

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

- "	is certificate does not confer rights t	O tile	Cert	incate noider in ned or st)·			
PRODUCER				CONTACT NAME:						
				PHONE FAX						
				I E-MAIL						
				ADDRE	SS:					
					INSURER(S) AFFORDING COVERAGE				NAIC#	
INSU	RED				INSURER A:					
					INSURER B: INSURER C:					
					INSURE					
					INSURE					
\Box	/ERAGES CER	TIEI	CATE	E NUMBER:	INSURE	KF:		REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES				/F REE	N ISSUED TO			POL I	CV PERIOD
IN CE	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO A	TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY					- /	-,	EACH OCCURRENCE \$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$		
	OTHER:							\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO							BODILY INJURY (Per person) \$		
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY							(Per accident) \$		
	UMBRELLA LIAB OCCUB									
	- CCCOR							EACH OCCURRENCE \$		
	CLAIIVI3-IVIADE							AGGREGATE \$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY Y / N							<u> </u>		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT \$		
(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE \$		
\vdash	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
CERTIFICATE HOLDER				CANCELLATION						
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
				AUTHORIZED REPRESENTATIVE						
				1,500						

NOTEDAD			PAGE 2
NOTEPAD	INSURED'S NAME	OP ID:	Date



A Stock Company P.O. Box 33003 St. Petersburg, FL 33733-8003 Customer Service: 1-800-820-3242 Claims: 1-800-725-9472

FFL99.001 1021 0701321 3/22/24 2000 11523 FLD RCBP

National Flood Insurance Policy

FLOOD	DECLARATIONS PAGE
	NEW BUSINESS

_	11211 200111200						
	Policy Number	NFIP Policy Number	Product Type:				
	09 1152564331 00	1152564331	Residential Condominium Building Policy Form				

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 4/12/24 To:4/12/25 12:01 am Standard Time	03/22/2024	0701321	8705757884

Insured SPANISH PINES CONDOMINIUM ASSOC INC 1035 COLLIER CENTER WAY STE 7 NAPLES FL 34110-8474

BALDWIN KRYSTYN SHERMAN PTRS 4211 W BOY SCOUT BLVD STE 800 TAMPA FL 33607-5757

RECEPTIONIST@ROSENTHALBROS.COM

Property Location (if other than above) 131 CYPRESS WAY E, NAPLES FL 34110

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine

Primary Residence: N

Building Occupancy: Residential Condominium Building Building Description: Entire Residential Condo Building

Property Description: Slab on Grade, 2 floors

First Floor Height: 1.0 ft

Flood Risk: X

First Floor Height. 1.0 it

Method Used to Determine First Floor Height: FEMA Determined

Date of Construction: 01/01/1991

Prior NFIP Claims: Number of Units: 8

Replacement Cost Value: 2,073,008

Coverage		Deductible	Annual Premium
BUILDING	\$2,000,000	\$1,250	\$11,482.00
CONTENTS	NO CONTENTS COVERAGE	INSURED DECLINED CONTENTS COVERAGE	\$0.00
		ICC Premium:	\$75.00
Your property's NFIP flood claims history can affect your premium. For more information		Community Rating Discount:	\$2,841.00
		FULL RISK PREMIUM:	\$8,716.00
contact your i	nsurance agent or company.	Statutory Discounts	
		Annual Increased Cap Discount:	\$6,253.00
		DISCOUNTED PREMIUM:	\$2,463.00
		Reserve Fund Assessment:	\$443.00
		Federal Policy Service Fee:	\$376.00
		HFIÁA Surcharge:	\$250.00
		TOTAL WRITTEN PREMIUM AND FEES	\$3.532.00

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

FFL 99.310 0224 0224 WFL 99.416 1117 1117 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523 Wright National Flood Insurance Company A stock company Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones, President



FFL99.001 1021 0701321 3/22/24

09 1152564331 00

Agent (847)940-4300 BALDWIN KRYSTYN SHERMAN PTRS 4211 W BOY SCOUT BLVD STE 800 TAMPA FL 33607-5757

Dear Mortgagee: The Reform Act of 1994 require you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgagee on the insured location.

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at www.wrightflood.com/policyforms.html. The form which applies to your policy coverage is: Residential Condominium Building Policy Form

For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit FloodSmart.gov/floodcosts.

Claims Information:

Please contact your agent or go to www.wrightflood.com to enter your claim as well as receive important information to mitigate the damage to your property. If you need to reach the insurance company the number is 1-800-725-9472.

