



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
6/17/2019

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.

| | | |
|---|---|---------------|
| PRODUCER Brown & Brown Of Florida, Inc. 1421 Pine Ridge Road, Suite 200 Naples FL 34109 | CONTACT NAME: PHONE (A/C, No, Ext): 239-262-5143 FAX (A/C, No): 239-261-8265 E-MAIL ADDRESS: certs@bbswfla.com PRODUCER CUSTOMER ID: 15750 | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURED Florecia at The Colony Condominium Association, Inc. 23850 Via Italia Circle Bonita Springs FL 34134 | INSURER A : Everest National Insurance Company | |
| | INSURER B : Great American Insurance Company 16691 | |
| | INSURER C : Hartford Insurance Company of the Midwest 37478 | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

COVERAGES **CERTIFICATE NUMBER: 297287381** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
23850 Via Italia Circle, Bonita Spring, Florida 34134

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY | LIMITS | | | |
|----------|---|---|------------------------------------|-------------------------------------|---|--|--|--|----|
| A | <input checked="" type="checkbox"/> PROPERTY | CA4P000256191 | 5/1/2019 | 9/1/2020 | <input checked="" type="checkbox"/> BUILDING | \$ \$61,043,954 | | | |
| | <input type="checkbox"/> CAUSES OF LOSS | | | | | <input type="checkbox"/> DEDUCTIBLES | <input type="checkbox"/> PERSONAL PROPERTY | \$ | |
| | <input type="checkbox"/> | | | | | <input type="checkbox"/> BASIC | <input type="checkbox"/> BUILDING | <input type="checkbox"/> BUSINESS INCOME | \$ |
| | <input type="checkbox"/> | | | | | <input type="checkbox"/> BROAD | <input type="checkbox"/> CONTENTS | <input type="checkbox"/> EXTRA EXPENSE | \$ |
| | <input checked="" type="checkbox"/> SPECIAL | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> RENTAL VALUE | \$ |
| | <input type="checkbox"/> | | | | | <input type="checkbox"/> EARTHQUAKE | <input type="checkbox"/> | <input type="checkbox"/> BLANKET BUILDING | \$ |
| | <input checked="" type="checkbox"/> WIND | | | | | <input checked="" type="checkbox"/> INCLUDED | <input type="checkbox"/> | <input type="checkbox"/> BLANKET PERS PROP | \$ |
| | <input type="checkbox"/> | | | | | <input type="checkbox"/> FLOOD | <input type="checkbox"/> | <input type="checkbox"/> BLANKET BLDG & PP | \$ |
| | <input checked="" type="checkbox"/> UNITS: 117 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | <input type="checkbox"/> INLAND MARINE | <input type="checkbox"/> TYPE OF POLICY | | | | \$ | | | |
| | <input type="checkbox"/> CAUSES OF LOSS | | | | | \$ | | | |
| | <input type="checkbox"/> NAMED PERILS | <input type="checkbox"/> POLICY NUMBER | | | | \$ | | | |
| B | <input checked="" type="checkbox"/> CRIME | SSA39256740570301 | 5/1/2019 | 5/1/2020 | <input checked="" type="checkbox"/> EMPL DISHONESTY | \$ 2,500,000 | | | |
| | <input type="checkbox"/> TYPE OF POLICY | | | | | | | | |
| | <input type="checkbox"/> CRIME | | | | | | | | |
| | <input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | | | | | | |
| C | <input type="checkbox"/> FLOOD-RCBAP ZONE: AE | 99040563342018 | 8/16/2018 | 8/16/2019 | <input checked="" type="checkbox"/> BUILDING | \$ 29,000,000 | | | |
| | <input type="checkbox"/> | | | | | | | | |
| | <input type="checkbox"/> | | | | | | | | |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 PROPERTY: REPLACEMENT COST; COINSURANCE N/A - AGREED VALUE; DEDUCTIBLES: ALL OTHER PERILS \$5,000 PER OCCURRENCE, EXCEPT CALENDAR YEAR NAMED HURRICANE; ORDINANCE OR LAW: FULL COVERAGE A, B&C COMBINED LIMIT \$2,000,000; EQUIPMENT BREAKDOWN COVERAGE INCLUDED.

•See attached regarding primary coverage provided by master policy - Per Florida Statute 718.111.
See Attached...

CERTIFICATE HOLDER **CANCELLATION**

| | |
|---|---|
| Florecia at the Colony Condominium Association Inc. 23850 Via Italia Circle Bonita Springs FL 34134 | 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 |
|---|---|



ADDITIONAL REMARKS SCHEDULE

| | | | |
|--|-----------|--|--|
| AGENCY Brown & Brown Of Florida, Inc. | | NAMED INSURED Florenca at The Colony Condominium Association, Inc. 23850 Via Italia Circle Bonita Springs FL 34134 | |
| POLICY NUMBER | | EFFECTIVE DATE: | |
| CARRIER | NAIC CODE | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 24 FORM TITLE: CERTIFICATE OF PROPERTY INSURANCE

SPECIAL CONDITIONS:

FLOOD : VALUATION: REPLACEMENT COST; DEDUCTIBLE: \$1,250 PER OCCURRENCE
 *** MAXIMUM LIMIT AVAILABLE THROUGH NATIONAL FLOOD INSURANCE PROGRAM (NFIP)***

CRIME: INCLUDES DSSINATED AGENTS AS EMPLOYEES COVERED FOR EMPLOYEE DISHONESTY ONLY - PROPERTY MANAGER; INCLUDES ALL
 NON-COMPENSATED OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS AS EMPLOYEES; INCLUDES VOLUNTEER WORKERS OTHER
 THAN FUND SOLICITORS AS EMPLOYEES



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2019

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 have ADDITIONAL INSURED provisions or 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).

| | | | |
|---|--|---|-----------------------------|
| PRODUCER Brown & Brown Of Florida, Inc. 1421 Pine Ridge Road, Suite 200 Naples FL 34109 | CONTACT NAME: PHONE (A/C, No, Ext): 239-262-5143 | | FAX (A/C, No): 239-261-8265 |
| | E-MAIL ADDRESS: certs@bbswfla.com | | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | | INSURER A : Aspen Specialty Insurance Company | 10717 |
| INSURED FLORE-1 Florencia at The Colony Condominium Association, Inc. 23850 Via Italia Circle Bonita Springs FL 34134 | INSURER B : | | |
| | INSURER C : | | |
| | INSURER D : | | |
| | INSURER E : | | |
| | INSURER F : | | |
| | | | |

COVERAGES

CERTIFICATE NUMBER: 1431753860

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| 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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CG0001 (12-07) GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | CIUCAP00655400 | 5/1/2019 | 5/1/2020 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | | | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE | |
| | | | | | | | OTHER | |
| | | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 23850 Via Italia Circle, Bonita Springs, Florida 34134

CERTIFICATE HOLDER**CANCELLATION**

Florencia at the Colony Condominium Association Inc.
 23850 Via Italia Circle
 Bonita Springs FL 34134

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

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Policy Number: 99040563342018

FLOOD POLICY DECLARATIONS

Hartford Insurance Company of the Midwest



Standard Policy

Type: Revised Declaration
Policy Period: 08/16/2018 to 08/16/2019
Original New Business Effective Date: 08/16/2007
Reinstatement Date:
Form: RCBAP

To report a claim call: (800) 759-8656
These Declarations are effective
as of: 02/07/2019 at 12:01 AM

060101

Address Info

Producer Name and Mailing Address:

BROWN & BROWN OF SW FLORIDA
DBA BROWN & BROWN OF FLORIDA INC
6611 ORION DR STE 201
FORT MYERS, FL 33912-4329

Insured Name and Mailing Address:

FLORENCIA AT THE COLONY
CONDO ASSOC INC
23850 VIA ITALIA CIR APT 101
BONITA SPRINGS, FL 34134-7123

NFIP Policy Number: 9904056334
Agent/Agency #: 10334-21228-221
Reference #:
Phone #: (239) 278-0278

NAIC Number: 19682
Processed by:
Flood Insurance Processing Center
P.O. Box 2057 Kalispell MT 59903-2057

Property Info

Property Location:

23850 VIA ITALIA CIR
BONITA SPRINGS, FL 34134-7122

Building Description:

Other Residential
Three or More Floors
Elevated With Enclosure
High Rise

Primary Residence: N
Premium Payor: Insured
Flood Risk/Rated Zone: AE Current Zone:
Community Number: 12 5124 0589 F
Community Name: LEE COUNTY*
Grandfathered: No
Post-Firm Construction
Program Type: Regular

Newly Mapped into SFHA:
Elev Diff: 2-
Elevated Building: Y
Includes Addition(s) and Extension(s)
Replacement Cost: \$69,488,615
Number of Units: 116

Coverage & Rating

| Type | Coverage | Rates | Deduct | Discount | Sub Total | Premium Calculation | |
|--------------------|---------------------------------|--------------|--------|----------|-----------|----------------------------|------------------|
| Building: | 29,000,000 | 1.890 / .046 | 1,250 | 14- | 16,554.00 | Premium Subtotal: | 16,739.00 |
| Contents: | 100,000 | .380 / .120 | 1,250 | | 185.00 | Multiplier: | |
| Contents Location: | Basement or Enclosure and Above | | | | | ICC Premium: | 10.00 |
| | | | | | | CRS Discount: | .00 |
| | | | | | | Reserve Fund Assmt: | 2,512.00 |
| | | | | | | HFIAA Surcharge: | 250.00 |
| | | | | | | Federal Policy Fee: | 2,000.00 |
| | | | | | | Probation Surcharge: | .00 |
| | | | | | | Endorsement Amount: | .00 |
| | | | | | | Total Premium Paid: | 21,511.00 |

THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.

Coverage Limitations May Apply. See Your Policy Form for Details.

Mortgage Info

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Douglas Elliott
Douglas Elliott, President

Terence Shields
Terence Shields, Secretary



Policy Number: 87043331552018

FLOOD POLICY DECLARATIONS

Hartford Insurance Company of the Midwest



Standard Policy

Type: Revised Declaration
Policy Period: 11/28/2018 To 11/28/2019
Original New Business Effective Date: 11/28/2008
Reinstatement Date:
Form: General Property

To report a claim call: (800) 759-8656
These Declarations are effective
as of: 02/07/2019 at 12:01 AM

630101

Address Info

Producer Name and Mailing Address:

BROWN & BROWN OF SW FLORIDA
DBA BROWN & BROWN OF FLORIDA INC
6611 ORION DR STE 201
FORT MYERS, FL 33912-4329

Insured Name and Mailing Address:

FLORENCIA AT THE COLONY
THE COLONY CONDO ASSN
23850 VIA ITALIA CIR APT 101
BONITA SPRINGS, FL 34134-7123

NFIP Policy Number: 8704333155
Agent/Agency #: 10334-21228-221
Reference #:
Phone #: (239)278-0278

NAIC Number: 19682
Processed by:
Flood Insurance Processing Center
P.O. Box 2057 Kalispell MT 59903-2057

Property Info

Property Location:

23850 VIA ITALIA CIR
BONITA SPRINGS, FL 34134-7122

Building Description:

Non-Res. Business
One Floor
Elevated With Enclosure
MECHANICAL BUILDING

Primary Residence: N
Premium Payor: Insured
Flood Risk/Rated Zone: AE **Current Zone:**
Community Number: 12 5124 0589 F
Community Name: LEE COUNTY*
Grandfathered: No
Post-Firm Construction
Program Type: Regular

Newly Mapped into SFHA:
Elev Diff: 12
Elevated Building: Y
Includes Addition(s) and Extension(s)
Replacement Cost: \$318,683
Number of Units: 1

Coverage & Rating

| Type | Coverage | Rates | Deduct | Discount | Sub Total | Premium Calculation | |
|---|----------|-------------|--------|----------|-----------|----------------------------|-----------------|
| Building: | 500,000 | .270 / .120 | 1,250 | 9- | 854.00 | Premium Subtotal: | 854.00 |
| Contents: | | | | | | Multiplier: | |
| Contents | | | | | | ICC Premium: | 5.00 |
| Location: | | | | | | CRS Discount: | 215.00 |
| THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY. | | | | | | Reserve Fund Assmt: | 97.00 |
| | | | | | | HFIAA Surcharge: | 250.00 |
| | | | | | | Federal Policy Fee: | 50.00 |
| | | | | | | Probation Surcharge: | .00 |
| | | | | | | Endorsement Amount: | .00 |
| | | | | | | Total Premium Paid: | 1,041.00 |

Coverage Limitations May Apply. See Your Policy Form for Details.

Mortgage Info

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Douglas Elliott
Douglas Elliott, President

Terence Shields
Terence Shields, Secretary