

Insured's Name Colonial House Association, Inc. (The)

Policy # WKA US03404-00

UMR # _____

(Lloyd's Policies Only)

Policy Dates From	02/08/2021	To	02/08/2022
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Surplus Lines Agents Name Jessica Alcantara

Surplus Lines Agents Address 970 Lake Carillon Drive, Suite 106 St Petersburg FL 33716

Surplus Lines Agents License # P074462

Producing Agent's Name 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: \$8,059.00
Inspection Fee \$200.00
Policy Fee \$250.00
FL SL Tax(4.94%) \$420.34
Stamping Fee(0.06%) \$5.11
EMPA Fee \$4.00
Total: \$8,938.45

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.”

Policy Number
(1) WKA US03404-00

Aspen Specialty Insurance Company

175 Capitol Blvd, Suite 100, Rocky Hill, CT 06067

Please forward correspondence and claims to our Administrative Office: WKFC Underwriting Managers
One Huntington Quadrangle
Suite 4N20
Melville, NY 11747

COMMERCIAL PROPERTY POLICY COMMON POLICY DECLARATIONS

POLICY PERIOD		At 12:01 A.M. Standard Time at your Mailing Address Shown Below.	RENEWAL OF NUMBER	Account Number
Effective Date 02/08/2021	Expiration Date 02/08/2022			

NAMED INSURED AND ADDRESS

The Colonial House Assoc Inc
PO Box 542242
Merritt Island, FL 32954

PRODUCER NAME AND ADDRESS

Peachtree Special Risk Brokers-Boca Raton
621 NW 53rd Street
Suite 385
Boca Raton, FL 33487
Phone: 5619815802

BUSINESS DESCRIPTIONS: CIVIC AND SOCIAL ASSOCIATIONS

In return for the payment of the premium and subject to all the terms of this policy, the company indicated above agrees to provide the insurance stated in this policy.

PREMIUM SUMMARY:

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

Commercial Property Coverage Non-Terrorism Part	\$7,535.00
Commercial Property Coverage Terrorism Part	Not Taken
Commercial Inland Marine Coverage Non-Terrorism Part	\$0.00
Commercial Inland Marine Coverage Terrorism Part	\$0.00
Commercial Crime Coverage Part	\$0.00
Commercial Auto Coverage Part	\$0.00
Commercial Equipment Breakdown Coverage Part	\$524.00

Inspection Fee \$200.00

Minimum Earned % 25.00%
TOTAL \$8,259.00



FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY AT TIME OF ISSUE*

Authorized Signature

*Omits applicable forms and endorsements if shown in specific Coverage Part/Coverage Form Declarations.

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

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

Policy No.:WKA US03404-00

Effective Date:2/8/2021 **
12:01 A.M. Standard Time

NAMED INSURED: The Colonial House Assoc Inc

DESCRIPTION OF PREMISES:

PREM/BLDG NO LOCATION, CONSTRUCTION AND OCCUPANCY

See Location Schedule attached

COVERAGES PROVIDED -Insurance at the described premises applies only for which a limit of insurance is shown

PREM/BLDG NO	CODE	COVERAGE	LIMIT OF INSURANCE	ACV/RC*	COVERED CAUSES OF LOSS	COINSURANCE	RATES
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See Location Schedule attached

*RC means Replacement Cost

OPTIONAL COVERAGES - Applicable only when entries are made in the schedule below

PREM/BLDG NO	CODE	COVERAGE	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	COINSURANCE**	RATES
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PREM/BLDG NO	***MONTHLY LIMIT OF INDEMNITY(FRACTION)	MAXIMUM PERIOD OF INDEMNITY (X)	***EXTENDED PERIOD OF INDEMNITY (DAYS)
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*RC means Replacement Cost **Extra Expense Coverage, Limits on Loss Payment ***Applies To Business Income Only

MORTGAGE HOLDERS

PREM/BLDG NO MORTGAGE HOLDER NAME AND MAILING ADDRESS

See Mortgagee Schedule attached*

*If no schedule attached, no mortgagees apply

DEDUCTIBLE: \$5,000- Other Deductibles May Apply See Attached Endorsements

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy):

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue: See Form Schedule attached

Coverage Exception

Applicable only to Specific Premises/Coverages	Prem No.	Bldg. No.	Coverages	Form Numbers
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PREMIUM

Minimum Premium for this Coverage Part: 25%

Premium for this Coverage Part \$8,059.00

**Inclusion of Date Optional

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THIS INSURED AND THE POLICY PERIOD

Schedule of Forms

Named Insured The Colonial House Assoc Inc

Policy No: WKA US03404-00 Aspen Specialty Insurance Company

Form Name	Form Edition No
Declarations Page	Dec Page
Supplemental Declarations	CF 15 00 06 03
Schedule of Forms	Forms
Signature Page	ASPCO98 0213
Location Schedule	Locsched (F1 8/95)
Condominium Association Coverage Form	CP 00 17 10 12
Causes of Loss – Special Form	CP 10 30 10 12
Commercial Property Conditions	CP 00 90 07 88
Common Policy Conditions	IL 00 17 11 98
Florida Changes	CP 01 25 02 12
Equipment Breakdown Coverage Form	PR9942 (07/06)
Equipment Breakdown Coverage Part Declarations No. 1	PR9941 (07/06)
Florida Changes-Cancellation And Nonrenewal	IL 02 55 11 06
Windstorm or Hail Exclusion	CP 10 54 06 07
Protective Safeguards	IL 04 15 04 98
Exclusion of Certified Acts of Terrorism	IL 09 53 01 15
Notice to Policyholders U.S. Treasury Department's Office of Foreign Assets Control ("OFAC")	WK CP 01 07 09
Notice to Policyholders-Privacy Policy	WK CP 03 07 09
Protective Safeguards - Locked and Secured	WK CP 03 11 08
Existing Damage Exclusion Endorsement	WK CP 24 09 17
General Service of Suit Notice	ASPCO002 0213
Absolute Mold Exclusion	WK CP 07 01 11
Notice to Policy Holders - Fraud Notice	WK FN 01 10 09
Aluminum Wiring Exclusion	WK 25 86 01 08
ACV Roof Covering Endorsement	WK CP 21 04 16
Occurrence Limit of Liability	WK 62 28 10 07
Minimum Earned Premium	WK 64 64 10 07
Certain Computer Related Loss Exclusion	IL 09 35 07 02
Asbestos Material Exclusion	WK 27 23 02 15
Exclusion of Loss Due to Virus or Bacteria	CP 01 40 07 06

IN WITNESS WHEREOF, the Insurer has caused this Policy to be signed by its President and Secretary and countersigned where required by law on the Declarations page by its duly Authorized Representative.



Secretary



President

LOCATION SCHEDULE

Named Insured: The Colonial House Assoc Inc
Policy Effective Date: 02/08/2021
Policy Expiration Date: 02/08/2022
This endorsement effective: 12:01 AM 02/08/2021 forms a part of Policy No: WKA US03404-00

Loc. #	Bldg. #	Location Address	Coverage	Limits	Covered Causes
1	1	230 Columbia Drive Cape Canaveral, FL Brevard 32920	BUILDING FENCES POOL	\$4,150,505 \$8,505 \$35,721	Special - Excluding Flood, E Special - Excluding Flood, E Special - Excluding Flood, E
		Protection: None Class: Apartments - Condominiums Construction: Joisted Masonry Year Built: 1955			