



Commercial Crime Policy

LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

DECLARATIONS

In Return For The Payment Of The Premium, And Subject To All The Terms And Conditions Of This Policy, We Agree With You To Provide The Insurance As Stated In This Policy.

COMPANY NAME AREA	PRODUCERS NAME AREA
Liberty Mutual Insurance Company	GIG Insurance Group, Inc.

NAMED INSURED: GULFSTREAM VILLAS OWNERS ASSOC. INC.

(Also list any Employee Benefit Plan(s) included as Insureds)

PHYSICAL ADDRESS:

1771-1772 GULFSTREAM AVENUE

Fort Pierce, FL 34949

MAILING ADDRESS:

1771 GULFSTREAM AVE BLDG A

FORT PIERCE, FL 34949

POLICY PERIOD: 06/08/18 to 06/08/2019
(12:01 A.M. at your Mailing Address shown above)

POLICY NUMBER: CAC009107-0514

PREMIUM: \$283.00

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLE

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence
1. Employee Theft	\$200,000	\$500
2. Forgery Or Alteration	(n/a)	(n/a)
3. Inside The Premises – Theft Of Money And Securities	(n/a)	(n/a)
4. Inside The Premises – Robbery Or Safe Burglary Of Other Property	(n/a)	(n/a)
5. Outside The Premises	(n/a)	(n/a)
6. Computer Fraud	(n/a)	(n/a)
7. Funds Transfer Fraud	(n/a)	(n/a)
8. Money Orders And Counterfeit Paper Currency	(n/a)	(n/a)



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If Added by Endorsement, Insuring Agreement(s):

CAC1CR02061106	CAC10CR25060807	CAC11CCPUSLMIC060807	CAC12OFAC0809
CAC1CR20200807	CAC2CR25410807	CAC3CR25080807	CAC4CCPUSLMIC080807
CAC7NOTICE	CAC8NOTICE	CAC9CR00230506	

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

ENDORSEMENTS FORMING PART OF THIS POLICY WHEN ISSUED:

CANCELLATION OF PRIOR INSURANCE ISSUED BY US:

By acceptance of this Policy you give us notice cancelling prior policy Nos. _____; the cancellation to be effective at the time this Policy becomes effective.

06/08/18

Countersigned Date:

By Authorized Representative