

JUN 11 2021

ABN



INDIAN HARBOR INSURANCE COMPANY COMMERCIAL LINES POLICY

Administrative Office: Tower Hill Insurance Group, LLC
Post Office Box 147018
Gainesville, FL 32614-7108
(352) 332-8800

INSURANCE

00201000000 UBP0001563 613622 ZLDEC D

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Insured's Name: Amberly Village Association Policy # UBP0001563-05
Inc

Policy Dates: From: 03/31/2021 To: 03/31/2022

Surplus Lines Agent's Name: Michael Hisey

Surplus Lines Agent's Address: 7201 NW 11TH PLACE
GAINESVILLE, FL 32605-3150

Surplus Lines Agent's License #: E168060

Producing Agent's Name: Insurance and Risk Mgmt Serv
Douglas R Shipp CIC CPCU

Producing Agent's Physical Address: 8950 Fontana Del Sol Way Ste 200
Naples, FL 34109-4374



"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"

Total Commissionable premium: <u>\$5,249.00</u>	Policy Tax: <u>\$264.24</u>
Inspection Fee: <u>\$0.00</u>	Policy Fee: <u>\$100.00</u>
FSLSO Tax: <u>\$3.21</u>	Citizen's Assessment: <u>\$0.00</u>
EMPAT Surcharge: <u>\$4.00</u>	FHCF Assessment: <u>\$0.00</u>
Total Premium: <u>\$5,620.45</u>	

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."



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Indian Harbor Insurance Company

Administrative Office: Tower Hill Insurance Group, LLC
 P.O. Box 147018
 Gainesville, FL 32614-7108
 (800) 509-1592



Policy Number: UBP0001563-05

Transaction: 4

Endorsement
 Endorsement - Amend Mailing Address

Businessowners Policy Declaration

This declaration is effective 03/31/2021
 Policy period from 03/31/2021 to 03/31/2022
 All dates are as of 12:01 A.M. Standard Time at your mailing address show below

Form Applicable: Special

Insured Name and Address

Amberly Village Association Inc
 5435 Jaeger Road #4
 Naples, FL 34109

Agency: 90380

Insurance and Risk Mgmt Serv
 Douglas R Shipp CIC CPCU
 8950 Fontana Del Sol Way Ste 200
 Naples, FL 34109-4374



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.

Form of Business: Corporation
 Business Description: Commercial-Residential
 Described Premises: See Schedule Attached
 Limits for Insurance: See Schedule Attached
 Optional Coverages: See Schedule Attached

Liability And Medical Expenses

Except for Damage To Premises Rented To You, 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.

General Aggregate	\$2,000,000	Each Occurrence	\$1,000,000
Personal And Advertising Injury	\$1,000,000	Medical Expenses - Per Person	\$5,000
Products – Completed Operations	\$2,000,000	Damage To Premises Rented To You –	\$50,000
Aggregate		Any One Fire Or Explosion	

Forms and Endorsement(s) made a part of this policy at time of issue: See Schedule Attached

Base Premium	\$5,249.00	CPIC Recoupment Fee	\$0.00
Terrorism Premium	\$0.00	FHCF Fee	\$0.00
Total Commissionable Premium	\$5,249.00	Policy Tax	\$264.24
Policy Fee	\$100.00	FLSO Tax	\$3.21
Inspection Fee, if Applicable	\$0.00	EMPAT Tax	\$4.00
Total Premiums	\$5,349.00		

Total Policy Premium: \$5,620.45

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 on an insolvent unlicensed insurer.

SURPLUS LINES AGENT: Michael Hisey
 ADDRESS: 7201 NW 11TH PLACE
 GAINESVILLE, FL 32605-3150
 LICENSE NUMBER: E168060

COUNTERSIGNED: 06/01/2021 AT: Gainesville, FL

BY: _____

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Businessowners Supplemental Declarations

This declaration is effective 03/31/2021

Term is from 03/31/2021 to 03/31/2022

All dates are as of 12:01 A.M. Standard Time at the insured's address

PREMISES AND BUILDINGS

Premis	Bldg	Information	Construction	Protection
1		<p>Amberly Village Association Inc 3655 Amberly Cir. Naples, FL 34112-8809</p> <p>* Replacement Cost Basis Amberly Village Association Inc: Number Of Sites=128, Number of Rental Units=0</p> <p>Swimming Facility: Number Of Pools=1</p> <p>Racquet / Handball Facilities: Area(Sq Ft)=2,809</p>		4



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Businessowners Supplemental Declarations

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COVERAGES

Premis	Bldg	Coverage	Automatic Increase In Insurance	Limit
		Hired and Nonowned Auto Liability		INCLUDED
		Forgery or Alteration - Deductible = \$1,000		\$2,500

Premis	Bldg	Coverage	Automatic Increase In Insurance	Limit
1		Deductible = 2,500		
1		Hurricane Deductible = 2%		
1		Unscheduled Property		\$5,000
1		Sinkhole Loss Coverage - 10% deductible.		
1		Exterior Building Glass Deductible = 1,000		
1		Business Income with Extra Expense		EXCLUDED
1		Water Backup		25,000
1		RECREATIONAL COURT		7,960
		* Replacement Cost Basis		
1		MAILBOX KIOSK		16,410
		* Replacement Cost Basis		
1		POOL FENCE (METAL)		15,320
		* Replacement Cost Basis		
1		DUMPSTER ENCLOSURE		70,000
		* Replacement Cost Basis		
1		RECREATIONAL FENCE		5,517
		* Replacement Cost Basis		
1		FENCE - MAS/NC		4,300
		* Replacement Cost Basis		
1		RECREATIONAL COURT		46,987
		* Replacement Cost Basis		
1		STREET/PARKING LOT LIGHTS		13,780
		* Replacement Cost Basis		
1		Valuable Papers and Records - Deductible = \$1,000		\$10,000



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Businessowners Policy

This declarations is effective 03/31/2021

Term is from 03/31/2021 to 03/31/2022

All dates are as of 12:01 A.M. Standard Time at your policy mailing address.

AMENDMENT SCHEDULE

Premium	\$0.00
Policy Tax	\$0.00
FSLSO	\$0.00

Total additional/return premium for this transaction	\$0.00
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Endorsement - Amend Mailing Address

Transaction: 4

Businessowners Policy

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FORM SCHEDULE

FORM	DESCRIPTION
IH JACKET (01/19)	Policy Jacket
PN CW 05 05/19	OFAC Advisory Notice
PN CW 01 07/19	Fraud Notice
PN FL 03 01/19	Florida Complaint Notice
IL MP 9104 (03/14)	In Witness Notice
PN CW 02 (01/19)	Privacy Policy
BP-DS01s (02/19)	BOP Declarations Page - System Generated
C-6501s (06/06)	BOP Supplemental Declarations Page
NAME-01s (10/02)	Named Insured List
PREM 01s (10/02)	Location List
Amend01s (08/12)	Amendment Schedule
FORM-01s (10/02)	Form List
BP-IN01 (07/02)	BOP Index
BP-0003 (07/02)	Businessowners Coverage Form
MAN-0303 (10/18)	Florida Changes
C-0003 (08/16)	Businessowners Coverage - Amendatory Endorsement
C-6511 (08/16)	Commercial Residential - Amendatory Endorsement
SLDISC (06/11)	Surplus Lines Disclosure
BP-0453 (08/08)	Water Backup and Sump Overflow



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FORM SCHEDULE

(Continued from previous page)

FORM	DESCRIPTION
MAN-081 (08/16)	Existing Damage Exclusion
Privacy Notice (08/16)	Privacy Notice



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NAMED INSURED SCHEDULE

First Named Insured is:

Amberly Village Association Inc



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The Following are Named Insureds as their respective interests may appear in the policy:

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