



Wilshire Insurance Company

A.M. Best Rating: A- XI

Amwins Ins Brokerage LLC - Satellite Beach

1227 S Patrick Dr

Satellite Beach, FL 32937

BINDER

GENERAL INFORMATION

Insured Name and Address:

Sherwin Condominium Management Assn Inc.
2555 S Atlantic Ave
Daytona Beach, FL 32118-5546

Policy Term: 05-01-2024 to 05-01-2025

Policy Number: IMP4000971 01

Quote Number: RIMP4000971 01

Expiring Policy Number: IMP4000971

COVERAGE AND PREMIUM SUMMARY

Coverage	Premium
Commercial Property	\$122,290.00
Amwins_Ins Brokerage LLC - Satellite Beach is responsible for collecting, filing and remitting all taxes and stamping fees associated with this coverage.	
Total Amount Due, Excluding Applicable Taxes, Surcharges And Fees	\$122,290.00
The estimated premium(s) shown above may be different from actual premium(s) shown on the policy due to rounding. The Producer is responsible for calculating, billing, collecting and remitting all Surplus Lines taxes, surcharges and fees to the appropriate State authority.	

TERMS / CONDITIONS / ADDITIONAL COMMENTS

This policy is subject to the following terms and conditions:

TRIA Selection Rejection Form

Terrorism (TRIA) is excluded with no change in premium

Quote conditions must be satisfied within 30 days of binding, unless otherwise noted above

Surplus Lines Agent's Name: Susan Brown Flemming
Surplus Lines Agent's Address: 1227 S. Patrick Dr., Ste 101
Satellite Beach, FL 32937
Surplus Lines Agent's License #: A085932
Producing Agent's Name: Trey Thigpen
Producing Agent's Address: 780 W. Granada Boulevard
Ormond Beach FL 32174

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.

Premium: \$122,290.00 Tax: \$6,065.83 Service Fee: \$73.67
EMPA Surcharge: \$4.00 Broker Fee: \$500.00
Inspection Fee: \$0.00 Policy Fee: \$0.00
Surplus Lines Agent's Countersignature: *Susan Flemming*

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

COVERAGE DETAIL**COMMERCIAL PROPERTY****COVERAGE FORM**

Form Number/Edition Date	Form Title
CP 0017 0607	CONDOMINIUM ASSOCIATION COVERAGE FORM
CP 0090 0788	COMMERCIAL PROPERTY CONDITIONS

SCHEDULE OF COVERED LOCATIONS

Prem No.	Bldg. No.	Address	Description
1	1	2555 S Atlantic Ave, Daytona Beach, FL 32118-5546	Condo

SCHEDULE OF SPECIFIC PROPERTY COVERAGE PROVIDED – DIRECT DAMAGE**BUILDING AND PERSONAL PROPERTY**

Prem#/ Bldg#	Coverage	Limit of Insurance
1/1	Building	\$47,076,800
1/1	Business Personal Property	\$100,000
1/1	Fencing, Lighting, Site Wall	\$173,948
1/1	Entry Sign	\$13,300
1/1	Indoor Spa	\$50,490

Deductible: \$25,000**Valuation:** Replacement Cost**Coinsurance:** 100%**Agreed Amount Applies:** Yes**DEDUCTIBLES**

	Deductible
All Other Perils	See Schedule of Specific Building Coverage or Blanket

Water Damage And Sprinkler Leakage	Premises/Building:	Covered Cause Of Loss	Deductible
	ALL	Water Damage & Sprinkler Leakage	\$25,000

CAUSE OF LOSS**Cause of Loss:** Special - Incl Theft

BUILDING AND PERSONAL PROPERTY OPTIONAL COVERAGES
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ORDINANCE OR LAW COVERAGE [PCP3275]
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Coverage		Limit Of Insurance
Coverage A Applying At Each Covered Building		Included in the Building Limit
Coverage B And C Combined Limit Of Insurance Applying To All Covered Buildings		\$1,000,000
PCP3284	COVERED PROPERTY AMENDMENT ENDORSEMENT	
DISCHARGE FROM SEWER, DRAIN OR SUMP (NOT FLOOD-RELATED) [PCP3287]		
1. Discharge From Sewer, Drain Or Sump Limits Of Insurance		
Occurrence Limit Of Insurance:		\$25,000
Annual Aggregate Limit Of Insurance:		Not Applicable
2. Discharge From Sewer, Drain Or Sump Deductible:		\$25,000

Form Number	Form Title	Details:
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EXCLUSIONS

WINDSTORM OR HAIL EXCLUSION [CP1054/PCP3291]

Premises Number	Building Number
1	1

Form Number	Form Title	Details:
PCP3268	EXISTING DAMAGE EXCLUSION	

FORMS AND ENDORSEMENTS

Form Number/Edition Date	Form Title
PIL30011118	COMMERCIAL LINES POLICY JACKET
PIL20160121	CLAIM REPORTING POLICYHOLDER NOTICE
CPP0201220	CYBER INCIDENT EXCLUSION ENDORSEMENT ADVISORY NOTICE TO POLICYHOLDERS
PIL00100521	COMMON POLICY DECLARATIONS
PIL10100818	SCHEDULE OF FORMS AND ENDORSEMENTS
IL00171198	COMMON POLICY CONDITIONS
PCP00010521	COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS
CP00170607	CONDOMINIUM ASSOCIATION COVERAGE FORM
CP00900788	COMMERCIAL PROPERTY CONDITIONS
CP10300607	CAUSES OF LOSS - SPECIAL FORM
CP10320808	WATER EXCLUSION ENDORSEMENT
CP10540607	WINDSTORM OR HAIL EXCLUSION
CP10751220	CYBER INCIDENT EXCLUSION
PCP32681120	EXISTING DAMAGE EXCLUSION
PCP32750921	ORDINANCE OR LAW COVERAGE
PCP32791022	SCHEDULE OF MORTGAGEHOLDERS
CP01400706	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
PCP32840423	COVERED PROPERTY AMENDMENT ENDORSEMENT
PCP32870423	DISCHARGE FROM SEWER, DRAIN OR SUMP (NOT FLOOD-RELATED)
PCP32900723	WATER DAMAGE AND SPRINKLER LEAKAGE DEDUCTIBLE
PCP32910723	WINDSTORM OR HAIL EXCLUSION SCHEDULE
CP01250223	FLORIDA CHANGES
IL09350702	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES

IL09530115	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
PIL20150820	NOTICE OF DISCLOSURE FOR AGENT BROKER & MANAGING GENERAL AGENCY COMPENSATION
PIL20221220	POLICYHOLDER DISCLOSURE AND REJECTION OF TERRORISM INSURANCE COVERAGE
PRNotice0118	NOTICE OF PRIVACY POLICY
IL01121118	FLORIDA CHANGES - MEDIATION OR APPRAISAL (COMMERCIAL RESIDENTIAL PROPERTY)
IL01750907	FLORIDA CHANGES - LEGAL ACTION AGAINST US
IL02550324	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
IL04010212	FLORIDA - SINKHOLE LOSS COVERAGE
ILN1540707	YOUR OPTION TO EXCLUDE WINDSTORM COVERAGE
PIL2014	MINIMUM PREMIUM ENDORSEMENT

POLICYHOLDER DISCLOSURE AND REJECTION OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term “act of terrorism” means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of the Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and 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.

YOU SHOULD KNOW THAT BY SIGNING THIS REJECTION FORM, LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WILL BE EXCLUDED FROM COVERAGE.

YOU SHOULD ALSO KNOW THAT BY SIGNING THIS TERRORISM REJECTION FORM, THERE WILL BE NO COVERAGE FOR THE TERRORISM RISK INSURANCE ACT, AS AMENDED, WHICH CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION.

NOTICE TO STANDARD FIRE STATE POLICYHOLDERS: In certain states (“standard fire states”), a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if this policy is subject to the laws of a standard fire state and you reject this offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism. Coverage for such fire losses will be provided in your policy, subject to all other policy terms, conditions and exclusions.

Rejection of Terrorism Insurance Coverage

<input type="checkbox"/> I hereby decline to accept terrorism coverage. I understand that an exclusion of certain terrorism losses will be included in the policy. I further understand that if this policy is subject to the laws of a standard fire state and I decline this offer, terrorism (fire only) coverage will not be excluded under the policy (subject to all other policy terms, conditions and exclusions)
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Policyholder/Applicant's Signature

Print Name

Date

Wilshire Insurance Company

Insurance Company

IMP4000971 01

Policy Number

CLAIM REPORTING POLICYHOLDER NOTICE

To report a claim under the policy, you may contact us as shown below. The following information will assist us with the handling of your claim:

- Include your Policy Number and / or Claims Number in all communication with us.
- Provide us with a copy of any suit, demand for arbitration or mediation, claims letter or similar notice.
- Send copies of any internal reports related to the loss.

Company:	Wilshire Insurance Company
By phone – To report a claim or check status:	1(866) 576-7971 - Toll-free
To report a claim online:	www.iatinsurance.com/claims
To submit a loss notice:	new.loss@iatinsurance.com
Fax correspondence:	919-834-0855
For all mail correspondence:	PO Box 17449 Raleigh, NC 27619-7449

We will always acknowledge each first notice of loss, initiate contact with you and will request information that may be needed to evaluate your claim.