



### COMMON POLICY DECLARATIONS

**Policy Number:** PCAC003210-0819

**Named Insured and Mailing Address:**

Ashley Condominium Corporation  
  
Ashley Condominium Corporation  
5640 Collins Ave  
Miami Beach, FL 33140

**Producer:**

GIG Insurance Group, Inc.  
750 East Prospect Road  
Fort Lauderdale, FL 33334

**Policy Period From:** 02/10/26      **To:** 02/10/2027      at 12:01 A.M. Standard Time at your mailing address shown above.

**Business Description:** Non-Profit Community Association

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 COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	<b>PREMIUM</b>
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	
Commercial Crime Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Businessowners	
Workers Compensation	
Crime Protection Plus	\$419.00
<b>Total</b>	<b>\$419.00</b>

Florida Issuance Guaranty Association (Add to Annual Premium) 1.0%: \$4.19

**FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE**  
**Refer To Forms Schedule**

\*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

CPD- PIIC (06/14)

Secretary

President and CEO



**PHILADELPHIA INDEMNITY INSURANCE COMPANY**  
 One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004  
 610.617.7900 Fax: 610.617.7940

**CRIME PROTECTION PLUS DECLARATIONS**

Policy Number: PCAC003210-0819

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 stated in this policy.

**DECLARATIONS**

ITEM 1. Named Insured: Ashley Condominium Corporation

ITEM 2. Mailing Address: Ashley Condominium Corporation  
 5640 Collins Ave  
 Miami Beach, FL 33140

ITEM 3. Policy Period: From: 02/10/26 To: 02/10/2027  
 (12:01 A.M. Standard Time at Your Mailing Address)

ITEM 4. Coverages, Limits of Insurance and Deductibles:

Coverage Basis: Loss Sustained  
 (If left blank, the Loss Sustained Option shall apply.)

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

Insuring Agreements Forming Part of This Policy	Limit of Insurance	Deductible Amount
A1. EMPLOYEE THEFT AND CLIENT PROPERTY	\$100,000	\$250
A2. ERISA FIDELITY	\$100,000	\$ NIL
B. FORGERY OR ALTERATION, including Credit, Debit, or Charge Card Extension (\$25,000 limit)	\$25,000	\$500
C. INSIDE THE PREMISES	\$25,000	\$500

D. OUTSIDE THE PREMISES	\$25,000	\$500
E. COMPUTER FRAUD AND FUNDS TRANSFER FRAUD	\$100,000	\$250
F. MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY	\$100,000	\$1,000
G. FRAUDULENT INDUCEMENT	(n/a)	(n/a)

ITEM 5. Form Numbers of Endorsements Forming Part of This Policy When Issued: SEE SCHEDULE

ITEM 6. Cancellation of Prior Insurance: By acceptance of this policy, you give us notice cancelling prior policies or bonds numbered:

The cancellations to be effective at the time this policy becomes effective.

This policy has been signed by the Company's President and Secretary.



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President and CEO



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Secretary