

Indian Harbor Insurance Company

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



Policy Number: UBP0002501-02

Transaction: 1

Businessowners Policy Declaration

This declaration is effective 05/31/2018
 Policy period from 05/31/2018 to 05/31/2019
 All dates are as of 12:01 A.M. Standard Time at your mailing address show below

Form Applicable: Special

Insured Name and Address

Bordeaux Village Association No. 1, Inc.
 24701 US Hwy 19 N
 Ste. 102
 Clearwater, FL 33763

Agency: 91280

Roger Bouchard Insurance Inc
 David A. Mohns
 101 Starcrest Drive
 Clearwater, FL 33765

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 Aggregate	\$2,000,000	Damage To Premises Rented To You – Any One Fire Or Explosion	\$50,000

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

Base Premium	\$12,281.00	CPIC Recoupment Fee	\$0.00
Terrorism Premium	\$0.00	FHCF Fee	\$0.00
Total Commissionable Premium	\$12,281.00	Policy Tax	\$615.80
Policy Fee	\$35.00	FLSO Tax	\$12.32
Inspection Fee, if Applicable	\$0.00	EMPAT Tax	\$4.00
Total Premiums	\$12,316.00		
Total Policy Premium:			\$12,948.12
<p>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.</p>			
SURPLUS LINES AGENT ADDRESS:		James E. Gibson PO BOX 147018 GAINESVILLE, FL 32614-7018 E138177	
LICENSE NUMBER			
COUNTERSIGNED: 05/16/2018 AT: <u>Gainesville, FL</u>		BY:	

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

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

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Businessowners Supplemental Declarations

This declaration is effective 05/31/2018

Term is from 05/31/2018 to 05/31/2019

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		2431 Heron Ter. 2431 Heron Ter Clearwater, FL 33762-3367		2
		* Replacement Cost Basis 2431 Heron Ter.: Number Of Sites=44, Number of Rental Units=0		

Businessowners Supplemental Declarations

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C O V E R A G E S

Prens	Bldg	Coverage	Automatic Increase In Insurance	Limit
		Hired and Nonowned Auto Liability		INCLUDED

Prens	Bldg	Coverage	Automatic Increase In Insurance	Limit
1		Deductible = 5,000		
1		Wind/Hail Deductible = 5%		
1		Catastrophic Ground Cover Collapse Included.		
1		Exterior Building Glass Deductible = 1,000		
1		Business Income with Extra Expense		EXCLUDED
1		CARPORT		25,633
		* Replacement Cost Basis		
1		CARPORT		25,633
		* Replacement Cost Basis		
1		CARPORT		25,633
		* Replacement Cost Basis		
1		CARPORT		25,633
		* Replacement Cost Basis		
1		CARPORT		33,121
		* Replacement Cost Basis		
1		CARPORT		33,121
		* Replacement Cost Basis		
1		CARPORT		25,633
		* Replacement Cost Basis		
1		CARPORT		25,633
		* Replacement Cost Basis		
1		CARPORT		25,633
		* Replacement Cost Basis		
1		CARPORT		33,121
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