

12-0025-00
HUB INTERNATIONAL FLORIDA
4830 W KENNEDY BLVD STE 850
TAMPA FL 33609-2593

Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

P.O. BOX 30660 • LANSING, MICHIGAN 48909-8160

Southern-Owners Insurance Company

01-15-2020

BOYETTE SPRINGS HOMEOWNERS ASSOC
PO BOX 2773
RIVERVIEW FL 33568-2773

Remember, you can view your policy, pay your bill or change your paperless options any time online, at www.auto-owners.com. If you have not already enrolled your policy, you may do so using policy number **034712-20142437-20** and Personal ID Code (PID) **K44 G4C 2A9**.

Your agency's phone number is 727-797-0441.

RE: Policy 034712-20142437-20

Thank you for selecting Auto-Owners Insurance Group to serve your insurance needs! Feel free to contact your independent Auto-Owners agent with questions you may have.

Auto-Owners and its affiliate companies offer a variety of programs, each of which has its own eligibility requirements, coverages and rates. In addition, Auto-Owners also offers many billing options. Please take this opportunity to review your insurance needs with your Auto-Owners agent, and discuss which company, program, and billing option may be most appropriate for you.

Auto-Owners Insurance Company was formed in 1916. The Auto-Owners Insurance Group is comprised of five property and casualty companies and a life insurance company. Our A++ (Superior) rating by A.M. Best Company signifies that we have the financial strength to provide the insurance protection you need.

~ *Serving Our Policyholders and Agents Since 1916* ~

NOTICE OF CHANGE IN POLICY TERMS FLORIDA CHANGES

Dear Policyholder,

Effective with this renewal, endorsement 29421 (12-17) FLORIDA CHANGES – INSUFFICIENT FUNDS FEE is included with the policy. This may constitute a reduction in coverage.

Per Florida statute 627.4035(1)(b), this form allows for a fee of up to \$15 per occurrence if your payment of premium by debit card, credit card, electronic funds transfer or electronic check is returned, declined or cannot be processed. Additionally, we may not charge you an insufficient funds fee if the failure in payment resulted from fraud or misuse of your account from which the payment was made and such fraud or misuse was not attributed to you.

This notice is for informational purposes only. Your policy contains the specific terms and conditions of coverage.

Please review the endorsement and your policy carefully. If you have any questions regarding your policy or this notice, please contact your Auto-Owners Insurance agency.

AVAILABILITY OF RISK MANAGEMENT PLAN - FLORIDA

The Florida Tort Reform and Insurance Act of 1986 requires insurance companies to make available to commercial casualty and commercial property policyholders guidelines for risk management plans.

Risk management guidelines include the following:

- A. Safety measures, including, as applicable, the following areas:
 - 1. Pollution and environmental hazards;
 - 2. Disease hazards;
 - 3. Accidental occurrences;
 - 4. Fire hazards and fire prevention and detection;
 - 5. Liability for acts from the course of business;
 - 6. Slip and fall hazards;
 - 7. Product injury; and
 - 8. Hazards unique to a particular class or category of insureds.
- B. Training to insureds in safety management techniques.
- C. Safety management counseling services.

Risk Management Plan guidelines are available at your request. If you desire this service, please contact your agent or our Loss Control Services department by e-mail at losscontrolsupport@aoin.com or by phone (855) 586-5388.

59243 (6-00)

Florida
POLICYHOLDER INFORMATION AND ASSISTANCE

We are here to serve you and as our policyholder your satisfaction is very important to us. Should you have any questions or a complaint regarding your policy that cannot be resolved by your agent, you may contact our Lakeland Regional Office for information and assistance by calling 863-687-4505.

Auto-Owners Insurance Company
Owners Insurance Company
Southern-Owners Insurance Company

59243 (6-00)

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64816 (4-18)

NOTICE OF CHANGE IN POLICY TERMS
FLORIDA CHANGES

Dear Policyholder,

Effective with this renewal, endorsement 55881 (12-17) FLORIDA CHANGES – INSUFFICIENT FUNDS FEE is included with the policy. This may constitute a reduction in coverage.

Per Florida statute 627.4035(1)(b), this form allows for a fee of up to \$15 per occurrence if your payment of premium by debit card, credit card, electronic funds transfer or electronic check is returned, declined or cannot be processed. Additionally, we may not charge you an insufficient funds fee if the failure in payment resulted from fraud or misuse of your account from which the payment was made and such fraud or misuse was not attributed to you.

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Please review the endorsement and your policy carefully. If you have any questions regarding your policy or this notice, please contact your Auto-Owners Insurance agency.

64816 (4-18)

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INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

TAILORED PROTECTION POLICY DECLARATIONS

AGENCY HUB INTERNATIONAL FLORIDA
12-0025-00 MKT TERR 052 727-797-0441

Renewal Effective 03-01-2020

POLICY NUMBER 034712-20142437-20

INSURED BOYETTE SPRINGS HOMEOWNERS ASSOC

Company Use 20-47-FL-1403

ADDRESS PO BOX 2773
RIVERVIEW FL 33568-2773

Company
Bill

Policy Term	
12:01 a.m.	12:01 a.m.
to	
03-01-2020	03-01-2021

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

55039 (11-87)

COMMON POLICY INFORMATION

Business Description: Homeowners Assoc

Entity: Homeowners Assoc__

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE	\$3,102.00
COMMERCIAL CRIME COVERAGE	\$239.00
TOTAL	\$3,341.00
PAID IN FULL DISCOUNT	\$330.00
TOTAL POLICY PREMIUM IF PAID IN FULL	\$3,011.00
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.	
The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.	

Forms that apply to all coverage part(s) shown above (except garage liability, dealer's blanket, commercial automobile, if applicable):

IL0017 (11-85) 55156 (07-12)

A merit rating plan factor of 0.90 applies.

Countersigned By: HUB INTERNATIONAL FLORIDA

Southern-Owners Ins. Co.

Issued 01-15-2020

AGENCY HUB INTERNATIONAL FLORIDA
12-0025-00 MKT TERR 052

Company POLICY NUMBER 034712-20142437-20
Bill 20-47-FL-1403

INSURED BOYETTE SPRINGS HOMEOWNERS ASSOC

Term 03-01-2020 to 03-01-2021

55040 (11-87)

COMMERCIAL GENERAL LIABILITY COVERAGE

COVERAGE	LIMITS OF INSURANCE
General Aggregate (Other Than Products-Completed Operations)	\$2,000,000
Products-Completed Operations Aggregate	\$2,000,000
Personal Injury and Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Damage to Premises Rented to You (Fire Damage)	\$50,000 Any One Premises
Medical Payments	\$5,000 Any One Person
Assn Directors/Officers Errors and Omissions Agg	\$1,000,000
Assn Directors/Officers Errors and Omissions Occ	\$1,000,000

Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 month period in accordance with form 55300.

AUDIT TYPE: Non-Audited

Forms that apply to this coverage:

59351 (01-15)	55146 (06-04)	55010 (03-10)	55084 (06-04)	55296 (09-09)
55300 (07-05)	CG0220 (03-12)	IL0017 (11-85)	55513 (11-11)	IL0021 (07-02)
55592 (02-14)	55637 (09-14)	55719 (11-15)	55718 (11-15)	55181 (12-04)
55881 (12-17)				

LOCATION 0001 - BUILDING 0001

Location: Boyette Springs Association, Riverview, FL 33568-2773

Territory: 004

County: Hillsborough

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Assn Directors/Officers Errors And Omissions	00811	Professional	Flat Charge 1,080		\$1,660.00
Homeowners &/Or Mobile Homeowners Associations - No Buildings Or Premises Owned Or Leased Except For Office Purposes. (Not-For Profit)	41670	Prem/Op	Prem/Op Prem 1,080	Each 1 1.236	\$1,335.00
		Prod/Comp Op	1,080	.053	\$57.00
Additional Interests	49950				
Designated Per/Organization L					
1. Hillsborough County		Prem/Op	Flat Charge		\$25.00
		Prod/Comp Op	Flat Charge		\$25.00

Southern-Owners Ins. Co.

Issued 01-15-2020

AGENCY HUB INTERNATIONAL FLORIDA
12-0025-00 MKT TERR 052

Company POLICY NUMBER 034712-20142437-20
Bill 20-47-FL-1403

INSURED BOYETTE SPRINGS HOMEOWNERS ASSOC

Term 03-01-2020 to 03-01-2021

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0001 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59351	EXCLUDED
LOCATION 0001	\$3,102.00

55041 (02-88)

COMMERCIAL CRIME COVERAGE

THIS DECLARATIONS PAGE SHOWS THE COVERAGE FORM(S) AND SECTION(S) WHICH APPLY AND FOR WHICH YOU HAVE PAID A PREMIUM.

Plan: 01 Combination Crime-Separate Limits Option

Location: All Premises

COVERAGE	BY PERSON/ POSITION	SECTION	LIMIT	DEDUCTIBLE	PREMIUM
A-Blanket Employee Dishonesty			\$50,000	\$0	\$239.00

Cancellation of prior insurance: By acceptance of this fidelity bond you give us notice cancelling prior fidelity bond with the cancellation to be effective at the time this policy becomes effective.

Forms that apply to all premises:

IL0017 (11-85)	25028 (07-07)	IL0003 (07-02)	29415 (01-16)	55081 (05-18)
29421 (12-17)	CR0001 (10-90)	CC175 (01-86)	CR1000 (06-95)	25053 (07-16)
CR1024 (10-90)				

COMMERCIAL CRIME COVERAGE - ALL PREMISES PREMIUM SUMMARY	PREMIUM
ALL PREMISES PREMIUM	\$239.00

**COMMERCIAL GENERAL LIABILITY
55181 (12-04)**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
HILLSBOROUGH COUNTY BOCC /
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. SECTION II - WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule but only with respect to liability for "bodily injury", "property damage", "personal injury" or "advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- 1. In the performance of your ongoing operations; or

2. In connection with your premises owned by or rented to you.

B. The following is added to SECTION III - LIMITS OF INSURANCE:

The limits of liability for the additional insured are those specified in the written contract or agreement between the insured and the designated person or organization, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the limits of insurance shown in the Declarations.

CR 10 24 10 90
COMMERCIAL CRIME

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCLUDE DESIGNATED AGENTS AS EMPLOYEES COVERED FOR "EMPLOYEE DISHONESTY" ONLY

This endorsement applies to the CRIME GENERAL PROVISIONS FORM and all Crime Coverage Forms forming part of the Policy.

A. SCHEDULE

Capacity of Agent

Limit of Insurance

\$50,000

B. PROVISIONS

1. "Employee" also includes each natural person, partnership or corporation you appoint in writing to act as your agent in the capacity shown in the SCHEDULE while acting on your behalf or while in possession of Covered Property. These natural persons, partnerships or corporations are not covered for faithful performance of duty, even in the event that this Policy may have been amended by endorsement to provide such coverage on "employees" as they are defined in the Crime General Provisions. The only covered cause of loss for the Agents scheduled above is "employee dishonesty" as defined in the EMPLOYEE DISHONESTY COVERAGE FORM.

Each such agent and the partners, officers and employees of that agent are considered to be, collectively, one "employee" for the purposes of this insurance. However, the Cancellation As To Any Employee Additional Condition in the EMPLOYEE DISHONESTY COVERAGE FORM applies individually to each of them.

2. The most we will pay under this Policy for loss caused by an agent included as an "employee" by this endorsement is the Limit of Insurance shown in the SCHEDULE. That Limit of Insurance is part of, not in addition to, the Limit of Insurance shown in the Declarations as applicable to the EMPLOYEE DISHONESTY COVERAGE FORM.

55881 (12-17)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA CHANGES – INSUFFICIENT FUNDS FEE

This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
CYBER LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MANUFACTURERS ERRORS AND OMISSIONS LIABILITY COVERAGE PART
MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART

Common Policy Conditions are amended. The following condition is added.

INSUFFICIENT FUNDS FEE

We may impose an insufficient funds fee of up to \$15 per occurrence, if, because of insufficient funds, your payment of premium by debit card, credit card, electronic funds transfer or electronic check is returned,

declined or cannot be processed. However, we may not charge you an insufficient funds fee if the failure in payment resulted from fraud or misuse on your account from which the payment was made and such fraud or misuse was not attributed to you.

All other policy terms and conditions apply.

29421 (12-17)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA CHANGES – INSUFFICIENT FUNDS FEE

This endorsement modifies insurance under the following:

COMMERCIAL CRIME COVERAGE PART

CRIME GENERAL PROVISIONS, B. GENERAL CONDITIONS is amended. The following condition is added.

INSUFFICIENT FUNDS FEE

We may impose an insufficient funds fee of up to \$15 per occurrence, if, because of insufficient funds, your payment of premium by debit card, credit card, electronic funds transfer or electronic check is returned,

declined or cannot be processed. However, we may not charge you an insufficient funds fee if the failure in payment resulted from fraud or misuse on your account from which the payment was made and such fraud or misuse was not attributed to you.

All other policy terms and conditions apply.

**EXCLUSION OF CERTIFIED ACTS OF TERRORISM
and
IMPORTANT INFORMATION REGARDING TERRORISM RISK
INSURANCE COVERAGE**

It is agreed:

1. The following definition applies:

Certified act of terrorism means any act certified by the Secretary of the Treasury, in consultation with:

- a. the Secretary of Homeland Security; and
- b. the Attorney General of the United States

to be an act of terrorism as defined and in accordance with the federal Terrorism Risk Insurance Act of 2002 (including ensuing Congressional actions pursuant to the Act).

Under the federal Terrorism Risk Insurance Act of 2002 (including ensuing Congressional actions pursuant to the Act) a terrorist act may be certified:

- a. if the aggregate covered commercial property and casualty insurance losses resulting from the terrorist act exceed \$5 million; and
- b. (1) if the act of terrorism is:
 - a) a violent act; or
 - b) an act that is dangerous to human life, property or infrastructure; and(2) if the act is committed:
 - a) by an individual or individuals as part of an effort to coerce the civilian population of the United States; or
 - b) to influence the policy or affect the conduct of the United States government by coercion.

2. The following exclusion is added:

We shall not pay:

- a. for any loss caused directly or indirectly by a **certified act of terrorism**, whether or not any other cause or event contributed concurrently or in any sequence to the loss.
- b. sums any insured becomes legally obligated to pay because of or arising out of bodily injury, property damage, personal injury or advertising injury, if covered by this insurance, caused by a **certified act of terrorism**.

All other policy terms and conditions apply.

IMPORTANT INFORMATION REGARDING TERRORISM RISK INSURANCE COVERAGE

The Terrorism Risk Insurance Act of 2002 was signed into law on November 26, 2002. The Act (including ensuing Congressional actions pursuant to the Act) defines an act of terrorism, to mean any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States to be (i) an act of terrorism; (ii) to be a violent act or an act that is dangerous to human life, property or infrastructure; (iii) to have resulted in damage within the United States or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States government by coercion.

At your request, this policy does not provide insurance coverage for certified acts of terrorism as defined in the Act. "Excluded" is shown on the Declarations page under this coverage. In the event of a certified act of terrorism, future policies also may include a government assessed terrorism loss risk-spreading premium in accordance with the provisions of the Act.