



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/19/2015

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Commercial Lines - (813) 639-3000 Wells Fargo Insurance Services USA, Inc. 2502 N. Rocky Point Drive, Suite 400 Tampa, FL 33607	<b>CONTACT NAME:</b> Certificate Dept <b>PHONE (A/C, No, Ext):</b> 813-639-3000 <b>FAX (A/C, No):</b> 855-299-7117 <b>E-MAIL ADDRESS:</b> clw.certrequest@wellsfargo.com														
<b>INSURED</b> Florencia at The Colony Condominium Association, Inc. 23850 Via Italia Circle Bonita Springs, FL 34134	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> Aspen Specialty Insurance Co</td> <td style="text-align: center;">10717</td> </tr> <tr> <td><b>INSURER B:</b> See attached</td> <td></td> </tr> <tr> <td><b>INSURER C:</b> Greenwich Insurance Company</td> <td style="text-align: center;">22322</td> </tr> <tr> <td><b>INSURER D:</b> Zenith Insurance Company</td> <td style="text-align: center;">13269</td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Aspen Specialty Insurance Co	10717	<b>INSURER B:</b> See attached		<b>INSURER C:</b> Greenwich Insurance Company	22322	<b>INSURER D:</b> Zenith Insurance Company	13269	<b>INSURER E:</b>		<b>INSURER F:</b>	
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**COVERAGES**
**CERTIFICATE NUMBER:** 391308

**REVISION NUMBER:** See below

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CIUCAP001969	05/01/2015	05/01/2016	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 100000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ 1000000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2000000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ Included</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 100000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000	MED EXP (Any one person)	\$ 5000	PERSONAL & ADV INJURY	\$ 1000000	GENERAL AGGREGATE	\$ 2000000	PRODUCTS - COMP/OP AGG	\$ Included		\$		
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D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A	X	Z071625704	10/10/2015	10/10/2016	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">PER STATUTE</td> <td style="text-align: center;">OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td></td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td></td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td></td><td style="text-align: right;">\$ 500,000</td></tr> </table>		PER STATUTE	OTH-ER		E.L. EACH ACCIDENT			\$ 500,000	E.L. DISEASE - EA EMPLOYEE			\$ 500,000	E.L. DISEASE - POLICY LIMIT			\$ 500,000
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Florencia at the Colony Condominium Association  
 23850 Via Italia Cir.  
 Bonita Springs, FL 34134

**CERTIFICATE HOLDER**

Florencia at the Colony  
 Condominium Association  
 23850 Via Italia Cir.  
 Bonita Springs, FL 34134

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**PROPERTY/HAZARD SCHEDULE**

INSURANCE CARRIER: QBE Insurance Corporation  
 POLICY NUMBER: QFW5338-02  
 POLICY PERIOD: Effective Date: 5/1/2015 Expiration Date: 5/1/2016  
 Business Income: Extra Expense:  
 Blanket Limit Applies  
 Replacement Cost  Special  Basic  
 Additional Wording:  
 Agreed Amount  
 Ordinance Or Law-Included

Bldg	Location	Limit	# Units	Hurricane Ded	AOP Ded	Coins %
1	23850 Via Italia Circle, Bonita Springs, FL	\$ 58,290,265	116	3%	\$ 2,500	

**FLOOD**

INSURANCE CARRIER: Hartford Insurance Co. of the Midwest,  Replacement Cost, Flood Zone: A16

Bldg	Location	Limit	# Units	Policy#	Deductible	Policy Period
1	23850 Via Italia Circle, Bonita Springs, FL	\$ 29,000,000	116	99040563342015	\$ 1,250	8/16/2015-8/16/2016

**EXCESS FLOOD**

Not Covered

**CRIME / EMPLOYEE DISHONESTY**

INSURANCE CARRIER: Hartford Fire Insurance Company  
 POLICY NUMBER: 00FA024503214  
 POLICY PERIOD: Effective Date: 5/1/2015 Expiration Date: 5/1/2016  
 Limit: \$ 2,100,000

Bldg	Location	# Units
1	23850 Via Italia Circle, Bonita Springs, FL 34134	116

**DIRECTORS & OFFICERS LIABILITY**

INSURANCE CARRIER: Travelers Casualty and Surety Company  
 POLICY NUMBER: 105915885  
 POLICY PERIOD: Effective Date: 5/1/2015 Expiration Date: 5/1/2016  
 Limit: \$ 1,000,000

Bldg	Location	# Units
1	23850 Via Italia Circle, Bonita Springs, FL 34134	116