

## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

9/13/2024 THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND. EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. PHONE (A/C, No, Ext): 407-869-0962 Topa Insurance Company SIHLE INSURANCE GROUP, INC. 24025 Park Sorrento Suite 300 P. O. BOX 160398 Calabasas, CA 91302 ALTAMONTE SPRINGS, FL 32716 E-MAIL ADDRESS: CAD@Sihle.com FAX (A/C, No): 407-389-8416 CODE: SUB CODE: AGENCY CUSTOMER ID #: DELAN01 INSURED I OAN NUMBER POLICY NUMBER Delaney Place Condominium Community Association SWCN-000177-01 C/O The HOA Managers 1431 Simpson Road PMB 2700 FFFFCTIVE DATE **EXPIRATION DATE** CONTINUED UNTIL Kissimmee FI 34744 TERMINATED IF CHECKED 09/04/2024 09/04/2025 THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION 28 Units THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **COVERAGE INFORMATION** PERILS INSURED **SPECIAL** DEDUCTIBLE COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE 621 Delaney Avenue Orlando FL 32801-3821- 4 Unit Condo 623 Delaney Avenue Orlando FL 32801-3821- 4 Unit Condo 625 Delaney Avenue Orlando FL 32801-3821- 4 Unit Condo 627 Delaney Avenue Orlando FL 32801-3821- 4 Unit Condo 395,738 5,000 5,000 5,000 395,738 430,365 395,738 5.000 629 Delaney Avenue Orlando FL 32801-3821- 4 Unit Condo 631 Delaney Avenue Orlando FL 32801-3821- 4 Unit Condo 633 Delaney Avenue Orlando FL 32801-3821- 4 Unit Condo 395,738 395,738 5,000 5,000 395.738 5 000 Replacement Cost (agreed value) / Special Form (Including Theft) 100% coinsurance / 5% NS Ded / Ordinance or Law-Full A, B&C 280,479 **REMARKS (Including Special Conditions)** ~General Liability: CUMIS Specialty -Policy: CIUCAP101412-02 / Eff Dates: 9/4/2024-25 / Limits 2,000,000/1,000,000 per Occ. ~Hired Non-Owned Auto: CUMIS Specialty -Policy: CIUCAP101412-02 / Eff Dates: 9/4/2024-25 / Limits 1,000,000 / 10,000 ded ~Crime: CUMIS Specialty -Policy: CIUCAP101412-02 / Eff Dates: 9/4/2024-25 / Limit \$100,000 / Ded \$1,000 ~Directors & Officers: Travelers-Policy#105963524/Eff Dates: 9/4/2024-25 / Limits \$1,000,000 / Ded \$1,000 Worker's Compensation: AmTrust-Policy#TWC4476177/Eff Dates: 9/4/2024-25 / 500,000/500,000/500,000-Separation of Insured's" Clause is contained within the General Liability Policy See Attached... CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE LOAN # Delaney Place Condominium Association, Inc c/o Reliable Association Management AUTHORIZED REPRESENTATIVE 1431 Simpson Road PMB 2700 Kissimmee, FL 34744 The E. M.

| ۸ | CEN | ICV | CII | CT/   | ME   | יחו פ | DEI | .AN01   |
|---|-----|-----|-----|-------|------|-------|-----|---------|
| А | GEI | NCT | GU  | 5 I C | ハハニト | K ID: |     | .AIVU I |

LOC #:



## **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

| AGENCY SIHLE INSURANCE GROUP, INC. | NAMED INSURED Delaney Place Condominium Community Association C/O The HOA Managers 1431 Simpson Road PMB 2700 Kissimmee FL 34744 |                            |
|------------------------------------|--|----------------------------|
| OLICY NUMBER<br>SWCN-000177-01     |  |                            |
| CARRIER                            | NAIC CODE  |                            |
| Topa Insurance Company             |  | EFFECTIVE DATE: 09/04/2024 |
| ADDITIONAL DEMARKS                 |  |                            |

| ADDITIONAL REMARKS  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,   |  |  |  |  |  |  |  |  |
| FORM NUMBER: 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE  |  |  |  |  |  |  |  |  |
| REMARKS:  |  |  |  |  |  |  |  |  |
| "Crime/Fidelity -Officers, Directors, Trustees and employees including any "Manager" and/or Property Manager (as defined via Amend Definition of Employee-Property Managers Endorsement) hired by the Named Insured who handles or is responsible for handling the funds belonging to or administered by the Named Insured." For information only |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |