



**PHILADELPHIA
INSURANCE COMPANIES**

A Member of the Tokio Marine Group

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Bala Cynwyd, Pennsylvania 19004
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**Philadelphia Indemnity Insurance Company
COMMON POLICY DECLARATIONS**

Policy Number: PHPK1829829

Named Insured and Mailing Address:

Gulfstream Villas Owners Assoc Inc.
1771 Gulfstream Ave Bldg A
Fort Pierce, FL 34949-3517

Producer: 5529

THE PLASTRIDGE AGENCY
10337 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

Policy Period From: 06/08/2018 **To:** 06/08/2019

(561)630-4955

at 12:01 A.M. Standard Time at your mailing
address shown above.

Business Description: Homeowners Association

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

PREMIUM

Commercial Property Coverage Part	
Commercial General Liability Coverage Part	1,186.00
Commercial Crime Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	372.00
Businessowners	
Workers Compensation	

Total \$ **1,558.00**

Total Includes Federal Terrorism Risk Insurance Act Coverage **10.00**

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE
Refer To Forms Schedule

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

CPD- PIIC (06/14)

Secretary

President and CEO

Philadelphia Indemnity Insurance Company

Locations Schedule

Policy Number: PHPK1829829

Prems.	Bldg.	
No.	No.	Address

0001 0001 1771 & 1772 Gulfstream Ave
Fort Pierce, FL 34949-3518

Philadelphia Indemnity Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK1829829

Agent # 5529

See Supplemental Schedule

LIMITS OF INSURANCE

\$ 2,000,000	General Aggregate Limit (Other Than Products – Completed Operations)
\$ 2,000,000	Products/Completed Operations Aggregate Limit
\$ 1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$ 1,000,000	Each Occurrence Limit
\$ 100,000	Rented To You Limit (Any One Premises)
\$ 5,000	Medical Expense Limit (Any One Person)

FORM OF BUSINESS: ASSOCIATION

Business Description: Homeowners Association

Location of All Premises You Own, Rent or Occupy: **SEE SCHEDULE ATTACHED**

AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED: This policy is not subject to premium audit.

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE ATTACHED						
TOTAL PREMIUM FOR THIS COVERAGE PART:				\$ 1,186.00	\$	

RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date: NONE

FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART: Refer To Forms Schedule

Countersignature Date

Authorized Representative

Philadelphia Indemnity Insurance Company
COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL SCHEDULE

Policy Number: PHPK1829829

Agent # 5529

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
FL PREM NO. 001 TOWNHOUSES PROD/COMP OP SUBJ TO GEN AGG LIMIT	68500	UNIT	36	13.280	INCL	482
FL PREM NO. 001 SWIMMING POOL-NOC PROD/COMP OP SUBJ TO GEN AGG LIMIT	48925	POOL	1	698.073	INCL	704

Philadelphia Indemnity Insurance Company

POLICY NUMBER: PHPK1829829

COMMERCIAL AUTO
CA DS 03 03 06

BUSINESS AUTO DECLARATIONS

ITEM ONE

Named Insured and Mailing Address: Gulfstream Villas Owners Assoc Inc. 1771 Gulfstream Ave Bldg A Fort Pierce, FL 34949-3517	
Policy Period	
From: 06/08/2018	
To: 06/08/2019	At 12:01 A.M. Standard Time at your mailing address.
Previous Policy Number: PHPK1642662	

Form Of Business: ASSOCIATION

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Premium shown is payable at inception: \$ 372.00
Audit Period (If Applicable): <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Endorsements Attached To This Policy:
See Schedule Attached

Countersignature Of Authorized Representative			
Name:			
Title:			
Signature:			
Date:			

ITEM TWO

Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	Limit	Premium
Liability	08, 09	\$ 1,000,000 CSL	\$ 371.00
Personal Injury Protection (Or Equivalent No-Fault Coverage)		Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible.	\$
Added Personal Injury Protection (Or Equivalent Added No-Fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement.	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident.	\$
Auto Medical Payments		\$	\$
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In Each Medical Expense And Income Loss Benefits Endorsement.	\$
Uninsured Motorists		\$	\$
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)		\$	\$