



FACE PAGE

This page is the face of the policy referenced by number below and is a part of the policy.

Insured's Name: Estates at Turtle Run Homeowners Association, Inc.
Policy Number: GLWF16465744 003 Policy Dates: From: 3/2/2024 To: 3/2/2025

Surplus Lines Agent's Name: Marcia Whisman
Surplus Lines Agent's Address: 120 E. Palmetto Park Road, Suite 300
Boca Raton, FL 33432

Surplus Lines Agent's License: # P134922
Producing Agent's Name: Howard Newman
Producing Agent's Physical Address: 3050 N. Federal Hwy
Lighthouse Point, FL 33064

“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.”

“SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.”

Policy Premium:	\$11,883.00	Policy Fee:	\$250.00
Inspection Fee:		Service Fee:	\$7.28
Tax:	\$599.37	Citizen's Assessment:	
EMPA Surcharge:		FHCF Assessment:	

Surplus Lines Agent's Countersignature: 

If this policy is a surplus lines, personal lines residential property policy then the following shall apply:

“THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.”

If this policy is a surplus lines, personal lines residential property policy which includes the peril of windstorm then the following shall apply:

“THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.”

Insured:
Estates at Turtle Run Homeowners Association, Inc.

Attached To Policy No.: GLWF16465744 003

Effective Date: 03-02-2024

FLORIDA SURPLUS LINES NOTIFICATION

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.

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

NOTHING HEREIN CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, OR LIMITATIONS OF THE POLICY TO WHICH THIS NOTICE IS ATTACHED OTHER THAN AS STATED ABOVE.

Policy Declarations

Westchester
A Chubb Company

Policy No. GLWF16465744 003	Renewal of: GLWF16465744 002
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NAMED INSURED & MAILING ADDRESS
Estates at Turtle Run Homeowners Association, Inc. DBA: 5750 Northwest 44th Street,c/o Benchmark Property Management Coral Springs, FL 33067

POLICY PERIOD
When Coverage Begins: 03/02/2024 12:01 A. M. Local Time At Named Insured's Address
When Coverage Ends: 03/02/2025 12:01 A. M. Local Time At Named Insured's Address

INSURING COMPANY	Producer's Name & Address:
Westchester Surplus Lines Insurance Company (A.M. Best Rating A++)	CRC INSURANCE SERVICES INC - CRC BINDING - TRANSP0 10375 RICHMOND AVENUE SUITE 427 HOUSTON TX 77042 Producer No.:Z02776

ATTACHED FORMS

Authorization Information
Dated: 03/04/2024
NO FLAT CANCELLATIONS
 Authorized Representative

Policy Declarations

Commercial General Liability Policy Declarations

Company: Westchester Surplus Lines Insurance Company
(A.M. Best Rating A++)

SYM: FS

Policy ID: GLWF16465744 003

Limits of Insurance			
A.	EACH OCCURRENCE LIMIT	\$1,000,000	
	DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$100,000	Any One Premises
	MEDICAL EXPENSE LIMIT	\$5,000	Any One Person
B.	PERSONAL AND ADVERTISING INJURY LIMIT	\$1,000,000	Any One Person Or Organization
C.	GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS / COMPLETED OPERATIONS)	\$2,000,000	
D.	PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	Included	

Location Schedule		
Loc. No.	Bld. No.	Address
1		Location #1: 5750 Northwest 44th Street, Coral Springs, FL 33067

Class and Premium										
Loc. No.	Bld. No.	Classification	Class Code	Premium Basis	Exposure	Prem/ Ops Rate	Prem/Ops Premium	Prod/CO Rate	Prod/CO Premium	Total Premium
1		[68500] Townhouse Associations [association risk only]	68500	Units	253	\$45.19	\$11,433	INCL	INCL	\$11,433
							Total Advance Premium This Page:		\$11,433	
Premium Basis: (a) Area*; (c) Total Cost*; (m) Admissions*; (p) Payroll*; (s) Gross Receipts/Sales*; (u) Units; (e) Each; (o) Other Premium Basis identified with a "*" is per 1,000 of selected basis							Total General Liability Classification Premium:		\$11,433	

Commercial General Liability Policy Declarations

Additional Insureds		
LOC NO	Description	Premium
ALL	CG2002 (11/85) - Additional Insured - Club Members	No Charge
ALL	CG2026 (04/13) - Additional Insured - Designated Person Or Organizations	\$100

Additional Coverages	
Description	Premium
(GLE0036) Hired and Non-Owned Auto Liability Coverage (\$1M Limit)	\$350

Total General Liability Classification Premium:	\$11,883
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See attached Schedule AWB101s

Date Issued: 03/04/2024

CHUBB Westchester Binding Common Policy Declarations



Policy Number: GLWF16465744 003 Renewal of: GLWF16465744 002

Company Name: Westchester Surplus Lines Insurance Company (A.M. Best Rating A++)

Named Insured & Mailing Address: Estates at Turtle Run Homeowners Association, Inc.
DBA:
 5750 Northwest 44th Street, c/o Benchmark Property Management
 Coral Springs, FL 33067

Producer's Name & Address: CRC INSURANCE SERVICES INC - CRC BINDING - TRANSP
 10375 RICHMOND AVENUE SUITE 427
 HOUSTON, TX 77042

Producer No.: Z02776

General Policy Information And Policy Period

Form of Business: Corp
 When Coverage Begins: 03/02/2024
 When Coverage Ends: 03/02/2025

Business Description: HOA
 12:01 A.M. Local Time at Named Insured's Address
 12:01 A.M. Local Time at Named Insured's Address

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

The premium for this policy is indicated below next to the applicable Coverage Form(s). Premiums may be subject to adjustment.

Coverage Form

General Liability		\$11,883.00
Policy Fee \$250.00	Total Policy Term Premium:	\$11,883.00
Surplus Lines Tax \$599.37		
Stamping Office Fee \$7.28		
	Total Amount Due:	\$12,739.65

Attached Forms Information

See Forms Schedule CPFS2

Date Issued: 03/04/2024

These Declarations together with the Coverage Declarations, Common Policy Conditions and Coverage Conditions (if applicable), Coverage Form(s) and Forms and Endorsements, if any, issued to form a part thereof, complete the above numbered policy.