

# **Florencia<sup>SM</sup>**

**AT THE COLONY GOLF & BAY CLUB<sup>SM</sup>**

Dear Unit Owners,

Insurance companies offer many discounts to homeowners.

In this section of our WEBSITE, we have provided documentation that your insurance agent may request in order for you to receive those discounts.

Letter from the Manager to the Insurance Company  
Confirmation of Life Safety Inspection Services  
Certificate of Compliance of Sprinklers from Lee County  
Certificate of Compliance of Fire Alarms from Lee County  
Flood Insurance Policy  
Wind Mitigation Affidavit

Thank you,

Lyn Haars, CAM  
Community Association Manager

# **Florencia**

AT THE COLONY GOLF & BAY CLUB™

To Whom It May Concern:

This letter serves to inform you that the Florencia at the Colony building is fully sprinklered with a central station fire alarm.

Enclosed you will find supporting documentation.

If you have any questions or need any additional information, please do not hesitate to contact me at 239.949.3114.

Thank you

Lyn Haars, CAM  
Community Association Manager

Encl: Confirmation of Life Safety Inspection Services  
Certificate of Compliance for Sprinklers from Lee County  
Certificate of Compliance for Fire Alarms from Lee County



**Lee County, Florida**  
**Division of Development Services**  
**Certificate of Compliance**  
**Sprinklers**



**Date:** 08/03/2007 **PERMIT NUMBER:** FIR2008-01364

**Owner Name:** WCI COMMUNITIES INC

**Job Address:** 23850 VIA ITALIA CIR

**Contractor:** FSC001137 WAYNE AUTOMATIC FIRE SPRINKLERS INC  
**Address:** 2321 BRUNER LANE  
FORT MYERS FL 33912-1904

**Description:** SPRINKLERS - 4039 HEADS - STANDPIPE - 4 RISERS

**Project Name:** FLORENCIA

**Strap:** 17-47-25-B2-00001,0000

This certificate should not be construed as a certificate of occupancy. Additional permitting and/or a certificate of occupancy may be required prior to occupancy.



BUILDING OFFICIAL



**Lee County, Florida**  
**Division of Development Services**  
**Certificate of Compliance**  
**Fire Alarms**



Date: 08/03/2007 PERMIT NUMBER: FIR2008-01694

Owner Name: WCI COMMUNITIES INC

Job Address: 23850 VIA ITALIA CIR

Contractor EFC000551 SIMPLEX GRINNELL LP  
Address: 8450 METROPLEX DRIVE  
FORT MYERS FL 33912

Description: FIRE ALARMS WITH 700 DEVICES/monitoring

Project Name: FLORENCIA

Strip: 17-47-25-B2-00001.0000

This certificate should not be construed as a certificate of occupancy. Additional permitting and/or a certificate of occupancy may be required prior to occupancy.

BUILDING OFFICIAL



## Assurance Letter Request Form

Resident Name \_\_\_\_\_

Association Name \_\_\_\_\_

Street Address \_\_\_\_\_

Unit Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Insurance Company Contact \_\_\_\_\_

Insurance Company Fax/Email \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send completed forms to Donna Keaton via fax at (239) 433-3263  
or email to [djkeaton@waynefire.com](mailto:djkeaton@waynefire.com). Please note It takes 72 to 96 hrs to process.

If you have any questions I can be reached at (239) 433-3030 X 1226



# 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.

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

**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	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"/> <b>PROPERTY</b>	CA4P000256201	5/1/2020	5/1/2021	<input checked="" type="checkbox"/> BUILDING	\$61,712,149
	CAUSES OF LOSS	DEDUCTIBLES			<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC	BUILDING			<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD	CONTENTS			<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND	INCLUDED			<input type="checkbox"/> BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> UNITS: 116					\$
						\$
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
						\$
B	<input checked="" type="checkbox"/> <b>CRIME</b>	SSA39256740570301	5/1/2020	5/1/2021	<input checked="" type="checkbox"/> EMPL DISHONESTY	\$2,500,000
	TYPE OF POLICY					\$
	CRIME					\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
C	<input checked="" type="checkbox"/> <b>FLOOD-RCBAP ZONE: AE</b>	9904056334	8/16/2020	8/16/2021	<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 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.

FLOOD : VALUATION: REPLACEMENT COST - SEE ATTACHED DECLARATIONS

See Attached...

**CERTIFICATE HOLDER****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**

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		
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:

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> <b>PHONE (A/C, No, Ext):</b> 239-261-3000 <b>FAX (A/C, No):</b> 239-261-8265 <b>E-MAIL ADDRESS:</b> certificate@bbswfla.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Aspen Specialty Insurance Company	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

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

FLORE-1

**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"/> 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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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						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****CANCELLATION**

Florence 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

© 1988-2015 ACORD CORPORATION. All rights reserved.





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

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

#### Submit for Rate

ANNUAL SUBTOTAL:	\$17,027.00
INCREASED COST OF COMPLIANCE:	\$12.00
COMMUNITY RATING DISCOUNT:	0% \$0.00
RESERVE FUND ASSESSMENT:	18.0% \$3,067.00
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

Page 1 of 2



DocID: 133810440



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

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

#### Standard

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
ANNUAL PREMIUM:	\$771.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$50.00
TOTAL:	\$1,071.00

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.

Policy issued by Hartford Insurance Company of the Midwest

Company NAIC: 37478



File: 14377174



DocID: 134499896

**CITIZENS PROPERTY INSURANCE CORPORATION  
FLORIDA BUILDING CODE COMMERCIAL MITIGATION VERIFICATION AFFIDAVIT**

<b>WIND LOSS MITIGATION INFORMATION</b>		
PREMISES #:	SUBJECT OF INSURANCE: FLORENCIA CONDOMINIUM	POLICY #:
BUILDING #:	STREET ADDRESS: 23850 VIA ITALIA CIRCLE, BENITA SPRINGS, FL 34134	
# STORIES:	BLOG DESCRIPTION: HIGH RISE RESIDENTIAL BUILDING	
BUILDING TYPE: <input type="checkbox"/> I (3 stories or less) <input type="checkbox"/> II (4 to 6 stories) <input checked="" type="checkbox"/> III (7 or more stories)		

Terrain Exposure Category must be provided for each insured location.

I hereby certify that the building or unit at the address indicated above TERRAIN EXPOSURE CATEGORY as defined under the Florida Building Code is (Check One): ☒ Exposure C or ☐ Exposure B

Certification below for purposes of TERRAIN EXPOSURE CATEGORY above does not require personal inspection of the premises.

Certification of Wind Speed is required to establish the basic wind speed of the location (Complete for Terrain B only if Year Built On or After Jan. 1, 2002).

I hereby certify that the basic WIND SPEED of the building or unit at the address indicated above based upon county wind speed area defined under the Florida Building Code (FBC) is (Check One): ☐ ≥100 or ☐ ≥110 or ☒ ≥120

Certification of Wind Design is required when the building is constructed in a manner to exceed the basic wind speed design established for the structure location (Complete for Terrain B only if Year Built On or After Jan. 1, 2002).

I hereby certify that the building or unit at the address indicated above is designed and mitigated to the Florida Building Code (FBC) WIND DESIGN of (Check One): ☐ ≥100 or ☐ ≥110 or ☐ ≥120

Certification for the purpose of establishing the basic WIND SPEED or WIND SPEED DESIGN above does not require personal inspection of the premises.

Specify the type of mitigation device(s) installed:

<input checked="" type="checkbox"/>	<b>Roof Coverings</b>
<input type="checkbox"/>	<b>FBC Equivalent – Type I only</b> Asphalt roof coverings installed in accordance with ASTM D 3181 (modified for 110 mph) or Miami Dade County PA 107-95.
<input type="checkbox"/>	<b>Non-FBC Equivalent – Type I only</b> Asphalt roof shingles not meeting requirements listed above for FBC Equivalent and all other roof covering types.
<input checked="" type="checkbox"/>	<b>Reinforced Concrete Roof – Type I, II or III</b> A roof structure composed of cast-in-place or pre-cast structural concrete designed to be self-supporting and integrally attached to wall/support system.
<input type="checkbox"/>	<b>Level A – Type II or III</b> All roof cover types and configurations that do not meet Level B below.
<input type="checkbox"/>	<b>Level B – Type II or III</b> Roof coverings that satisfy all of the following conditions and are one of the following types: 1. Built-Up 2. Modified Bitumen 3. Sprayed Polyurethane Foam 4. Liquid membrane applied over concrete 5. Asphalt roll roofing 6. Wood shakes in good condition, attached with at least two mechanical fasteners 7. Ballasted roof designed to meet the design wind speed requirements 8. Asphalt roof coverings installed in accordance ASTM D 3181 (modified for 110 mph) or Miami Dade County PA 107-95 All mechanical equipment must be adequately tied to the roof deck to resist overturning and sliding during high winds. Any flat roof covering with flashing or coping must be mechanically attached to the structure with face fasteners (no clip-on systems); and roof coverings on flat roofs must be 10 years old or less.

CITIZENS PROPERTY INSURANCE CORPORATION  
FLORIDA BUILDING CODE COMMERCIAL MITIGATION VERIFICATION AFFIDAVIT

Page 2 of 4

☒ **Roof Shape**

☐ **Hip - Type I only**  
Roof having sloping ends and sloping sides down to the eaves line.

☐ **Gable - Type I only**  
The portion of the roof above eaves line of a double-sloped roof; the end section appears as an inverted V.

☒ **Flat - Type I only**  
A horizontal roof with a pitch less than 10 degrees.

☒ **Roof Deck Attachment**

**Level A - Type I only**  
Plywood/OSB roof sheathing attached to roof trusses/rafters by 6 penny nails (2" x 0.131" diameter) or greater which are properly spaced at a maximum of 6" along the edge and 12" in the field on 24" truss/rafter spacing.

☐ **Or**  
Batten decking of Shipped decking (typically used on roof decks supporting wood shakes or wood shingles).  
**Or**  
Any system of screws, nails, adhesives, other roof deck fastening systems or truss/rafter spacing that has an equivalent mean uplift resistance of 66 pounds per square foot or more as evidenced by laboratory uplift tests on full size sheets of plywood/OSB.

**Level B - Type I only**  
Plywood/OSB roof sheathing with a minimum thickness of 5/8" attached to roof trusses/rafters by 6 penny (2.6" x 0.131" diameter) nails or greater which are properly spaced at a maximum of 6" along the edge and 12" in the field on 24" truss/rafter spacing.

☐ **Or**  
Any system of screws, nails, adhesives, other roof deck fastening systems or truss/rafter spacing that has an equivalent mean uplift resistance of 103 pounds per square foot or more as evidenced by laboratory uplift tests on full size sheets of plywood/OSB.

**Level C - Type I only**  
Plywood/OSB sheathing with a minimum thickness of 5/8" attached to roof trusses/rafters by 6d (2.6" x 0.131" diameter) nails which are properly spaced at a maximum of 6" along the edge and 6" in the field on 24" truss/rafter spacing.

☐ **Or**  
Dimensional Lumber or Tongue & Groove deck roof composed of 3/4" thick boards with nominal widths of 4" or more.  
**Or**  
Any system of screws, nails, adhesives, other roof deck fastening systems or truss/rafter spacing that has an equivalent mean uplift resistance of 182 pounds per square foot or more as evidenced by laboratory uplift tests on full size sheets of plywood/OSB.

☐ **Level A - Wood or Other Deck Type II only**  
Roof deck composed of sheets of structural panels (plywood or OSB).  
**Or**  
Architectural (non-structural) metal panels that require a solid decking to support weight and loads.  
**Or**  
Other roof decks that do not meet Levels B or C below.

☐ **Level B - Metal Deck Type II or III**  
Metal roof deck made of structural panels that span from joist to joist.

☒ **Level C - Reinforced Concrete Roof Deck Type I, II or III**  
A roof structure composed of cast-in-place or pre-cast structural concrete designed to be self-supporting and integrally attached to wall/support system.

☐ **Secondary Water Resistance**

☐ **Underlayment**  
A self-adhering polymer modified bitumen roofing underlayment (thin rubber sheets with peat and stick underside located beneath the roof covering and nominal felt underlayment) with a minimum width of 6" meeting the requirements of ASTM D 1970 installed over all plywood/OSB joints to protect from water intrusion. All secondary water resistance products must be installed per the manufacturer's recommendations. Roofing felt or similar paper based products are not acceptable for secondary water resistance.

☐ **Foamed Adhesive**  
A foamed polyurethane sheathing adhesive applied over all joints in the roof sheathing to protect interior from water intrusion.



CITIZENS PROPERTY INSURANCE CORPORATION  
FLORIDA BUILDING CODE COMMERCIAL MITIGATION VERIFICATION AFFIDAVIT

Page 3 of 4

☐ Roof-Wall Connection

☐ Too-Nail -- Type I only

Rafter/Truss anchored to top plate of wall using nails driven at an angle through the rafter/truss and attached to the top plate of the wall.

☐ Clips -- Type I only

Metal clips installed on each truss/rafter that attach to the side only of the truss/rafter member and to the wall frame. Metal clip should be free of severe corrosion, have a minimum of 3 nails into the truss/rafter and 3 nails into the wall.

☐ Single Wraps -- Type I only

Metal straps installed on each truss/rafter that wrap over the top of the truss/rafter and attach to the wall frame in one location. Metal strap should be free of severe corrosion, have a minimum of 3 nails into the truss/rafter and 3 nails into the wall.

☐ Double Wraps -- Type I only

Metal straps installed on each truss/rafter that wrap over the top of the truss/rafter and attach to the wall frame in two locations. Metal strap should be free of severe corrosion, have a minimum of 3 nails into the truss/rafter and 3 nails into the wall at each location.

☒ Opening Protection

☒ Class A (Hurricane Impact) -- All glazed openings (windows, skylights, sliding glass doors, doors with windows, etc) less than 60 feet above grade must be protected with impact resistant coverings (e.g. shutters), impact resistant doors, and/or impact resistant glazing that meet the requirements of one of:

☐ SSTP12; ☐ ASTM E 1889 and ASTM E 1886 (Missile Level C -- 9 lb);

☒ Miami-Dade PA 201, 202, and 203; or Florida Building Code TAS 201, 202 and 203.

All glazed openings between 30 and 60 feet above grade must meet the Small Missile Test of the respective standard. All glazed openings less than 30 feet above grade shall meet the Large Missile Test of the respective standard.

☐ Class B (Basic Impact) -- All glazed openings (windows, skylights, sliding glass doors, doors with windows, etc) must be protected with impact resistant coverings (e.g. shutters), impact resistant doors, and/or impact resistant glazing that meet the requirements of ASTM E 1886 and ASTM E 1885. All glazed openings between 30 and 60 feet above grade must meet the Small Missile Test of the standard. All glazed openings less than 30 feet above grade shall pass testing for the Missile Level B -- 4.5 lb.)

☐ Class C (Non-Impact Type I only) -- All glazed openings (windows, skylights, sliding glass doors, doors with windows, etc) must be protected with shutter devices or wood structural panels that have the following characteristics:

- a. Corrugated storm panels made of Steel, Aluminum, or Polycarbonate in which individual panels are no wider than 14" and have a nominal profile of 2" or greater.
- b. Roll-Up shutters with aluminum slats.
- c. Accordion shutters with aluminum slats.
- d. Colonial or Bahama shutters with the all the following features:
  - i. Heavy gauge metal frames
  - ii. Extruded aluminum slats, slats are anchored to both sides of frame, or solid metal backing plate in place behind slats
  - iii. Structural hinges
- fr. Mechanism to lock shutters closed during a storm

Wood Structural Panels -- (One or two story buildings) All glazed openings must be protected by plywood or OSB (oriented strand board) with a minimum thickness of 7/16 inch and maximum panel span of 8 feet. Panels must be pre-cut to cover the glazed openings with attachment hardware provided. Panels must be fastened according to the Florida Building Code Table 1606.1.4 for locations where design wind speed is 130 mph or less. For locations with design wind speed greater than 130 mph, attachments shall be designed to resist component and cladding loads of the FBC.

CITIZENS PROPERTY INSURANCE CORPORATION  
FLORIDA BUILDING CODE COMMERCIAL MITIGATION VERIFICATION AFFIDAVIT

Page 4 of 4

**CERTIFICATION**

I certify that I am (CHECK ONE OF THE FOLLOWING):

☐ a resident Licensed General, Residential, or Building Contractor, ☐ a Licensed Building Inspector, ☐ a Registered Architect or ☒ an Engineer in the State of Florida, or ☐ a Building Code Official (who is duly authorized by the State of Florida or its county's municipalities to verify building code compliance).

I also certify that I personally inspected the premises at the Location Address listed above on the date of this Affidavit. In my professional opinion, based on my knowledge, information and belief, I certify that the above statements are true and correct.

This Affidavit and the information set forth in it are provided solely for the purpose of verifying that certain structural or physical characteristics exist at the Location Address listed above and for the purpose of permitting the Named Insured to receive a properly insured premium discount on insurance provided by Citizens Property Insurance Corporation and for no other purpose. The undersigned does not make a health or safety certification or warranty, express or implied, of any kind, and nothing in this Affidavit shall be construed to impose on the undersigned or on any entity to which the undersigned is affiliated any liability or obligation of any nature to the Named Insured or to any other person or entity.

Name of Company: BOB RUDE STRUCTURES, INC. License # 44553  
Date: 6/27/07 Phone: (239) 277-7771  
Signature: ROBERT S. RUDE  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."