

Insured's Name Ashley Condominium Corporation

Policy # NPP6206209

UMR # _____

(Lloyd's Policies Only)

Policy Dates From	<u>02/10/2026</u>	To	<u>02/10/2027</u>
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Surplus Lines Agents Name Kathy Colangelo

Surplus Lines Agents Address 970 Lake Carillon Drive, Suite 200 St. Petersburg FL 33716

Surplus Lines Agents License # A305417

Producing Agent's Name Stephen Riemer

Producing Agent's Physical Address 217 E Hallandale Beach Blvd , Hallandale Beach, 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 Premium \$10,929.00

Policy Fee \$300.00

Inspection Fee \$75.00

Provider Fee \$0.00

Tax \$558.42

Service Fee \$6.78

FHCF Assessment \$0.00

Citizen's Assessment \$0.00

EMPA Surcharge \$0.00



Surplus Lines Agent's Countersignature

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

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

STOCK COMPANY

COMMERCIAL LINES POLICY

WESTERN WORLD

An  company

POLICY NUMBER: NPP6206209

Prior Policy Number: NPP6034887

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
300 N. Beach St.
6th Floor
Daytona Beach, FL 32114

Producing Agent's Name:
Producing Agent's Address:

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: 02/10/2026

To: 02/10/2027

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.**

Commercial Property Coverage Part	\$ <u>NOT COVERED</u>
Commercial General Liability Coverage Part	\$ <u>10,929.00</u>
Commercial Auto Coverage Part	\$ <u>NOT COVERED</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
Other Coverages: Terrorism Risk Insurance Act	\$ <u>NOT COVERED</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL ADVANCE PREMIUM	\$ <u>10,929.00</u>
Inspection Fee	\$ <u>75.00</u>
Policy Fee	\$ <u>300</u>
SL Stamp Fee	\$ <u>6.78</u>
SL Tax	\$ <u>558.42</u>
_____	\$ _____
_____	\$ _____
GRAND TOTAL	\$ <u>11,869.20</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: NPP6206209

The Named Insured is:	
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Organization/Corporation
<input type="checkbox"/> Trust	
<input type="checkbox"/> 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 02/09/2026 PETTINIC	By  Authorized Representative
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**COMMERCIAL LIABILITY COVERAGE PART
DECLARATIONS**

Effective Date: 02/10/2026

Policy Number: NPP6206209

12:01 AM, Standard Time

COMMERCIAL GENERAL LIABILITY - LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products-Completed Operations)	\$ <u>2,000,000</u>	
Products - Completed Operations Aggregate Limit	\$ <u>Included</u>	†
Personal and Advertising Injury Limit	\$ <u>1,000,000</u>	Any One Person or Organization
Each Occurrence Limit	\$ <u>1,000,000</u>	
Damage to Premises Rented to You	\$ <u>100,000</u>	Any One Premises
Medical Expense Limit	\$ <u>5,000</u>	Any One Person
Each Professional Incident Limit (if applicable)	\$ <u>Not Covered</u>	

† If the Limit is shown as Included, Products-Completed Operations are subject to the General Aggregate Limit.

PREMIUM

Classification	Code No.	Premium Basis	Rate		Advance Premium	
			Pr/Co	All Other	Pr/Co	All Other
Condominiums - residential (association risk only) (P1/B1)	62003	Units 27	Included	368.487	Included	9,949.00
Boat Docks and Slips (P1/B1)	OC084	Each 3		35.00		105.00
Pools (P1/B1)	OC087	Each 1		575.00		575.00
Hired/Non-Owned (P1/B1)	OC001	Flat Charge 0		300.00		300.00 MP
Total Advance Premium						\$ 10,929.00

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this coverage part and made part of policy at time of issue:

See Schedule of Forms and Endorsements

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