



COMMUNITY ASSOCIATION POLICY
DECLARATIONS - FLORIDA

NOTICE:

THE LIABILITY COVERAGE PARTS PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY TO PAY JUDGMENTS OR SETTLEMENT AMOUNTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY PAYMENT OF DEFENSE COSTS. PLEASE READ THIS POLICY CAREFULLY.

NAMED INSURED AND ADDRESS		NAMED ENTITY AND PHYSICAL ADDRESS	
Item 1. Cottesmore Homeowners Association, Inc. c/o Resort Management 2685 Horseshoe Drive Suite 215 Naples, FL 34104		P.O. Box 990222 Naples, FL 34116	
POLICY NUMBER		INSURER	
0251101290		Continental Casualty Company CNA Center, 151 North Franklin Street Chicago, IL 60606	
Policy Premium:	\$2,494.00		
Surcharge/Tax/Assessment:			
FL Insurance Guaranty Association Emergency Assessment (1.0000%):	\$24.94		
Total Amount Due:		\$2,518.94	

Item 2. **Policy period:** 06/29/2025 to 06/29/2026 12:01 a.m. local time per address Item 1.

Item 3. Notices:

Claims or Circumstance:

CNA – Claims Reporting
P.O. Box 8317
Chicago, IL 60680-8317
Email: nfpnewloss@cna.com
Fax Number: 866-773-7504

All other notices:

Ian H. Graham Insurance
P.O. Box 19640
Irvine, CA 92623

Item 4. **Extended reporting period**

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|----|---------|------------|---------------------------------|
| a. | Period: | One Year | Premium: 100% of Policy Premium |
| b. | Period: | Two Year | Premium: 175% of Policy Premium |
| c. | Period: | Three Year | Premium: 225% of Policy Premium |

Item 5. **Liability coverage parts:** Association Liability Coverage Part

Non-liability coverage parts: N/A