

### CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 8/20/2020

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 PROVID & Provide Inc.	CONTACT NAME:					
Brown & Brown Of Florida, Inc. 1421 Pine Ridge Road, Suite 200	PHONE (A/C, No, Ext): 239-261-3000	FAX (A/C, No): 239-261-	-8265			
Naples FL 34109	E-MAIL ADDRESS: certificate@bbswfla.com					
	PRODUCER CUSTOMER ID: 15750					
	INSURER(S) AFFORDING COVERAGE		NAIC#			
INSURED Florencia at The Colony	INSURER A: Everest National Insurance Company	1				
Florencia at The Colony Condominium Association, Inc. 23850 Via Italia Circle	INSURER B: Great American Insurance Company		16691			
	INSURER C: Hartford Fire Insurance Company		19682			
Bonita Springs FL 34134	INSURER D : INSURER E :					
	INSURER F:					

**COVERAGES** 

**CERTIFICATE NUMBER: 881643684** 

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			SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
Α	X	PROPERTY		CA4P000256201	5/1/2020	5/1/2021	Х	BUILDING	\$61,712,149
	CAL	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$
		BASIC	BUILDING					BUSINESS INCOME	\$
		BROAD	CONTENTS	1				EXTRA EXPENSE	\$
	Х	SPECIAL						RENTAL VALUE	\$
		EARTHQUAKE						BLANKET BUILDING	\$
	Х	WIND	INCLUDED	χ				BLANKET PERS PROP	\$
	Х	FLOOD						BLANKET BLDG & PP	\$
	Х	UNITS: 116							\$
									\$
	INLAND MARINE			TYPE OF POLICY					\$
	CAUSES OF LOSS								\$
		NAMED PERILS		POLICY NUMBER					\$
	25				(4)				\$
В	Χ	CRIME		SSA39256740570301	5/1/2020	5/1/2021	Х	EMPL DISHONESTY	\$2,500,000
	TYP	E OF POLICY							\$
	CRIME								\$
		BOILER & MACH EQUIPMENT BRE							\$
									\$
С	FLO	OD-RCBAP IE: AE		9904056334	8/16/2020	8/16/2021	X	BUILDING	\$ 29,000,000
		v							\$

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 2% CALENDAR YEAR NAMED HURRICANE; ORDINANCE OR LAW: FULL COVERAGE A, B&C COMBINED LIMIT 5%; EQUIPMENT BREAKDOWN COVERAGE INCLUDED.
Primary coverage provided by master policy - Per Florida Statute 718 111

Primary coverage provided by master policy - Per Florida Statute 718.111. FLOOD: VALUATION: REPLACEMENT COST - SEE ATTACHED DECLARATIONS

See Attached...

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

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

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID:	15750
1.00 //	

ACORD®

# ADDITIONAL REMARKS SCHEDULE

Page <u>1</u> of <u>1</u>

1 OFFICE AND ADDRESS OF THE PROPERTY OF THE PR							
AGENCY Brown & Brown Of Florida, Inc.		NAMED INSURED Florencia at The Colony Condominium Association, Inc.					
POLICY NUMBER		Florencia at The Colony Condominium Association, Inc. 23850 Via Italia Circle Bonita Springs FL 34134					
CARRIER	NAIC CODE						
A DDITIONAL DEMARKS	<u> </u>	EFFECTIVE DATE:					
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,	HOUDANGE					
FORM NUMBER: 24 FORM TITLE: CERTIFICATE OF	- PROPERTY	INSURANCE					
SPECIAL CONDITIONS:  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							
		·					



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/5/2020

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				CONTACT NAME:					
Brown & Brown Of Florida, Inc.				PHONE (A/C, No, Ext): 239-261-3000 [FAX (A/C, No): 239-261-8265					
6611 Orion Blvd. Ste #201 Fort Myers FL 33912				E-MAIL ADDRESS: certificate@bbswfla.com					
1 511 111/515   2 555   2				ADDICE			RDING COVERAGE		NAIC#
				INSURE			rance Company		10717
INSURED			FLORE-1	INSURE		poolally illidai	and Company		10717
Florencia at The Colony				INSURE					
Condominium Association, Inc. 23850 Via Italia Circle				INSURE					
Bonita Springs FL 34134				INSURE					
				INSURE					
COVERAGES CE	RTIFIC	CATE	NUMBER: 995540576	INSURE	Nr.		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.									WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL	SUBR		DELITT	POLICY EFF (MM/DD/YYYY)		LIMIT	e	
A X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER CIUCAP00655401		5/1/2020	(MM/DD/YYYY) 5/1/2021		\$1,000	000
CLAIMS-MADE X OCCUR			0.000.000		OTTZOZO	0/1/2021	EACH OCCURRENCE DAMAGE TO RENTED		
SD MING MAJOE GOSON							PREMISES (Ea occurrence)	\$ 100,0	
							MED EXP (Any one person) PERSONAL & ADV INJURY	\$5,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$1,000	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	
OTHER:							PRODUCTS - COMPTOP AGG	\$ 2,000	,000
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
AUTOS ONET							(Per accident)	\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADI							AGGREGATE	\$	
DED RETENTION \$							THE OTHER THE	\$	
WORKERS COMPENSATION							PER OTH-	•	
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE  Y / N			,				E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	- VI	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s	
								•	
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					
				- Late:					



BROWN & BROWN OF SW FLORIDA DBA 6611 ORION DR #201 FORT MYERS, FL 33912

Agency Phone:

(239) 278-0278

**NFIP Policy Number:** 

9904056334 Company Policy Number: 99040563342019

Agent:

BROWN & BROWN OF SW FLORIDA DBA

**Policy Term:** 

08/16/2020 12:01 AM through 08/16/2021 12:01 AM

Renewal Billing Payor: INSURED

To report a claim

https://TheHartford.ManageFlood.com

visit or call us at: (800) 787-5677

#### RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY

**DELIVERY ADDRESS** 

FLORENCIA AT THE COLONY CONDO ASSOC INC 23850 VIA ITALIA CIR APT 101

BONITA SPRINGS, FL 341347123

INSURED NAME(S) AND MAILING ADDRESS

FLORENCIA AT THE COLONY CONDO ASSOC INC

23850 VIA ITALIA CIR APT 101 BONITA SPRINGS, FL 341347123

**COMPANY MAILING ADDRESS** 

Hartford Insurance Company of the Midwest

PO BOX 913385

DENVER, CO 80291-3385

PROPERTY LOCATION

23850 VIA ITALIA CIR

BONITA SPRINGS, FL 341347122

Refer to www.fema.gov/cost-of-flood for more information about flood risk and policy rating.

RATING INFORMATION

BUILDING OCCUPANCY:

NUMBER OF UNITS:

PRIMARY RESIDENCE:

ORIGINAL NEW BUSINESS DATE:

REINSTATEMENT DATE: CONDOMINIUM INDICATOR:

08/16/2007

OTHER RESIDENTIAL

RCBAP HIGH RISE

116 NO

ADDITIONS/EXTENSIONS: **BUILDING TYPE:** 

N/A

THREE OR MORE FLOORS

BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: FINISHED ENCLOSURE WITHOUT PROPER OPENINGS REPLACEMENT COST:

**ELEVATION DIFFERENCE: ELEVATED BUILDING TYPE:** 

\$69,488,615

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

SECOND MORTGAGEE:

ADDITIONAL INTEREST:

DISASTER AGENCY:

DESCRIPTION: N/A

**CURRENT FLOOD ZONE:** 

COMMUNITY NAME:

GRANDFATHERED:

DATE OF CONSTRUCTION: COMMUNITY NUMBER:

06/28/2007 125124 0589 F REGULAR PROGRAM

LEE COUNTY

AE NO FLOOD RISK/RATED ZONE: AE

> -2 **ELEVATED**

LOAN NO: N/A

LOAN NO: N/A

LOAN NO: N/A

CASE NO: N/A

PREMIUM CALCULATION —

DISASTER AGENCY:

Submit for Rate

COVERAGE DEDUCTIBLE BASIC COVERAGE BASIC RATE ADD'L COVERAGE ADD'L RATE DED. DISCOUNT/SURCHARGE **PREMIUM** BUILDING \$29,000,000 \$1,250 \$175,000 1.890 \$28,825,000 0.047 \$16,842.00 (\$14.00) CONTENTS \$100,000 \$1,250 \$25,000 0.380 \$75,000 0.120 \$0.00 \$185.00

Coverage limitations may apply. See your policy form for details.

INCREASED COST OF COMPLIANCE: COMMUNITY RATING DISCOUNT: RESERVE FUND ASSESSMENT: 18.0% PROBATION SURCHARGE:

ANNUAL SUBTOTAL: \$17,027,00 \$12.00 \$0.00

\$3,067.00 \$0.00 ANNUAL PREMIUM: \$20,106.00 \$250.00

HFIAA SURCHARGE: FEDERAL POLICY SERVICE FEE:

\$2,000.00 TOTAL: \$22,356.00

in witness whereof, we, as officers of the stock Company declared on the Declarations Page, have cause this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Dongles Ellist Doug Elliot, President

Stille Terence Shields, Secretary

Zero Balance Due - This Is Not A Bill

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy. This is a Residential Condominium Building Association Policy. If, at the time of the loss, the building is not insured within 80% of the replacement cost of the building or the maximum amount available for this building, whichever is less, a co-insurance penalty will be applied to the claims settlement.

Policy issued by Hartford Insurance Company of the Midwest

Company NAIC:

37478

Page 1 of 2





BROWN & BROWN OF SW FLORIDA DBA 6611 ORION DR #201 FORT MYERS, FL 33912

Agency Phone:

(239) 278-0278

**NFIP Policy Number:** 8704333155 Company Policy Number: 87043331552019

Agent:

BROWN & BROWN OF SW FLORIDA DBA

**Policy Term:** 11/28/2019 12:01 AM through 11/28/2020 12:01 AM

Renewal Billing Payor: INSURED

To report a claim https://TheHartford.ManageFlood.com

visit or call us at: (800) 787-5677

## RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

STANDARD POLICY - GENERAL PROPERTY FORM

DELIVERY ADDRESS

FLORENCIA AT THE COLONY THE COLONY CONDO ASSN 23850 VIA ITALIA CIR APT 101

11/28/2008

NOT A CONDO

ONE FLOOR

NON-RESIDENTIAL - BUSINESS

N/A

N/A

NO

N/A

BONITA SPRINGS, FL 341347123

INSURED NAME(S) AND MAILING ADDRESS

FLORENCIA AT THE COLONY THE COLONY CONDO ASSN

23850 VIA ITALIA CIR APT 101 BONITA SPRINGS, FL 341347123

COMPANY MAILING ADDRESS

Hartford Insurance Company of the Midwest

PO BOX 913385

DENVER, CO 80291-3385

PROPERTY LOCATION

23850 VIA ITALIA CIR

Refer to www.fema.gov/cost-of-flood for more information about flood risk and policy rating.

RATING INFORMATION

ORIGINAL NEW BUSINESS DATE:

REINSTATEMENT DATE:

**BUILDING OCCUPANCY:** 

CONDOMINIUM INDICATOR:

NUMBER OF UNITS:

PRIMARY RESIDENCE:

ADDITIONS/EXTENSIONS:

BUILDING TYPE:

BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: ENCLOSURE WITH PROPER OPENINGS

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

SECOND MORTGAGEE:

ADDITIONAL INTEREST:

DISASTER AGENCY:

BUILDING

CONTENTS

BONITA SPRINGS, FL 341347122

**DESCRIPTION: MECHANICAL BUILDING** 

DATE OF CONSTRUCTION:

08/01/2007 125124 0589 F REGULAR PROGRAM

COMMUNITY NUMBER: COMMUNITY NAME:

LEE COUNTY

CURRENT FLOOD ZONE: AE GRANDFATHERED: NO AE

FLOOD RISK/RATED ZONE: **ELEVATION DIFFERENCE:** 

**ELEVATED BUILDING TYPE:** 

12 **ELEVATED** 

LOAN NO: N/A

LOAN NO: N/A

LOAN NO: N/A

CASE NO: N/A

PREMIUM CALCULATION -

DISASTER AGENCY:

COVERAGE DEDUCTIBLE BASIC COVERAGE BASIC RATE ADD'L COVERAGE ADD'L RATE DED. DISCOUNT/SURCHARGE \$500,000 \$1,250 0.270 \$175,000 \$325,000 0.130 \$0 \$0 0.000 \$0 \$0 0.000

Coverage limitations may apply. See your policy form for details.

Standard

**PREMIUM** (\$9.00)\$887.00 \$0.00 \$0.00

ANNUAL SUBTOTAL: \$887.00 INCREASED COST OF COMPLIANCE: \$6.00 COMMUNITY RATING DISCOUNT: (\$223.00)

RESERVE FUND ASSESSMENT: 15.0%

\$101.00 PROBATION SURCHARGE: \$0.00 ANNUAL PREMIUM: \$771.00 \$250.00

HFIAA SURCHARGE: FEDERAL POLICY SERVICE FEE:

\$50.00 TOTAL: \$1,071.00

witness whereof, we, as officers of the stock Company declared on the Declarations Page, have cause this policy to ested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative. ns Page, have cause this policy to be executed and

Dongles Ellist

Terence Shields, Secretary

Zero Balance Due - This Is Not A Bill This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Policy issued by Hartford Insurance Company of the Midwest

Company NAIC:

37478

File: 14377174

