

Policy Number: CMV-PLI-0009387-06

**Effective: 07/14/2023 to 07/14/2024** 12:01 AM standard time at the address of the

first Named Insured

## LIABILITY COVERAGE DECLARATIONS

Named Insured and Address	Producing Office (B1646)
Bay Colony of Bal Harbour, Inc.	RT Specialty - Chicago
2666 Brickell Ave	540 W Madison St
3rd Floor	9th Floor
Miami, FL 33129	Chicago, IL 60661

## POLICY PREMIUM

Policy Premium: \$ 19,680.00

Total: \$ 19,680.00

Minimum Earned Premium: 25%

Surplus Lines Tax \$972.19
State Service Office Fee \$11.81
UPDATED TOTAL: \$20,664.00

Authorized Signature - Alan Ogilvie, President



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## LIMITS OF INSURANCE

Each Occurrence: \$ 1,000,000 \$ 2,000,000 General Aggregate: Products/Completed Operations Aggregate: \$ 2,000,000 Personal and Advertising Injury: \$ 1,000,000 Damage to Premises Rented to You: \$ 300,000 Medical Payments: Excluded

Deductible: \$2,500 Per Claim

Applies to: Bodily Injury & Property Damage

Defense & Investigation

- 1. "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."
- 2. "SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."
- 3. "THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."
- 4. "THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."