

STOCK COMPANY

## COMMERCIAL LINES POLICY

# WESTERN WORLD

An  companyPOLICY NUMBER: NPP6034887Prior Policy Number: NPP6033581
☒ WESTERN WORLD INSURANCE COMPANY
 ☐ TUDOR INSURANCE COMPANY
 ☐ STRATFORD INSURANCE COMPANY

SLA# A305417

Agent/Broker #05802

## COMMON POLICY DECLARATIONS

## Named Insured and Mailing Address:

Ashley Condominium Corporation

5640 Collins Avenue

Miami Beach, FL 33140

## Producer:

 Hull & Company, LLC  
 300 N. Beach St.  
 6th Floor  
 Daytona Beach, FL 32114
Producing Agent's Name: Stephen Riemer

Producing Agent's Address:

217 E Hallandale Beach Blvd, Hallandale, FL 33009

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 Period: (Mo./Day/Yr.)

From: 02/10/2025

To: 02/10/2026

12:01 AM, standard time at your mailing address shown above.

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 COVERAGES FOR WHICH A PREMIUM IS INDICATED.

THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Other Coverages:	Commercial Property Coverage Part	\$ <u>NOT COVERED</u>
	Commercial General Liability Coverage Part	\$ <u>9,546.00</u>
	Commercial Auto Coverage Part	\$ <u>NOT COVERED</u>
		\$ _____
		\$ _____
		\$ _____
		\$ _____
	Terrorism Risk Insurance Act	\$ <u>NOT COVERED</u>
		\$ _____
		\$ _____
TOTAL ADVANCE PREMIUM		\$ <u>9,546.00</u>
Policy Fee		\$ <u>150.00</u>
SL Stamp Fee		\$ <u>5.82</u>
SL Tax		\$ <u>478.98</u>
		\$ _____
		\$ _____
		\$ _____
GRAND TOTAL		\$ <u>10,180.80</u>

Forms and endorsements applying to this policy and attached at time of issue:

See Applicable Schedule Of Forms And Endorsements

**COMMON POLICY DECLARATIONS (continued)**

**POLICY NUMBER: NPP6034887**

**The Named Insured is:**

☐ Individual    ☐ Partnership    ☐ Limited Liability Company    ☒ Organization/Corporation    ☐ Trust  
☐ Other \_\_\_\_\_

**Location of Business:**

5640 Collins Ave  
MIAMI BEACH, FL 33140

**Business Description:**

Condo Association

THESE DECLARATIONS TOGETHER WITH THE COVERAGE PART DECLARATIONS, THE COMMON POLICY CONDITIONS, COVERAGE FORM(S), AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

**Western World Insurance Company  
Tudor Insurance Company  
Stratford Insurance Company**


Administrative Office  
300 Kimball Drive, Suite 500  
Parsippany, New Jersey 07054

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. If required by state law, this policy shall not be valid unless countersigned by **our** authorized representative.

Secretary

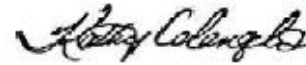


President



Countersigned: Kathy Colangelo  
St Petersburg, FL  
02/10/2025 OESERMIC

By



Authorized Representative