



# ASPEN SPECIALTY INSURANCE COMPANY

## COMMERCIAL PACKAGE POLICY DECLARATIONS PAGE

OCT 13 2015

Policy Number: CIUHOA001146-01	Renewal Of: CIUHOA001146-00
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Inception Date: 10/3/2015	Expiration Date: 10/3/2016	12:01 AM Standard Time at the address of the insured as stated herein.
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Named Insured and Address	Producing Agency Name and Address
MAYFAIR NEIGHBORHOOD ASSOCIATION, INC. C/O CONDOMINIUM ASSOCIATES 23548 STATE RD. 54 LUTZ, FL 33559	BB&T Insurance Services, Inc. 12485 28th St. North 2nd floor St. Petersburg, FL 33716

This policy consists of the following coverage parts for which a premium is indicated. The premium may be subject to audit by the company.

Coverage(s) Included in Policy	Premium
Commercial Property	Included
Commercial General Liability, Incl Hired/Non-Owned Auto	Included
Crime - Employee Dishonesty	Included
Directors & Officers Liability	Included
Policy Premium:	\$1,937.00
<b>Fees</b>	
Policy Fee	\$35.00
Surplus Lines Tax	\$98.60
FLSLSO Service Fee	\$3.45
FHCF Fee	\$0.00
EMPA Fee	\$4.00
CPIC Emergency Assessment Fee	\$0.00
Total Premium and Fees:	\$2,078.05

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 Supercedes Any Previous Policy Bearing The Same Number And Policy Period.

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

Payment Method: This is an agency bill policy.

Premium payable at inception:

Countersigned this 1st day of October, 2015



### POLICY LOCATION SCHEDULE

**Policy Number:** CIUHOA001146-01      **Policy Period:** 10/3/2015      **To:** 10/3/2016  
**Named Insured:** MAYFAIR NEIGHBORHOOD ASSOCIATION, INC.

#### LOCATIONS OF ALL PREMISES YOU OWN, RENT, OR OCCUPY

Bldg #	Address	Building Name	Building Desc.	City	State	Zip
1	5114 MAYFAIR PARK COURT	BUILDING #1	Signs	TAMPA	FL	33647
2	5114 MAYFAIR PARK COURT	BUILDING #2	Irrigation System	TAMPA	FL	33647
3	5114 MAYFAIR PARK COURT	BUILDING #3	Entry Fixtures	TAMPA	FL	33647
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**ASPEN SPECIALTY INSURANCE COMPANY**

**COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS PAGE**

**Policy Number:** CIUHOA001146-01

**Policy Period:** 10/3/2015

**To:** 10/3/2016

**Named Insured:** MAYFAIR NEIGHBORHOOD ASSOCIATION, INC.

COVERAGES PROVIDED AND DESCRIPTION OF PREMISES. INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY  
FOR THE COVERAGES SHOWN BELOW.

<u>Description</u>	<u>Amount</u>
Covered Cause	Special
Valuation	Replacement Cost
Coinsurance	90%
AOP Deductible	\$1,000
Named Storm Deductible, Per Occurrence	2%
Inflation Guard	0%
Terrorism	Excluded

<u>Optional Coverage:</u>	<u>Amount</u>
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### DESCRIBED PREMISES SCHEDULE

[illegible]



## ASPEN SPECIALTY INSURANCE COMPANY

### COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS PAGE

<b>Policy Number:</b> CIUHOA001146-01	<b>Policy Period:</b> 10/3/2015	<b>To:</b> 10/3/2016
<b>Named Insured:</b> MAYFAIR NEIGHBORHOOD ASSOCIATION, INC.		

#### LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products - Completed Operations)	\$2,000,000
Products - Completed Operations Aggregate Limit	\$2,000,000
Each Occurrence Limit	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Hired / Non-Owned Auto Limit	\$1,000,000
Damages To Premises Rented to You Limit (Any One Premises)	\$50,000
Medical Payments Expense Limit (Any One Person)	\$5,000
Terrorism	Excluded

#### BUSINESS DESCRIPTION AND LOCATION OF PREMISES

Business Description: Homeowners Association  
Location - See Location Schedule

#### PREMIUM

<u>Code No.</u>	<u>Classification Description</u>	<u>Premium Basis</u>	<u>Exposure</u>
68500	Townhome or Similar Association	Members	92
48925	Swimming Pool	Each	0
62000	Commercial Area	Sq. Ft.	0
10105	Boat/Dock Facility	Flat	0
46671	Playground	Flat	0
44311	Fitness Center	Flat	0



**ASPEN SPECIALTY INSURANCE COMPANY**

**COMMERCIAL CRIME COVERAGE PART DECLARATIONS PAGE**

**Policy Number:** CIUHOA001146-01

**Policy Period:** 10/3/2015

**To:** 10/3/2016

**Named Insured:** MAYFAIR NEIGHBORHOOD ASSOCIATION, INC.

**COVERAGES, LIMITS OF INSURANCE AND DEDUCTIBLES**

Insuring Agreements, Limit of Insurance and Deductible Amounts shown below are subject to all of the terms of this policy that apply.

Employee Theft		\$25,000
Deductible	\$1,000.00	
Forgery or Alteration		No Coverage
Deductible	N/A	
Inside and Outside The Premises- Theft of Money & Securities		No Coverage
Deductible	N/A	
Money Orders and Counterfeit Money		No Coverage
Deductible	N/A	
Funds Transfer Fraud		No Coverage
Deductible	N/A	
Computer Fraud		No Coverage
Deductible	N/A	
Employee Benefit Plan Included as Insured under Employee Theft		No Coverage
Deductible	N/A	
Include Designated Agents as Employees-Accountant or Bookkeeper-Employee Theft		No Coverage
Deductible	N/A	



**ASPEN SPECIALTY INSURANCE COMPANY**

**HOMEOWNERS ASSOCIATION DIRECTORS, OFFICERS AND EMPLOYMENT PRACTICES  
LIABILITY INSURANCE POLICY DECLARTIONS PAGE**

<b>Policy Number:</b> CIUHOA001146-01	<b>Policy Period:</b> 10/3/2015	<b>To:</b> 10/3/2016
<b>Named Insured:</b> MAYFAIR NEIGHBORHOOD ASSOCIATION, INC.		

**ITEM 1.**      **INSURED ORGANIZATION NAME AND PRINCIPAL ADDRESS**

MAYFAIR NEIGHBORHOOD ASSOCIATION, INC.  
C/O CONDOMINIUM ASSOCIATES  
23548 STATE RD. 54  
LUTZ, FL 33559

**ITEM 2.**      **POLICY PERIOD**

FROM 10/3/2015 TO 10/3/2016 at 12:01 am

**Local time at the address shown in item**

**ITEM 3.**      **LIMIT OF LIABILITY**

**\$ 1,000,000      maximum aggregate limit of liability for all claims first made in the policy  
period. EACH CLAIM LIMIT \$ 1,000,000**

**ITEM 4.**      **DEDUCTIBLE \$ 1,000      per claim**

**ITEM 5.**      **PREMIUM \$Included**

**ITEM 6.**      **ENDORSEMENTS ATTACHED**

**ITEM 7.**      **NOTICES**

**All notices required to be given to the insurer under this policy shall be addressed to:**

Aspen Specialty Insurance Company  
590 Madison Avenue  
7th Floor  
New York, NY 10022

These Declarations along with the completed and signed Homeowners Association Supplemental application, the Homeowners Association Directors, Officers And Employment Practices Liability Insurance Policy and any endorsements attached shall constitute the contract between the insured and us.

## POLICY FORMS DECLARATIONS

Form Number	Form Date	Form Description
ASPCO098	02/13	Signature Page
ASIC CIU CPP 001D	10/12	Commercial Package Policy Declarations Page
ASIC CIU CP 012D	10/12	Commercial Property Coverage Part Declarations Page
ASIC CIU GL 007D	10/12	Commercial General Liability Coverage Part Declarations Page
ASIC CIU CR 001D	10/12	Commercial Crime Coverage Part Declarations Page
ASIC CIU DO 006D	10/12	Homeowners Association Directors, Officers And Employment Practices Liability Insurance Policy Declarations Page
CIU0101FL	03/08	Surplus Lines Statement
ASIC CIU IL 001	10/12	Minimum Earned Premium Endorsement
IL0003	09/08	Calculation of Premium
IL0017	11/98	Common Policy Conditions
ASIC CIU IL 005	10/12	Service of Suit Clause
ASIC CIU IL 015	11/13	Nuclear, Biological Or Chemical Exclusion
TRIA Disclosure	09/12	Policyholder Disclosure Notice of Terrorism Insurance Coverage And Cap On Losses
ASIC CIU IL 031	11/14	Cancellation And Nonrenewal Endorsement
ASIC CIU IL 016	11/13	Terrorism Exclusion
CP0010	10/12	Building and Personal Property Coverage Form
CP1030	10/12	Causes of Loss - Special Form
CP0090	07/88	Commercial Property Conditions
CP0125	07/08	Florida Changes
IL0112	06/10	Florida Changes - Mediation or Appraisal (Commercial Residential Property)
IL0175	09/07	Florida Changes - Legal Action Against Us
CP0140	07/06	Exclusion of Loss Due to Virus or Bacteria
ASIC CIU CP 003	10/12	Screened Enclosure Exclusion
CP1440	06/07	Outdoor Signs
CP1410	06/95	Additional Covered Property
IL0935	07/02	Exclusion of Certain Computer-Related Losses
ASIC CIU CP 034	09/14	Windstorm or Hail Percentage - Each Named Storm
ASIC CIU CP 019	07/13	Special Activity Exclusion
CG0001	12/07	Commercial General Liability Coverage Form
CG0300	01/96	Deductible Liability Insurance
CG2017	10/93	Additional Insured - Townhouse Associations
CG0067	03/05	Exclusion - Violation of Statutes that Govern E-mails, Fax, Phone Calls or Other Methods of Sending Material or Information
CG2147	12/07	Exclusion - Employment Related Practices Exclusion
CG2165	12/04	Exclusion -- Total Pollution Exclusion With A Building Heating, Cooling, And Dehumidifying Equipment Exception And A Hostile Fire Exception
CG2160	09/98	Exclusion - Year 2000 Computer-Related And Other Electronic Problems
CG2167	12/04	Fungi or Bacteria Exclusion
CG2196	03/05	Silica or Silica Related Dust Exclusion
ASIC CIU IL 018	11/13	Nuclear, Biological or Chemical Terrorism Exclusion
CG2186	12/04	Exclusion - Exterior Insulation and Finish Systems



ASIC CIU IL 019	01/15	Terrorism Exclusion
CG2426	07/04	Amendment of Insured Contract Definition
ASIC CIU GL 002	10/12	Exclusion - Lead Paint
ASIC CIU GL 003	10/12	Exclusion - Asbestos
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
ASIC CIU GL 006	10/12	Hired and Non-Owned Auto Liability
ASIC CIU DO 004	01/15	Homeowners Association Directors, Officers and Employment Practices Liability Insurance Policy
ASIC CIU DO 016	01/15	Increased Consent To Settle Clause Coverage Endorsement
ASIC CIU DO 019	02/15	Bodily Injury / Physical Damage Exclusion Endorsement
ASIC CIU DO 021	03/15	Catastrophic Event Preparedness And Response Exclusion
ASIC CIU DO 022	03/15	Failure To Obtain Or Maintain Insurance Exclusion
ASIC CIU CR002	08/13	Commercial Crime Policy (Discovery Form)
CR2508	10/10	Include Specified Non-Compensated Officers
CR2506	10/10	Include Chairman and Member of Specified Committees
CR2502	10/10	Include Designated Agents as Employees
CR0151	08/07	Florida Changes - Legal Action Against Us



**ASPEN ASPEN SPECIALTY INSURANCE COMPANY**

POLICY NUMBER: CIUHOA001146-01

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **MINIMUM EARNED PREMIUM ENDORSEMENT**

This endorsement modifies insurance provided under this policy.

The minimum earned premium for this policy will be \$ 484.25 unless we cancel the policy.