



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

8/19/2019

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 E-MAIL ADDRESS: certs@bbswfla.com PRODUCER CUSTOMER ID: 15750	FAX (A/C, No): 239-261-8265
INSURED Florenia at The Colony Condominium Association, Inc. 23850 Via Italia Circle Bonita Springs FL 34134	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Everest National Insurance Company	NAIC #
	INSURER B: Great American Insurance Company	16691
	INSURER C: Hartford Fire Insurance Company	19682
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 604157634**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	5/1/2020	BUILDING	\$
		CAUSES OF LOSS				PERSONAL PROPERTY	\$
		BASIC				BUSINESS INCOME	\$
		BROAD				EXTRA EXPENSE	\$
		SPECIAL				RENTAL VALUE	\$
		EARTHQUAKE				BLANKET BUILDING	\$
		WIND				BLANKET PERS PROP	\$
		FLOOD				BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/>	UNITS: 117					\$
							\$
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$
		CAUSES OF LOSS					\$
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER				\$
							\$
B	<input checked="" type="checkbox"/>	CRIME	SSA39256740570301	5/1/2019	5/1/2020	<input checked="" type="checkbox"/> EMPL DISHONESTY	\$ 2,500,000
		TYPE OF POLICY					\$
		CRIME					\$
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
							\$
							\$
C	<input type="checkbox"/>	FLOOD-RCBAP ZONE: AE	99040563342019	8/16/2019	8/16/2020	<input checked="" type="checkbox"/> BUILDING	\$ 29,000,000
							\$

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**

Florenia 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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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

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		
CARRIER	NAIC CODE	EFFECTIVE DATE:

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 DESIGNATED 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
Florence at The Colony
Condominium Association, Inc.
23850 Via Italia Circle
Bonita Springs FL 34134

FLORE-1

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 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

Florence at the Colony Condominium Association Inc.
23850 Via Italia Circle
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

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Policy Number: 99040563342019

FLOOD POLICY DECLARATIONS
Hartford Insurance Company of the Midwest

Standard Policy

Type: Renewal

Policy Period: 08/16/2019 To 08/16/2020

Original New Business Effective Date: 08/16/2007

Reinstatement Date:

Form: RCBAP

For payment status, call: (888) 245-7274

These Declarations are effective

as of: 08/16/2019 at 12:01 AM

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 THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.					ICC Premium:	12.00
						CRS Discount:	.00
						Reserve Fund Assmt:	2,513.00
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	2,000.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	21,514.00

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

Mortgage Info

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Refer to www.fema.gov/cost-of-flood for more information about the risk of flooding and how it impacts the cost of flood insurance.
Douglas Elliott, President
Terence Shields, Secretary



Policy Number: 87043331552018

FLOOD POLICY DECLARATIONS
Hartford Insurance Company of the Midwest

630101

Type: Revised Declaration

Standard Policy

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

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, President
Terence Shields, Secretary