



AGENCY CUSTOMER ID: 15750

LOC #: \_\_\_\_\_



## 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		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:

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).


<b>PRODUCER</b> Brown & Brown Of Florida, Inc. 6611 Orion Blvd. Ste #201 Fort Myers FL 33912	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): 239-261-3000      FAX (A/C. No): 239-261-8265 E-MAIL ADDRESS: certificate@bbswfla.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Florencia at The Colony Condominium Association, Inc. 23850 Via Italia Circle Bonita Springs FL 34134	<b>INSURER A:</b> Aspen Specialty Insurance Company      NAIC # 10717	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 995540576      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CIUCAP00655401	5/1/2020	5/1/2021	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 \$
	<b>AUTOMOBILE LIABILITY</b> <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"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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

<b>CERTIFICATE HOLDER</b>  Florencia at the Colony Condominium Association Inc. 23850 Via Italia Circle Bonita Springs FL 34134	<b>CANCELLATION</b>  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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THE HARTFORD

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 visit or call us at: <https://TheHartford.ManageFlood.com>  
(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](http://www.fema.gov/cost-of-flood) for more information about flood risk and policy rating.

#### RATING INFORMATION

ORIGINAL NEW BUSINESS DATE: 08/16/2007  
REINSTATEMENT DATE: N/A  
BUILDING OCCUPANCY: OTHER RESIDENTIAL  
CONDOMINIUM INDICATOR: RCBAP HIGH RISE  
NUMBER OF UNITS: 116  
PRIMARY RESIDENCE: NO  
ADDITIONS/EXTENSIONS: N/A  
BUILDING TYPE: THREE OR MORE FLOORS  
BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: FINISHED ENCLOSURE WITHOUT PROPER OPENINGS

#### DESCRIPTION: N/A

DATE OF CONSTRUCTION: 06/28/2007  
COMMUNITY NUMBER: 125124 0589 F REGULAR PROGRAM  
COMMUNITY NAME: LEE COUNTY  
CURRENT FLOOD ZONE: AE  
GRANDFATHERED: NO  
FLOOD RISK/RATED ZONE: AE  
ELEVATION DIFFERENCE: -2  
ELEVATED BUILDING TYPE: ELEVATED  
REPLACEMENT COST: \$69,488,615

#### MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

LOAN NO: N/A

SECOND MORTGAGEE:

LOAN NO: N/A

ADDITIONAL INTEREST:

LOAN NO: N/A

DISASTER AGENCY:

CASE NO: N/A  
DISASTER AGENCY:

#### PREMIUM CALCULATION —

	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	(\$14.00)	\$16,842.00
CONTENTS	\$100,000	\$1,250	\$25,000	0.380	\$75,000	0.120	\$0.00	\$185.00

Submit for Rate

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

ANNUAL SUBTOTAL:	\$17,027.00
INCREASED COST OF COMPLIANCE:	\$12.00
COMMUNITY RATING DISCOUNT:	0%
RESERVE FUND ASSESSMENT:	18.0%
PROBATION SURCHARGE:	\$0.00
ANNUAL PREMIUM:	\$20,106.00
HFIAA SURCHARGE:	\$250.00
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 caused this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

*Douglas Elliot*  
Doug Elliot, President

*Terence Shields*  
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



File: 16780935

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DocID: 133810440



THE HARTFORD

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 visit or call us at: <https://TheHartford.ManageFlood.com>  
(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  
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  
BONITA SPRINGS, FL 341347122

Refer to [www.fema.gov/cost-of-flood](http://www.fema.gov/cost-of-flood) for more information about flood risk and policy rating.

### RATING INFORMATION

ORIGINAL NEW BUSINESS DATE: 11/28/2008  
REINSTATEMENT DATE: N/A  
BUILDING OCCUPANCY: NON-RESIDENTIAL - BUSINESS  
CONDOMINIUM INDICATOR: NOT A CONDO  
NUMBER OF UNITS: N/A  
PRIMARY RESIDENCE: NO  
ADDITIONS/EXTENSIONS: N/A  
BUILDING TYPE: ONE FLOOR  
BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: ENCLOSURE WITH PROPER OPENINGS

### DESCRIPTION: MECHANICAL BUILDING

DATE OF CONSTRUCTION: 08/01/2007  
COMMUNITY NUMBER: 125124 0589 F REGULAR PROGRAM  
COMMUNITY NAME: LEE COUNTY  
CURRENT FLOOD ZONE: AE  
GRANDFATHERED: NO  
FLOOD RISK/RATED ZONE: AE  
ELEVATION DIFFERENCE: 12  
ELEVATED BUILDING TYPE: ELEVATED

### MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

LOAN NO: N/A

SECOND MORTGAGEE:

LOAN NO: N/A

ADDITIONAL INTEREST:

LOAN NO: N/A

DISASTER AGENCY:

CASE NO: N/A  
DISASTER AGENCY:

### PREMIUM CALCULATION —

	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM
BUILDING	\$500,000	\$1,250	\$175,000	0.270	\$325,000	0.130	(\$9.00)	\$887.00
CONTENTS	\$0	\$0	\$0	0.000	\$0	0.000	\$0.00	\$0.00

Standard

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

ANNUAL SUBTOTAL:	\$887.00
INCREASED COST OF COMPLIANCE:	\$6.00
COMMUNITY RATING DISCOUNT: 25%	(\$223.00)
RESERVE FUND ASSESSMENT: 15.0%	\$101.00
PROBATION SURCHARGE:	\$0.00
<b>ANNUAL PREMIUM:</b>	<b>\$771.00</b>
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$50.00
<b>TOTAL:</b>	<b>\$1,071.00</b>

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

Doug Elliot, President

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



DocID: 134499896