Insured's Name Colonial House Association, Inc. (The)			Policy # <u>MWC0600508</u>	
			UMR #	
			(Lloyd's Policies Only)	
Policy Dates From 02	2/08/2021	To 02/08/2022		
Surplus Lines Agents Na	ame <u>Jessica</u>	Alcantara		
Surplus Lines Agents Ac	ddress <u>970 Lak</u>	970 Lake Carillon Drive, Suite 106 St Petersburg FL 33716		
Surplus Lines Agents Lie	icense # <u>P074462</u>	2		
Producing Agent's Name	ie <u>InsureO</u>	InsureOne Insurance Services America, LLC - Robert Most		
Producing Agent's Physical Address 3314 W. Bay to Bay Blvd , Tampa, FL 33629				

"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."

Premium: \$22,525.00 Inspection Fee \$400.00 Policy Fee \$350.00 Provider Fee \$175.00 FL SL Tax(4.94%) \$1,158.43 Stamping Fee(0.06%) \$14.07 Total: \$24,622.50

Surplus Lines Agent's Countersignature

"THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."

"THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."



NOTICE TO OUR BROKERS AND AGENTS OF OUR CLAIM NOTIFICATION PROCEDURE

As part of our continuing effort to provide you with the best service available, ALL CLAIMS, OCCURRENCES, INCIDENTS and LAWSUITS under this policy are to be reported immediately to:

RLI Insurance Company

Email (preferred): <u>New.Claim@rlicorp.com</u>

Fax: (866) 692-6796

Phone: (800) 444-0406

Street Address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Mailing Address: P.O. Box 3961, Peoria, IL 61612-3961

When reporting the incident, be prepared to supply a report of claim or the following information:

- 1. Policy Number
- 2. Contact Person information (name, address, phone, etc.)
- 3. Nature of incident
- 4. Date of incident

When reporting multiple incidents, please send each loss notice separately.