

SURPLUS LINES STATEMENT


Policy Number CIUCAP402216-01	Insured Name THE BIMINI AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.
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Surplus Lines Agent: Jason Norman Norman-Spencer Agency LLC Servicing Address: P.O. Box 3140 Ponte Vedra Beach, FL 32004 License #: W441225	Premium: \$ 0.00 S/L Tax: \$ 0.00 FSLSO Service Fee: \$ 0.00 FHCF: \$ 0.00 CPIC Emergency Assessment: \$ 0.00 EMPA: \$ 0.00
Total: \$ 0.00	

Producing Agent: MICHELLE KUGLER 6611 Orion Dr Suite 201 Fort Myers, FL 33912 Lic # W186914

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.



Endorsement Effective Date: 9/5/2023

Surplus Lines Agent



210 Park Avenue
Suite 1300
Oklahoma City, OK 73102

SIGNATURE CLAUSE

SIGNATURE CLAUSE

In Witness Whereof, we have caused the policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

TRISURA SPECIALTY INSURANCE COMPANY, INC.

A handwritten signature in black ink, appearing to read "MB", written over a horizontal line.

Michael Beasley
President & CEO

A handwritten signature in black ink, appearing to read "Eileen Sweeney", written over a horizontal line.

Eileen Sweeney
COO

TRISURA SPECIALTY INSURANCE COMPANY
AMENDED
COMMERCIAL PACKAGE POLICY DECLARATIONS PAGE

Policy Number: CIUCAP402216-01	Renewal Of: CIUCAP402216-00
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Inception Date: 7/10/2023	Expiration Date: 7/10/2024	12:01 AM Standard Time at the address of the insured as stated herein.
Endorsement Number: 1	Change Effective: 9/5/2023	

Named Insured and Address	Producing Agency Name and Address
THE BIMINI AT TARPON COVE CONDOMINIUM ASSOCIATION, INC. C/O TARPON COVE MANAGEMENT OFFICE 702 TARPON COVE DR NAPLES, FL 34110	Brown & Brown of Florida, Inc. 6611 Orion Dr Suite 201 Fort Myers, FL 33912

This policy consists of the following coverage parts for which a premium is indicated. The premium may be subject to audit by the company.

Coverage(s) Included in Policy	Premium
Commercial Property	Excluded
Commercial General Liability , Incl Hired/Non-Owned Auto	Included
Crime - Employee Dishonesty	Included
Directors & Officers Liability	Included
Policy Premium:	\$10,351.00
Fees	
Policy Fee	\$650.00
Surplus Lines Tax	\$543.45
FSLSO Service Fee	\$6.60
EMPA Fee	\$0.00
CPIC Emergency Assessment Fee	\$0.00
FHCF Fee	\$0.00
Total Premium and Fees:	\$11,551.05

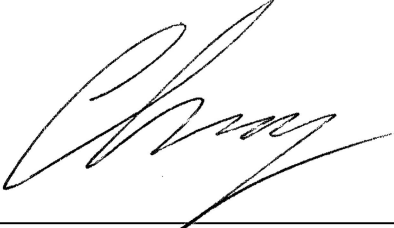
In Return For The Payment Of The Premium, And Subject To All The Terms Of This Policy, We Agree With You To Provide The Insurance As Stated In This Policy. This Policy Supercedes Any Previous Policy Bearing The Same Number And Policy Period.

“SURPLUS LINES INSURERS’ POLICY RATES AND FORMS ARE NOT APPROVED BY ANY STATE REGULATORY AGENCY.”

Payment Method: This is an agency bill policy.

Premium payable at inception:

Countersigned this 14th day of September, 2023



Authorized Representative

TRISURA SPECIALTY INSURANCE COMPANY

POLICY LOCATION SCHEDULE

Policy Number: CIUCAP402216-01

Policy Period: 7/10/2023

To: 7/10/2024

Named Insured: THE BIMINI AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

LOCATIONS OF ALL PREMISES YOU OWN, RENT, OR OCCUPY

Bldg #	Address	Building Name	Building Desc.	City	State	Zip
1	867 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
2	873 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
3	881 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
4	882 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
5	890 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
6	897 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
7	889 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
8	898 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
9	905 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
10	906 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
11	913 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
12	914 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
13	921 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
14	929 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
15	930 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
16	937 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
17	938 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
18	945 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
19	946 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110
20	953 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110

TRISURA SPECIALTY INSURANCE COMPANY

POLICY LOCATION SCHEDULE

Policy Number: CIUCAP402216-01

Policy Period: 7/10/2023

To: 7/10/2024

Named Insured: THE BIMINI AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

LOCATIONS OF ALL PREMISES YOU OWN, RENT, OR OCCUPY

Bldg #	Address	Building Name	Building Desc.	City	State	Zip
21	954 CARRICK BEND CIRCLE	CONDO	Residential Building	NAPLES	FL	34110



TRISURA SPECIALTY INSURANCE COMPANY

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS PAGE

Policy Number: CIUCAP402216-01

Policy Period: 7/10/2023

To: 7/10/2024

Named Insured: THE BIMINI AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products - Completed Operations)	\$2,000,000
Products - Completed Operations Aggregate Limit	\$2,000,000
Each Occurrence	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Hired / Non-Owned Auto Limit	\$1,000,000
Damages To Premises Rented to You Limit (Any One Premises)	\$50,000
Medical Payments Expense Limit (Any One Person)	\$5,000
Terrorism	Excluded

BUSINESS DESCRIPTION AND LOCATION OF PREMISES

Business Description: Condominium Association

Location - See Location Schedule

PREMIUM

<u>Code No.</u>	<u>Classification Description</u>	<u>Premium Basis</u>	<u>Exposure</u>
62003	Residential Condominium	Units	84
48925	Swimming Pool	Each	0
62000	Commercial Condo	Sq. Ft.	N/A
10105	Boat/Dock Facility	Flat	0
46671	Playground	Flat	N/A
44311	Fitness Center	Flat	N/A

TRISURA SPECIALTY INSURANCE COMPANY

COMMERCIAL CRIME COVERAGE PART DECLARATIONS PAGE

Policy Number: CIUCAP402216-01

Policy Period: 7/10/2023

To: 7/10/2024

Named Insured: THE BIMINI AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

COVERAGES, LIMITS OF INSURANCE AND DEDUCTIBLES

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

Employee Theft	\$800,000
Deductible	\$0.00
Forgery or Alteration	\$800,000
Deductible	\$0.00
Inside and Outside The Premises- Theft of Money & Securities	No Coverage
Deductible	N/A
Money Orders and Counterfeit Money	No Coverage
Deductible	N/A
Funds Transfer Fraud	\$800,000
Deductible	\$0.00
Computer Fraud	\$800,000
Deductible	\$0.00
Employee Benefit Plan Included as Insured under Employee Theft	No Coverage
Deductible	N/A
Include Designated Agents as Employees-Accountant or Bookkeeper-Employee Theft	No Coverage
Deductible	N/A

TRISURA SPECIALTY INSURANCE COMPANY

**CONDOMINIUM DIRECTORS OFFICERS AND EMPLOYMENT PRACTICES LIABILITY
INSURANCE POLICY DECLARATIONS PAGE**

Policy Number: CIUCAP402216-01

Policy Period: 7/10/2023

To: 7/10/2024

Named Insured: THE BIMINI AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

ITEM 1. **INSURED ORGANIZATION NAME AND PRINCIPAL ADDRESS**

THE BIMINI AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.
C/O TARPON COVE MANAGEMENT OFFICE
702 TARPON COVE DR
NAPLES, FL 34110

ITEM 2. **POLICY PERIOD**

FROM 7/10/2023 TO 7/10/2024 at 12:01 am

Local time at the address shown in item

ITEM 3. **LIMIT OF LIABILITY**

\$ 1,000,000 **maximum aggregate limit of liability for all claims first made in the policy**

period. EACH CLAIM LIMIT \$ 1,000,000

ITEM 4. **DEDUCTIBLE \$ 1,000 per claim**

ITEM 5. **PREMIUM \$Included**

ITEM 6. **ENDORSEMENTS ATTACHED**

ITEM 7. **NOTICES**

All notices required to be given to the insurer under this policy shall be addressed to:

Trisura Specialty Insurance Company
210 Park Avenue
Suite 1400
Oklahoma City, OK 73102-5636

These Declarations along with the completed and signed Condominium Association Supplemental application, the Condominium Directors, Officers and Employment Practices Liability Insurance Policy and any endorsements attached shall constitute the contract between the insured and us.

POLICY FORMS DECLARATIONS

Form Number	Form Date	Form Description
TSIC 70 02	08/20	Signature Page
TSIC CIU CPP 001D	10/12	Commercial Package Policy Declarations Page
TSIC CIU IL 003	10/12	Policy Location Schedule
TSIC CIU GL 007D	10/12	Commercial General Liability Coverage Part Declarations Page
TSIC CIU CR 001D	01/16	Commercial Crime Coverage Part Declarations Page
TSIC CIU DO 005D	10/12	Condominium Directors Officers And Employment Practices Liability Insurance Policy Declarations Page
IL1207	07/02	Florida Policy Changes
CIU0100FL	03/08	Surplus Lines Statement
TSIC CIU IL 001	10/12	Minimum Earned Premium Endorsement
IL0003	09/08	Calculation of Premium
IL0017	11/98	Common Policy Conditions
TSIC CIU IL 005	10/12	Service of Suit Clause
TRIA Disclosure	09/12	Policyholder Disclosure Notice of Terrorism Insurance Coverage And Cap On Losses
TSIC CIU IL 031	05/20	Cancellation And Nonrenewal Endorsement
TSIC CIU CP 019	07/13	Special Activity Exclusion
CG0001	12/07	Commercial General Liability Coverage Form
CG0300	01/96	Deductible Liability Insurance
CG2004	11/85	Additional Insured - Condominium Unit Owners
CG0067	03/05	Exclusion - Violation of Statutes that Govern E-mails, Fax, Phone Calls or Other Methods of Sending Material or Information
CG2147	12/07	Exclusion - Employment Related Practices Exclusion
CG2165	12/04	Exclusion - Total Pollution Exclusion With A Building Heating, Cooling, And Dehumidifying Equipment Exception And A Hostile Fire Exception
CG2160	09/98	Exclusion - Year 2000 Computer-Related And Other Electronic Problems
CG2167	12/04	Fungi or Bacteria Exclusion
CG2196	03/05	Silica or Silica Related Dust Exclusion
CG2186	12/04	Exclusion - Exterior Insulation and Finish Systems
TSIC CIU IL 018	11/13	Nuclear, Biological or Chemical Terrorism Exclusion
TSIC CIU IL 019	01/15	Terrorism Exclusion
CG2426	07/04	Amendment of Insured Contract Definition
TSIC CIU GL 002	10/12	Exclusion - Lead Paint
TSIC CIU GL 003	10/12	Exclusion - Asbestos
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
TSIC CIU GL 006	10/12	Hired and Non-Owned Auto Liability
TSIC CIU GL 025	11/20	Communicable Disease Exclusion
TSIC CIU DO 001	02/18	Condominium Directors, Officers and Employment Practices Liability Insurance Policy
TSIC CIU DO 012	01/15	Property Manager Entity Coverage Endorsement
TSIC CIU DO 016	01/15	Increased Consent To Settle Clause Coverage Endorsement
TSIC CIU DO 019	02/15	Bodily Injury / Physical Damage Exclusion Endorsement
TSIC CIU DO 021	03/15	Catastrophic Event Preparedness And Response Exclusion
TSIC CIU DO 022	03/15	Failure To Obtain Or Maintain Insurance Exclusion
TSIC CIU DO 002	01/16	Continuity of Coverage Endorsement

CR0020	11/15	Commercial Crime Policy (Discovery Form)
CR2508	10/10	Include Specified Non-Compensated Officers
CR2506	10/10	Include Chairman and Member of Specified Committees
CR2502	10/10	Include Designated Agents as Employees
CR0151	08/07	Florida Changes - Legal Action Against Us

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA POLICY CHANGES

Effective Date of Change: 9/5/2023

Change Endorsement No.: 1

Named Insured: THE BIMINI AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

The following item(s):

<input type="checkbox"/>	Insured's Name	<input checked="" type="checkbox"/>	Insured's Mailing Address
<input type="checkbox"/>	Policy Number	<input type="checkbox"/>	Company
<input type="checkbox"/>	Effective/Expiration Date	<input type="checkbox"/>	Insured's Legal Status/Business of Insured
<input type="checkbox"/>	Payment Plan	<input type="checkbox"/>	Premium Determination
<input type="checkbox"/>	Additional Interested Parties	<input type="checkbox"/>	Coverage Forms and Endorsements
<input type="checkbox"/>	Limits/Exposures	<input type="checkbox"/>	Deductibles
<input type="checkbox"/>	Covered Property/Location Description	<input type="checkbox"/>	Classification/Class Codes
<input type="checkbox"/>	Rates	<input type="checkbox"/>	Underlying Insurance

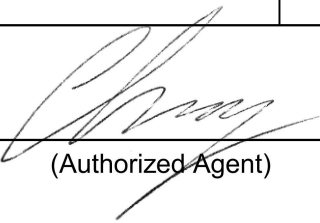
is (are) changed to read **{See Additional Page(s)}**:

See Description below.

The above amendments result in a change in the premium as follows:

<input checked="" type="checkbox"/>	NO CHANGES	<input type="checkbox"/>	TO BE ADJUSTED AT AUDIT	ADDITIONAL PREMIUM	RETURN PREMIUM
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Countersigned By:



(Authorized Agent)

POLICY CHANGES ENDORSEMENT DESCRIPTION

Mailing Address changed from: C/O DB COMMUNITY RESOURCES INC to C/O TARPON COVE MANAGEMENT OFFICE
Mailing Address 2 changed from: PO BOX 2427 to 702 TARPON COVE DR
Mailing City changed from: BONITA SPRINGS to NAPLES
Mailing Postal Code changed from: 34133 to 34110

REMOVAL PERMIT

If this policy includes the Capital Assets Program (Output Policy) Coverage Part with all property scheduled on the Scheduled Location Endorsement **OP 14 01**, or the Commercial Property Coverage Part, the following applies with respect to such Coverage Part(s):

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.