

Policy Number

09 0075001911 0 04

FIRST COMMUNITY INSURANCE COMPANY BB0P99.001 0109 PO BOX 33060 5964961

ST. PETERSBURG, FL 33733-8060 800-627-0000

5/01/21

3000 00000 HOA NSBG RENEWAL QUOTE

BUSINESSOWNERS POLICY COMMON POLICY DECLARATIONS

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| Policy Period | Term | Inception Date | Agent | Agent's Phone |
|---|--------|------------------|--------------|----------------|
| From: 6/20/21 To: 6/20/22 12:01 Standard Time | 12 mos | 6/20/17 12:01 Al | A 00-0081751 | (727) 521-2100 |

Agent (727) 521-2100 COMEGYS INSURANCE CORNER PO BOX 1438 ST PETERSBURG FL 33731

ALAFIA COVE HOA INC 208 LAKE PARSONS GRN BRANDON FL 33511-6057

FORM OF BUSINESS:

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy,

| Policy Limits (Coverage provided only where limits are indicated) | |
|---|--------------------|
| THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM PREMIUM IS SUBJECT TO ADJUSTMENT | IS INDICATED. THIS |
| COVERAGE SECTIONS | |
| BUSINESSOWNERS PROPERTY COVERAGES | \$409 |
| BUSINESSOWNERS LIABILITY COVERAGES | \$666 |
| SUMMARY OF ENDORSEMENTS | \$179 |
| | \$179 |
| ANNUAL PREMIUM SUBTOTAL | ė1 25 <i>4</i> |
| EMPATF | 72,20 |
| STATE FIRE MARSHALL REGULATORY ASSESSMENT | \$4.00 |
| STATE FIRE MARSHALL REGULATORY ASSESSMENT | \$1.00 |
| | |
| WANAGING CONTOUR A CONTO | |
| MANAGING GENERAL AGENT | \$25 |
| TOTAL FEES | \$30 |
| *See Assessment Fee Detail Notice | |
| TOTAL ANNUAL PREMIUM | \$1,284 |
| | 1-3 |
| HURRICANE COVERAGE PREMIUM | \$316 |
| WIND/OTHER THAN HURRICANE | \$46 |
| NON HURRICANE COVERAGE PREMIUM | \$892 |
| | Ş69Z |
| This policy contains a separate deductible for hurricane losses. | |

which may result in high out-of-pocket expenses to you.

This document forms a part of, completes, and executes the referenced policy. The declarations or information pages, together with the common policy conditions, coverage parts, forms and endorsements, if any, issued to form a part thereof, completes the policy. In witness thereof, the Company attests these documents as the entire contract of insurance; and executes same on behalf of the

This policy shall not be valid unless also countersigned by the duly authorized Agent of this company at the agency hereinbefore mentioned, if required by state law.

Deborah S Brcka

Countersigned by Authorized Representative

Date





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SECTION I - PROPERTY

Coverage Provided - Insurance at the described premises applies only for coverage for which a limit of insurance and/or premium is shown.

DESCRIPTION OF BUSINESS

PREM.

CLASS

CODE NO.

CLASS DESCRIPTION

65001 HOA with No Scheduled Bldgs

DESCRIPTION OF LOCATION

PREM.

NO.

ADDRESS

1

8808 ALAFIA COVE DR

RIVERVIEW, FL 33569-9202

DEDUCTIBLES (APPLY PER LOCATION, PER OCCURRENCE)

PREM.

NO.

1

ALL OTHER PERILS DEDUCTIBLE

\$1000

HURRICANE DEDUCTIBLE

2%







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\$32,000

ADDITIONAL COVERAGE/COVERAGE EXTENSIONS/OPTIONAL COVERAGES

Fences/Walls/Gates; Metal; Mason ENTRY GATE

POLICY LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS

COVERAGE LIMIT OF INSURANCE *** NONE *** LOCATION LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS PREM. NO. COVERAGE DESCRIPTION LIMIT OF INSURANCE 1 Sinkhole INCLUDED





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PO BOX 33060

ST. PETERSBURG, FL 33733-8060 800-627-0000

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BUSINESSOWNERS POLICY LIABILITY DECLARATIONS

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SECTION II - LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II – Liability in the Businessowners Coverage Form and any attached endorsements.

| COVERAGE | LIMIT OF INSURANCE |
|---|----------------------|
| General Liability | |
| General Aggregate(Other Than Products-Completed Operations) | \$2,000,000 |
| Products-Completed Operations Aggregate Limit | \$2,000,000 |
| Personal And Advertising Injury Limit | INCLUDED |
| Each Occurrence Limit | \$1,000,000 |
| Medical Expenses Limit | \$5,000 (Per Person) |

LOCATION LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS DDEM

| PREM. | | | |
|-------|------------------------------|-------------|--------------------|
| NO. | COVERAGE | DESCRIPTION | LIMIT OF INSURANCE |
| 1 | Other Than Swimming Exposure | POND | INCLUDED |





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BUSINESSOWNERS POLICY SUMMARY OF ENDORSEMENTS

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| POLICY LEVEL ENDORSEMENTS | |
|-----------------------------|--|
| BBOP99.436 1011 | Physical And Sexual Abuse Exclusion |
| BP 00 03 0106 | BOP Coverage Form |
| BP 04 12 0106 | Limitation to Designated Premises |
| BBOP09.428 1110 | Supplemental Dec - HOA Program |
| BP 04 17 0702 | Employment-Related Practices Exclusion |
| BBOP99.343 0307 | Absolute Asbestos Exclusion |
| BBOP09.463 1015 | Florida Changes |
| BBOP99.309 0308 | Fine Arts Coverage Form |
| BP 05 77 0106 | Fungi or Bacteria Exclusion |
| BBOP99.248 0212 | HOA - Amendatory Endorsement |
| BP 04 04 0106 | Hired/Non-Owned |
| BPIN 01 0106 | Businessowners Coverage Form Index |
| BBOP99.342 0307 | Absolute Lead Contamination Exclusion |
| BBOP99.426 1110 | Directors and Officers Liability Covrg |
| BXXX99.206 1207 | Privacy Statement |
| BP 04 15 0106 | Spoilage Cov |
| BP 01 59 0808 | Water Exclusion Endorsement |
| BP 04 59 0106 | Equipment Breakdown Protection Coverage |
| BP 05 15 0121 | Disclo.Pursuant to Terror Risk Ins. Act |
| BP 05 17 0106 | Exclusion - Silica/Dust |
| BP 05 24 0115 | Exclusion Certified Acts of Terrorism |
| BP 06 01 0107 | Exclusion of Loss Due to Virus or Bacter |
| BP 06 24 1106 | FL Changes - Mediation or Apprisal-Comm |
| BP 10 41 0505 | FL Special Duties After a Loss-Report |
| LOCATION LEVEL ENDORSEMENTS | |
| PREM. | |
| 1 BP 04 12 0106 | Limitation to Designated Premises |
| 1 BBOP09.464 1015 | FL Sinkhole Loss Coverage |
| 1 BP 03 14 0106 | FL Calendar Year Hurrican Percentage Ded |





BANKERS INSURANCE GROUP First Community Insurance Company P.O. Box 33060 St. Petersburg, FL 33733 1-800-627-0000 BXXX09.208 0310 0109 5964961 5/01/21

111162000003346

Policy Number

09 0075001911 0 04 3000 00000 HOA NSBG HOMEOWNERS ASSOCIATION **Date** 5/01/21

Assessment Fee Detail Notice

The devastating losses of the 2004-2005 hurricane seasons continue to render a number of insurance carriers insolvent. Florida Citizens Property Insurance Corporation was left with an enormous debt, the reserves in the Florida Hurricane Catastrophe Fund were almost depleted, and the Florida Insurance Guaranty Association was faced with the task of paying the outstanding claims to the policyholders of the insolvent insurers.

In order to cover these deficits, replenish the Florida Hurricane Catastrophe Fund, and pay the claims from insolvent insurance companies, over the course of the last few years the Office of Insurance Regulation has approved several assessments. In effect, we are all helping our neighbors and ourselves with these fees. We would like you to be prepared for these assessments so we have included the following details to make it a little easier to understand. These assessments will be levied on all new policies, endorsements, and at the time of renewal on existing policies.

| Florida Citizens Property Insurance Corporation Assessment | www.citizensfla.com |
|--|----------------------------|
| It is required by law that Florida Citizens Property Insurance Corporation rer | nains solvent. |
| Emergency assessments are levied to cover any deficits (the 2005 Citizens | High Risk Account |
| deficit was \$1.7 billion). These assessments are collected from policyholder. | s upon policy issuance. |
| endorsement, and renewal and can be collected for as many years as neces | ssarv to cover the deficit |
| It is important to understand that, while we have been very fortunate, Citizer | s' deficit from the 2005 |
| season still remains. | u,o _ u |

| We are pleased to inform you that the \$0 | _surcharge in your | premium | for the asses | sment |
|--|--------------------|---------|---------------|-------|
| by Citizens Property Insurance Corporation has b | | | due to an | |
| appropriation by the Florida Legislature. | | | | |

Florida Hurricane Catastrophe Fund Assessment

www.sbafla.com/fhcf

The Florida Hurricane Catastrophe Fund (FHCF), a tax-exempt state trust fund that is financed by all Florida property and casualty insurance companies, has exhausted nearly all of the reserves accumulated since its inception in 1993, causing the Office of Insurance Regulation to levy an assessment on all insurance premiums from January 1, 2007 forward, for a duration of up to 10 years.

Florida Insurance Guaranty Association Assessment

www.figafacts.com

The Florida Insurance Guaranty Association (FIGA), which was created by the legislature to handle claims from insolvent property and casualty insurance companies, has levied an assessment. The purpose is to secure funds to handle, adjust, and pay covered claims.

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|----|-------|------|---|
| To | t = 1 | Fees | |
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