Named Insured and Mailing Address

GREEK ORTHODOX CHURCH OF THE
ANNUNCIATION, INC.
12250 NW 2ND AVE
N. MIAMI, FL 33168

**SURPLUS LINES INSURERS' POLICY
RATES AND FORMS ARE NOT APPROVED
BY ANY FLORIDA REGULATORY AGENCY.**

Agent Name and Address

SOUTHERN CROSS UNDERWRITERS, INC.
7700 WEST CAMINO REAL, SUITE 201
BOCA RATON, FL 33433

Agent No.: 09037 Program No.: A6

ITEM 2. Policy Period

From: 08/04/2012 To: 08/04/2013 Term: 365 DAYS

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

Business Description: GREEK ORTHODOX CHURCH

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium Summary
Commercial General Liability Coverage Part	\$ 3,228
Commercial Property Coverage Part	\$ 4,805
Commercial Crime And Fidelity Coverage Part	\$ NOT COVERED
Commercial Inland Marine Coverage Part	\$ NOT COVERED
Commercial Auto Coverage Part	\$ NOT COVERED
Professional Liability Coverage Part	\$ NOT COVERED
	\$
	\$
	\$
Surplus Lines Agent: James Lee Delmolino Address 13577 Feather Sound Drive Suite 100 Clearwater, FL 33762	Total Policy Premium: \$ 8,033.00
License No. A065437	POLICY FEE \$35/INSPECTION FEE \$200 \$ 235.00
Producing Agent: BARBARA COLLINS	SURPLUS LINES TAX \$ 413.40
Agents Address: 7600 W 20TH AVENUE, STE 214	STAMPING OFFICE FEE \$ 8.27
City/State: HIALEAH, FL 33016	FL EMPATF \$ 4.00
THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY THE SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVEN UNLICENSED INSURER.	FL HURRICANE CAT FUND \$ 107.48
	CITIZENS EMERGENCY \$ 82.68
	Policy Total: \$ 8,883.83

Form(s) and Endorsement(s) made a part of this policy at time of issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

KH

James L Delmolino

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.



SCOTTSDALE INSURANCE COMPANY®
SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. CPS1650658 Effective Date: 08/04/2012
 12:01 A.M., Standard Time

Named Insured GREEK ORTHODOX CHURCH OF THE Agent No. 09037

COMMON FORMS

UTS-COVPG 12-09	Cover Page
OPS-D-1 8-10	Common Policy Declarations
UTS-SP-2 12-95	Schedule Of Forms and Endorsements
UTS-SP-3 8-96	Locations Schedule
IL 09 53 1-08	Excl Cert Acts Terrorism

GENERAL LIABILITY FORMS

CLS-SD-1L 8-01	GL Supplemental Dec
CLS-SP-1L 10-93	GL Ext Supplemental Dec
CG 00 01 12-07	General Liab Cov
CG 00 68 5-09	Recording/Distribution Of Material/Info
CG 20 22 10-01	AI-Church Members & Officers
CG 21 01 11-85	Excl-Athletic-Sports Partic
CG 21 38 11-85	Excl-Pers & Advertising Injury
CG 21 39 10-93	Contractual Liab Limitation
CG 21 49 9-99	Total Pollution Excl
GLS-44s 9-10	Sexual-Physical Abuse Liab Cov
GLS-45s 8-04	Sexual-Physical Abuse Excl
GLS-106s 1-11	Total Liquor Liab Excl
GLS-289s 11-07	Known Injury/Dmg Excl-Personal/Advertise Injury
GLS-310s 10-09	Exclusion-Chinese Drywall
GLS-311s 10-09	Clergy Counseling Errors & Omissions
UTS-128s 10-07	Optional Provisions Endt
UTS-246s 9-08	Amend Endts No Med Pay Excl
UTS-365s 2-09	Amend Of Nonpayment Cancel Condition

PROPERTY FORMS

CPS-SD-1 10-10	Property Supplemental Dec
CPS-SP-4 10-10	Property Ext Supplemental Dec
CP 00 10 6-07	Building & Personal Prop Cov
CP 00 90 7-88	Property Conditions
CP 01 40 7-06	Excl Of Loss Due To Virus Or Bacteria
CP 10 30 6-07	Causes Of Loss-Special Form
CP 10 32 8-08	Water Exclusion Endt
CP 10 54 6-07	Windstorm Or Hail Excl
CP 12 11 10-00	Burglary-Rob Protect Safeguard

STATE FORMS

CFS-68s-FL 1-12	FL-Changes
IL 04 01 1-10	FL-Sinkhole Loss Coverage
UTS-29-FL 6-97	FL-Cancel-Nonrenew

POLICYHOLDER NOTICES

NOTX0178CW 2-06	Claim Reporting Information
UTS-278g 9-06	Company Telephone Number
NOTS0381FL 7-09	FL-Policyholder Notice

ADDITIONAL FORMS



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOCATIONS

Policy No. CPS1650658

Effective Date 08/04/2012
12:01 A.M. Standard Time

Named Insured GREEK ORTHODOX CHURCH OF THE

Agent No. 09037

Prem. No.	Bldg. No.	Designated Premises (Address, City, State, Zip Code)	Occupancy
1	1-2	12250 NW 2ND AVE N. MIAMI, FL 33168	GREEK ORTHODOX CHURCH

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

- BOILER AND MACHINERY COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART
- COMMERCIAL PROPERTY COVERAGE PART
- CRIME AND FIDELITY COVERAGE PART
- EQUIPMENT BREAKDOWN COVERAGE PART
- FARM COVERAGE PART
- STANDARD PROPERTY POLICY

SCHEDULE

The **Exception Covering Certain Fire Losses** (Paragraph C) applies to property located in the following state(s), if covered under the indicated Coverage Form, Coverage Part or Policy:

State(s)	Coverage Form, Coverage Part Or Policy
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

- A.** The following definition is added with respect to the provisions of this endorsement:
- "Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:
1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
 2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

- B.** The following exclusion is added:
- CERTIFIED ACT OF TERRORISM EXCLUSION**
- We will not pay for loss or damage caused directly or indirectly by a "certified act of terrorism". Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.
- C. Exception Covering Certain Fire Losses**
- The following exception to the exclusion in Paragraph B. applies only if indicated and as indicated in the Schedule of this endorsement.
- If a "certified act of terrorism" results in fire, we will pay for the loss or damage caused by that fire. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements which apply to those forms, or to the Legal Liability Coverage Form or the Leasehold Interest Coverage Form.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

D. Application Of Other Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion.



SCOTTSDALE INSURANCE COMPANY®
COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS

Policy No. CPS1650658 Effective Date 08/04/2012
 12:01 A.M., Standard Time

Named Insured GREEK ORTHODOX CHURCH OF THE Agent No. 09037

Item 1. Limits of Insurance	
Coverage	Limit of Liability
Aggregate Limits of Liability	Products/ Completed Operations Aggregate \$ <u>1,000,000</u> General Aggregate (other than Products/ Completed Operations) \$ <u>2,000,000</u>
Coverage A - Bodily Injury and Property Damage Liability	any one occurrence subject to the Products/ Completed Operations and General Aggregate Limits of Liability \$ <u>1,000,000</u>
Damage to Premises Rented to You Limit	any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability \$ <u>100,000</u>
Coverage B - Personal and Advertising Injury Liability	any one person or organization subject to the General Aggregate Limits of Liability \$ <u>EXCLUDED</u>
Coverage C - Medical Payments	any one person subject to the Coverage A occurrence and the General Aggregate Limits \$ <u>5,000</u>
Item 2. Description of Business	
Form of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Organization including a corporation (other than Partnership, Joint Venture or Limited Liability Company)	
Location of All Premises You Own, Rent or Occupy: See Schedule of Locations	
Item 3. Forms and Endorsements	
Form(s) and Endorsement(s) made a part of this policy at time of issue: See Schedule of Forms and Endorsements	
Item 4. Premiums	
Coverage Part Premium:	\$ <u>3,228</u>
Other Premium:	\$
Total Premium:	\$ <u>3,228</u>

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.