



Issued By: Wilshire Insurance Company
Named Insured: Bayshore Club Management Association, Inc.
Policy Number(s): IMP400113300
Policy Period: 05/30/2023 to 05/30/2024

State Surplus Lines Required Wording:

Surplus Lines Agent's Name: <u>Susan Brown Flemming</u>		
Surplus Lines Agent's Address: <u>1227 S. Patrick Drive</u> <u>Satellite Beach, FL 32937</u>		
Surplus Lines Agent's License #: <u>A085932</u>		
Producing Agent's Name: <u>Brian Mort</u>		
Producing Agent's Address: <u>435 S. Yonge Street, Suite 1</u> <u>Ormond Beach, FL 32174</u>		
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.		
Premium:	\$102,233.00	Tax: \$5,099.71 Service Fee: \$61.94
EMPA Surcharge:	\$4.00	Broker Fee: \$1,000.00
Inspection Fee:	\$0.00	Policy Fee: \$0.00
Surplus Lines Agent's Countersignature: <u><i>Susan Flemming</i></u>		

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

1/4	Building	\$132,000	\$10,000	RC	100%	Yes
1/5	Building	\$77,000	\$10,000	RC	100%	Yes
1/6	Building	\$100,000	\$10,000	RC	100%	Yes

** Valuation: RC = Replacement Cost; ACV = Actual Cash Value; FRC = Functional Replacement Cost;

SPECIAL CLASS

Prem#/ Bldg#	Description	Limit Of Insurance	Deductible	Valuation **	Coinsurance	Agreed Value Applies
1/1	Masonry Entrance Walls	\$16,500	\$10,000	RC	100%	Yes
1/1	Swimming Pools In The Open	\$117,046	\$10,000	RC	100%	Yes
1/1	Fences And Arbors	\$75,000	\$10,000	RC	100%	Yes
1/1	Seawall	\$300,000	\$10,000	RC	100%	Yes

** Valuation: RC = Replacement Cost; ACV = Actual Cash Value; FRC = Functional Replacement Cost;

CAUSE OF LOSS

Cause Of Loss: Special - Incl Theft

EQUIPMENT BREAKDOWN

Coverages	Limits
Expediting Expenses	\$250,000
Hazardous Substances	\$250,000
Spoilage	\$250,000
Data Restoration	\$250,000

Deductibles	
Direct Coverages	\$5,000

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue: See SCHEDULE OF FORMS AND ENDORSEMENTS - PIL 10 10

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.