



COMMERCIAL PACKAGE POLICY
RENEWAL
COMMON POLICY DECLARATIONS

32

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

AGENCY

09-09227

PROD.

PUD

THE BARBADOS AT CARRICK BEND
SEE SCHEDULE OF NAMED INSURED
CIRCLE CONDO ASSOCIATION
3400 TAMiami TRL N #302
NAPLES FL 34103

BROWN & BROWN OF FLA INC
6611 ORION DR STE 201
FORT MYERS FL 33912-4329
TELEPHONE 239-278-0278

Policy Number: CWP 0 636 08R

|20|

WIC Account Number: 0970006962

| A

Policy From 12/08/23
Period To 12/08/24

at 12:01 A.M. Standard Time at your
mailing address shown above.

Business: CONDO ASSOCIATION

Named Insured is: Corporation

In return for the payment of the premium, and subject to all 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

COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$	5,406.00
COMMERCIAL AUTO COVERAGE PART	\$	253.00
TERRORISM INSURANCE COVERAGE	\$	49.00
Policy Annual Premium	\$	5,708.00
2021 FIGA Assessment	\$	39.00
2023 FIGA Assessment	\$	54.00
Total Advance Annual Policy Premium	\$	5,801.00

The above is a summary of your coverages. For more detail,
please refer to the individual coverage parts inside your policy.

Forms and Endorsements applicable to all coverage parts:

IL0019 0488 , IL0017 1198 , ID7004 0411 , IL0003 0908 .

COUNTERSIGNED: _____ BY _____
Date Authorized Representative



WESTFIELD®

COMMERCIAL PACKAGE POLICY
RENEWAL
COMMON POLICY DECLARATIONS
(Continued)

32

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

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THE BARBADOS AT CARRICK BEND
SEE SCHEDULE OF NAMED INSURED
CIRCLE CONDO ASSOCIATION
3400 TAMIAMI TRL N #302
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Policy From 12/08/23
Period To 12/08/24

at 12:01 A.M. Standard Time at your
mailing address shown above.

** SCHEDULE OF NAMED INSURED **

THE BARBADOS AT CARRICK BEND
C/O KPG ACCOUNTING SERVICES,
INC.
CIRCLE CONDO ASSOCIATION
3400 TAMIAMI TRL N #302
NAPLES FL 34103



RENEWAL
GENERAL LIABILITY DECLARATIONS

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

AGENCY

09-09227

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THE BARBADOS AT CARRICK BEND
SEE SCHEDULE OF NAMED INSURED
CIRCLE CONDO ASSOCIATION
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NAPLES FL 34103

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6611 ORION DR STE 201
FORT MYERS FL 33912-4329
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Policy Number: CWP 0 636 08R

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Policy From 12/08/23
Period To 12/08/24

at 12:01 A.M. Standard Time at your
mailing address shown above.

LIMITS OF INSURANCE -

General Aggregate Limit (Other Than Products/Completed Operations)	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal & Advertising Injury Limit (Per Person Or Organization)	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit (Any One Premises)	\$500,000
Medical Expense Limit (Any One Person)	\$1,000

TOTAL ADVANCE ANNUAL GENERAL LIABILITY PREMIUM \$5,406.00

Forms And Endorsements Applicable To This Coverage Part:

CG2004 1185 , CG2008 0413 , CG0001 0413 , IL0021 0908 , CG7000 1298 ,
 CG2503 0509 , CG2504A 0509 , CG2147 1207 , CG7017 1298 , CG2106 0514 ,
 IL7013 1206 , CG9909 1219* , CG7230 0722* , CG2170 0115 , CG2404A 1219 ,
 CG0220 0312 , CG2426 0413 , CG2425A 1204 , CG2003 1219 , CG2005 1219 ,
 CG2011 1219 , CG2012 1219 , CG2015 1219 , CG2018 1219 , CG2024 1219 ,
 CG2027 1219 , CG2029 1219 , CG2034 1219 , CG7135 1112 .



**RENEWAL
GENERAL LIABILITY DECLARATIONS
(Continued)**

COMPANY PROVIDING COVERAGE		WESTFIELD INSURANCE COMPANY			
NAMED INSURED AND MAILING ADDRESS		AGENCY	09-09227	PROD.	PUD
THE BARBADOS AT CARRICK BEND SEE SCHEDULE OF NAMED INSURED CIRCLE CONDO ASSOCIATION 3400 TAMiami TRL N #302 NAPLES FL 34103		BROWN & BROWN OF FLA INC 6611 ORION DR STE 201 FORT MYERS FL 33912-4329 TELEPHONE 239-278-0278			

Policy Number: CWP 0 636 08R	20	WIC Account Number: 0970006962	A
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Policy Period	From 12/08/23 To 12/08/24	at 12:01 A.M. Standard Time at your mailing address shown above.
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Location Of All Premises Owned By, Rented To Or Controlled By The Named Insured Are The Same As The Mailing Address Of The Policy Declarations Unless Otherwise Indicated.

GENERAL LIABILITY SCHEDULE

PREMIUM BASIS LEGEND -

S = GROSS SALES PER \$1,000	A = AREA PER 1,000 SQ. FT.	U = UNITS PER UNIT
P = PAYROLL PER \$1,000	C = TOTAL COST PER \$1,000	T = SEE CLASSIFICATION NOTES
O = OTHERS PER \$1,000	M = ADMISSIONS PER 1,000	

RATE LEGEND -

PREM/OP = PREMISES AND OPERATIONS	MP = MINIMUM PREMIUM
PROD = PRODUCTS AND COMPLETED OPERATIONS	
CMPCBN = COMPOSITE PREMISES/PRODUCTS COMPLETED OPERATIONS	

CLASSIFICATION	CODE	PREMIUM BASIS	RATE	PREMIUM
FLORIDA				
784-866 CARRICK BEND CIR NAPLES FL 34110 CONDOMINIUMS - RESIDENTIAL - ASSOCIATION RISK ONLY	A 62003	92	PREM/OP 50.533	\$4,649
PREM/OP	MP			\$90

ADDITIONAL COVERAGES AND ENDORSEMENTS -

COMMERCIAL GENERAL LIABILITY EXPANDED ENDORSEMENT	\$257
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TOTAL

TOTAL PREMIUM - PREMISES AND OPERATIONS	\$4,649
TOTAL PREMIUM - FUNGI OR BACTERIA COVERAGE	\$500
TOTAL PREMIUM - ADDITIONAL COVERAGES AND ENDORSEMENTS	\$257

TOTAL ADVANCE ANNUAL GENERAL LIABILITY PREMIUM	\$5,406
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREMIUM AUDIT NONCOMPLIANCE CHARGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
 ELECTRONIC DATA LIABILITY COVERAGE PART
 LIQUOR LIABILITY COVERAGE PART
 POLLUTION LIABILITY COVERAGE PART
 PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
 UNDERGROUND STORAGE TANK LIABILITY COVERAGE PART

SCHEDULE

Total Advance Premium:	\$ 5,455.00
Audit Noncompliance Charge Factor:	Up to 2 times the Total Advance Premium 1.00
Number Of Written Attempts to Obtain Audit Information:	2
Reassessment Charge:	\$0
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Paragraph 5.c. of the **Premium Audit** Condition under **Section IV - Conditions** is replaced by the following:

- c. The first Named Insured must keep records of the information we need for premium computation and send us copies at such times as we may request. If the first Named Insured fails to comply with this request at the close of an audit period, an Audit Noncompliance Charge will be assessed, and notice will be sent to the first Named Insured.

The additional charge will be determined by multiplying the Total Advance Premium by the Audit Noncompliance Charge Factor indicated in the Schedule of this endorsement. (The following example is for illustration purposes only.)

Example:

Total Advance Premium: \$25,000
 Audit Noncompliance Charge Factor: 1
 Audit Noncompliance Charge: \$25,000

- (1) We will only assess the Audit Noncompliance Charge:
- (a) For audits conducted after the end of the policy period; and
 - (b) When we have made the number of written attempts indicated in the Schedule of this endorsement to obtain audit information from the first Named Insured.

The due date for the Audit Noncompliance Charge is the date shown as the due date on the bill.

(2) **Subsequent Compliance And Reassessment Charge**

- (a) The first Named Insured may notify us in writing, prior to the due date on the bill for the Audit Noncompliance Charge, that the Named Insured agrees to comply with the audit request.
- (b) A Reassessment Charge may apply if this charge is indicated in the Schedule.
- (c) The first Named Insured must comply with the audit within 30 days of our receipt of the written notification described in Paragraph (2)(a) above, and then the Audit Noncompliance Charge will no longer apply. If a Reassessment Charge is indicated in the Schedule of this endorsement, that charge will remain applicable.
- (d) If the first Named Insured fails to comply with the premium audit after 30 days of our receipt of the notification described in Paragraph (2)(a) above, a subsequent notice will be sent to the first Named Insured indicating that the Audit Noncompliance Charge and the Reassessment Charge (if applicable) will be final. The due date for the Audit Noncompliance Charge and the Reassessment Charge is the date shown as the due date on the bill.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**COMMUNICABLE DISEASE EXCLUSION-
FOODBORNE ILLNESS EXCEPTION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. The following exclusion is added to Paragraph 2. **Exclusions of Section I - Coverage A - Bodily Injury And Property Damage Liability:**

2. Exclusions

This insurance does not apply to:

Communicable Disease

"Bodily injury" or "property damage" arising out of the actual or alleged transmission of a communicable disease.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the:

- a. Supervising, hiring, employing, training, or monitoring of others that may be infected with and spread a communicable disease;
- b. Testing for a communicable disease;
- c. Failure to prevent the spread of a communicable disease; or
- d. Failure to report a communicable disease to authorities.

This exclusion does not apply to any foodborne illness arising out of contact with or consumption of a good or product intended for bodily consumption.

B. The following exclusion is added to Paragraph 2. **Exclusions of Section I - Coverage B - Personal And Advertising Injury Liability:**

2. Exclusions

This insurance does not apply to:

Communicable Disease

"Personal and advertising injury" arising out of the actual or alleged transmission of a communicable disease.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the:

- a. Supervising, hiring, employing, training, or monitoring of others that may be infected with and spread a communicable disease;
- b. Testing for a communicable disease;
- c. Failure to prevent the spread of a communicable disease; or
- d. Failure to report a communicable disease to authorities.

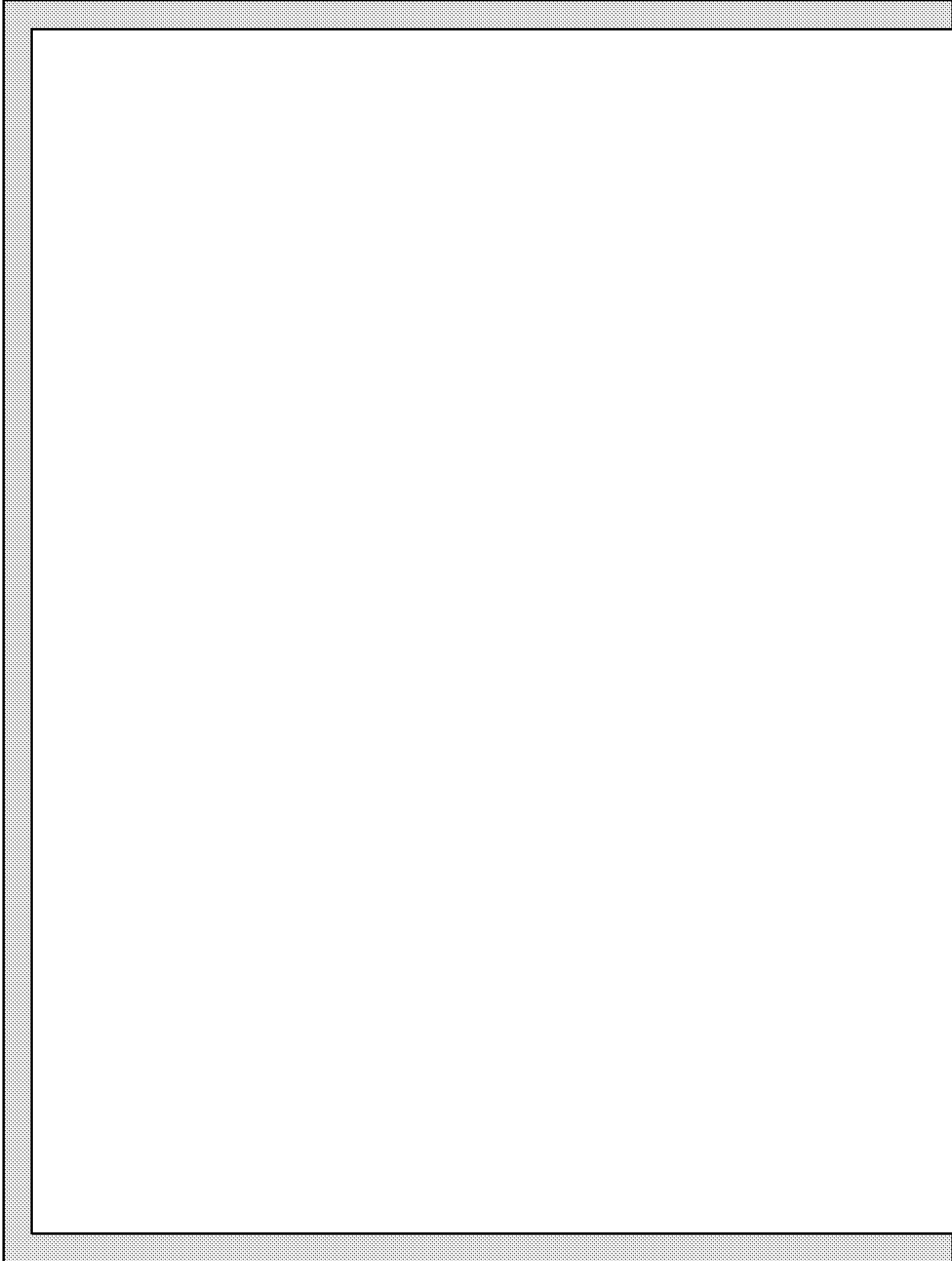
This exclusion does not apply to any foodborne illness arising out of contact with or consumption of a good or product intended for bodily consumption.

AUTO COVERAGE

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AUTO COVERAGE





RENEWAL
BUSINESS AUTO COVERAGE DECLARATIONS
(Continued)

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

ITEM ONE-NAMED INSURED & MAILING ADDRESS

AGENCY

09-09227

PROD.

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THE BARBADOS AT CARRICK BEND
SEE SCHEDULE OF NAMED INSURED
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Policy Number: CWP 0 636 08R

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WIC Account Number: 0970006962

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Policy From 12/08/23
Period To 12/08/24

at 12:01 A.M. Standard Time at your
mailing address shown above.

HIRED AUTO LIABILITY

STATE	ESTIMATED ANNUAL COST OF HIRE	PREMIUM
FL	IF ANY	\$50 MP

Cost Of Hire Means The Total Amount You Incur For The Hire Of Autos You Do Not Own (Not Including Autos You Borrow Or Rent From Your Partners Or Employees Or Their Family Members). Cost Of Hire Does Not Include Charges For Services Performed By Motor Carriers Of Property Or Passengers.

NON-OWNERSHIP LIABILITY

STATE	RATING BASIS-NUMBER OF EMPLOYEES	ESTIMATED NUMBER OF EMPLOYEES	PREMIUM
FL		1	\$203



SELF-INSPECTION QUESTIONNAIRE

DATE 09/18/23 Completed By: _____ Phone Number _____
 POLICY NUMBER CWP 063608R AGENCY BROWN & BROWN OF FLA INC
 NAME THE BARBADOS AT CARRICK BEND ADDRESS NAPLES FL 34103

1. Sidewalks, Steps and Parking Areas

- Are all areas free of conditions which will cause slipping and falling? Yes No N/A
- Is there adequate exterior lighting at night?
- Are all steps and ramps provided with secure handrails?

2. Exits, Corridors and Public Areas

- Are all exits and corridors:
 - a. Free of obstructions and readily accessible?
 - b. Properly marked with exit signs and lighted?
 - c. Equipped with an operating emergency lighting system?
- Are all exit doors:
 - a. Arranged to open outward?
 - b. Easily operated?
 - c. Provided with anti-panic hardware in all public areas?
- Are all fire escapes in good condition?

3. Stairs, Doors, Floors and Elevators

- Are all stairs covered with anti-slip surfaces?
- Are full length clear glass doors and windows marked to prevent persons walking into them?
- Are all stairway doors kept closed when not in use?
- Are floor surfaces free of slipping and tripping conditions?
- Are elevators maintained and serviced on a regular schedule?

4. Housekeeping

- Is combustible trash and rubbish:
 - a. Collected at frequent intervals?
 - b. Stored in covered metal containers?
 - c. Disposed of frequently?

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| - Are storage supply and equipment rooms neat, orderly and free of flammables? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Are flammable paints and liquids: <ul style="list-style-type: none"> a. Kept at a minimum for your operation? b. Kept in sealed metal containers? c. Stored in vented metal cabinets? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Are all public areas thoroughly checked for fire hazards after closing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Are only non-flammable cleaning fluids used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Heat, Light, Power and Appliances

- Is all heating equipment (including flues and piping):
 - a. Properly insulated from combustible materials?
 - b. Cleaned and serviced at least annually by a competent contractor?
Date _____
- Is frequent fuse replacement or taping of breaker switches controlled?
- Are electrical cabinets closed and boxes covered?
- Are electrical extension and appliance cords in good condition?
- Has an electrician completed any electrical work in the last year? Date _____
- Is air conditioning equipment cleaned and serviced annually? Date _____
- Are all motors kept clean and adequately ventilated to reduce overheating?
- Are all electrical appliances/equipment properly grounded?

6. Emergency Procedures

- Are all employees:
 - a. Instructed to call fire department immediately in case of fire?
 - b. Instructed in evacuation procedures?
 - c. Instructed in the use of fire extinguishing equipment?

(Over)

- Are all extinguishers:

	Yes	No	N/A
a. Serviced annually by a contractor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tagged with date of last service? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hung within 100 feet of any point on a floor and in a conspicuous place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Are periodic tests and inspections made of the following equipment:
 - a. Fire hoses? Date _____
 - b. Sprinkler systems? Date _____
- Is the fire alarm system:
 - a. Tested periodically? Date _____
 - b. Marked and accessible?
- Has fire department number been placed at the switchboard and maintenance shop?
- Is there at least 18" of clearance between sprinkler heads and stored materials?

7. Laundry, Cooking and Special Equipment

- Are washers and dryers properly grounded?
- Are washers and dryers equipped with safety interlocks?
- Is the cooking area suppression system serviced semiannually by a contractor?
- Are cooking area hood ducts, ovens, ranges and filters cleaned regularly?
Frequency _____
- Are vent pipes and lint filters cleaned on a regular basis?
- Are gas dryers and cooking devices equipped with automatic gas shutoff valves?
- Are shopping carts properly maintained?

- Are stepladders in good condition?
- Is material-handling equipment in good condition and inspected regularly?

8. Vehicles

- Are all vehicles inspected and maintained on a regular schedule?
- Are drivers periodically trained in safe driving and do they have experience?

9. Burglary and Theft - Money and Valuables

- Are all windows, doors and transoms protected against burglary?
- Is the cash on hand in a burglar-resistant safe which is kept in a well-lighted area visible from the street?
- Are all outside entrances to the basement kept locked when not in use?
- Do delivery trucks have good locks on the merchandise compartments?
- Is the money on the premises kept to a minimum to operate?
- Are money collections:
 - a. Deposited the same day, or
 - b. Stored in a burglar-resistant safe until deposited?
- Are valuable items and equipment stored in a safe or vault when not in use?

10. Bathrooms/Restrooms

- Do all shower floor surfaces and tub bottoms have non-slip protection?
- Do handrails exist in showers and tubs?
- Are all shower doors or tub enclosures equipped with safety glass?
- Are the floors and fixtures kept clean and dry?

SPECIAL NOTICE TO POLICYHOLDERS FLORIDA COMMERCIAL PROPERTY AND CASUALTY RISK MANAGEMENT PROGRAM

The Florida Risk Management Program (Rule 4-75.001) is available on request to any commercial property or casualty insurance policyholder. A Risk Management Program is a series of steps or actions aimed to eliminate or reduce losses at your business.

The Risk Management Program offered by us includes:

1. A listing of Risk Management Program Guidelines for getting your management actively involved in loss control.
2. A Self-Inspection Questionnaire designed to help you identify and control current hazards that can increase the chance of loss in your operation.

Enclosed is a copy of our Self-Inspection Questionnaire.

Additional Risk Management services are available upon request. **There may be an additional charge for some services.**

If you have any questions on the Florida Risk Management Program, please contact your independent agent listed on the declarations page of your policy.

WESTFIELD INSURANCE LOSS CONTROL INQUIRY FOR RISK MANAGEMENT INFORMATION

If you feel more extensive risk management services are needed, contact **Westfield Insurance, P.O. Box 5001, Westfield Center, Ohio 44251-5001; ATTN: Auditing, Engineering and Loss Control Department.** Our loss control department representative will contact you concerning further service(s).*

*There may be an additional charge for this service.

AD 1052 (8-10)

FLORIDA POLICYHOLDERS NOTICE

We thank you for allowing us to provide coverage for your insurance needs. It is our objective to provide you with the best products and service available. You may contact your independent insurance agent or us directly to present inquiries or to obtain information about coverage and to provide assistance in resolving complaints:

Westfield Insurance
One Park Circle
P.O. Box 5001
Westfield Center, Ohio 44251-5001

Telephone: 330-887-0101

AD 8074 (04-18) FL



Effective: 2020 January 1

Westfield Privacy Promise

We are committed to protecting your privacy. This notice describes the personal information we collect about you and how we use it. This privacy promise applies to all our Westfield Insurance companies¹.

SUMMARY

- We gather information directly from you², from your transactions with us and from outside sources.
- We use your information only to provide insurance to you, to investigate and resolve claims or to improve the products and services we offer.
- We will share your information with the independent agent or insurance broker that you chose.
- We share your information with third-parties who help us deliver services to you.
- *We do not sell your personal information.* We do not share your information with other companies for their marketing purposes.
- We take measures to protect your information while it is in our custody. We require the third-parties who help us to protect your information, too.

INFORMATION WE COLLECT

We collect information about you in order to quote and service your insurance and to investigate and pay claims. This includes:

- Information from your application and other forms (such as your name, address, date of birth, email address, driver's license number and type of vehicle or property).
- Information about your transactions with us, our affiliates or others (such as your insurance coverages, limits and rates, payment and claims history and information needed for billing and payment).
- Information from third parties (such as your driving record, claims history with other insurers and credit information).
- Information about your online interactions with us (such as your IP address, the kind of device you used, the time of your visit to our site and pages visited). We use this information to deliver online services to you and/or to evaluate and improve our services.

INFORMATION ABOUT MINORS

We do not sell to or intentionally communicate with children under the age of 13. We may request specific information about a child from parents in order to properly quote an insurance policy, verify identities or deliver requested transactions. We do not retain information about minors other than what is necessary to deliver requested services.

¹"Westfield" includes Ohio Farmers Insurance Company, Westfield Insurance Company, Westfield National Insurance Company, American Select Insurance Company, Old Guard Insurance Company, Westfield Champion Insurance Company, Westfield Premier Insurance Company, Westfield Superior Insurance Company, Westfield Touchstone Insurance Company and Westfield Services, Inc.

²For a personal lines policy, this could include information from the head of household or other family member buying insurance that covers you. For a commercial lines policy, this could include information from your company's representative.

INFORMATION WE DISCLOSE

We do not sell or rent your personal information. We disclose your information to third-parties only as permitted by law:

- To process transactions that you request or to service your policy.
- To investigate and pay claims.
- To prevent fraud.
- To perform marketing services on our behalf. (We do NOT allow third-parties to use the information they receive from us to market on their own or anyone else's behalf.)
- To comply with legal requirements.

Recipients include employees within our family of insurance companies, claims representatives, insurance agents or brokers, service providers, auditors, consumer reporting agencies, government agencies, law enforcement and the courts.

HOW WE PROTECT YOUR INFORMATION

We restrict access to nonpublic personal information about you to those employees and outside service providers who need to know that information in order to provide our products or services to you. Their use of information is restricted by law, by our employee code of conduct and by written agreements where appropriate. We maintain physical, electronic and procedural safeguards that comply with applicable federal and state regulations to guard your information.

If you believe you have found a security issue with one of our products or services, please report it to InfosecAlerts@Westfieldgrp.com as quickly as possible. Please describe the issue in as much detail as possible, including the date and time you discovered the issue and how to reproduce the issue. Screenshots and videos can be especially helpful. Please also include your name and contact information in case we need additional detail.

INTERNET PRIVACY

If you choose to communicate with us through the Internet or other electronic means, please read our Privacy Promise online at www.westfieldinsurance.com/privacy for details about how and why we use cookies, social media and other technologies.

FORMER CUSTOMERS

If you end your relationship with us, we will continue to adhere to the policies and practices described in this privacy promise for as long as we have your information.

CALIFORNIA RESIDENTS

California residents have the right to request an accounting of information which we hold about you, the right to request that we not sell your information and the right to request that we amend or delete your information. We may not (and will not) retaliate against you for exercising any of these rights. These rights are limited by, among other things, our obligations to comply with insurance regulations, statutes and other legal requirements. Call our Privacy Office at 1.800.243.0249 or go to www.westfieldinsurance.com/privacy and click the Do Not Sell My Personal Information link to submit a request relevant to those rights.

PRIVACY CONTACT INFORMATION

If you have any questions, concerns or comments about our privacy promise, you may contact us by email at Privacy@Westfieldgrp.com or by mail to Privacy Officer, Westfield Insurance, One Park Circle, PO Box 5001, Westfield Center, OH 44251.



IMPORTANT NOTICE TO OUR POLICYHOLDERS

Westfield Insurance Fraud Hot-Line

PLEASE READ THIS IMPORTANT INFORMATION

- Fraudulent insurance claims cost us all money.
- Call us if you have information concerning a fraudulent insurance claim.
- All information will be kept confidential.
- Call and discuss your information with a trained investigator, or leave the information anonymously on a telephone answering machine.
- We can all help fight insurance fraud.

AD 8522 (08-10)

**Be a Fraud Buster
1-800-654-6482**

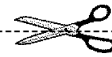
Detach and retain information below for future use.



**Fraud Hot-Line
1-800-654-6482**



**Westfield Center, Ohio 44251
www.westfieldinsurance.com**



**Fraud Hot-Line
1-800-654-6482**



**Westfield Center, Ohio 44251
www.westfieldinsurance.com**

THIS NOTICE DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY SHALL PREVAIL.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE and PREMIUM

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

PREMIUM CHARGED

During your current policy period, the portion, if any, of your premium that is attributable to coverage for acts of terrorism as defined in the Act is \$_____ (refer to Common Policy Declarations if blank).

If you do not desire the coverage for acts of terrorism as defined in the Act, as amended, you may reject the coverage and instruct the insurance company to remove it and refund the premium described above. **To reject the coverage, you must:**

- 1) advise the insurance company by letter (on your company letterhead),
- 2) signed by the owner, representative, or properly designated official of the named insured.

The insurance company must receive your letter within 60 days from the date shown at the bottom right side of the forms titled "Common Policy Declarations". Please refer to "Common Policy Declarations" for the mailing address of the insurance company.

If your policy premium is \$500, that may represent a minimum premium. In that case, the portion that is attributable to acts of terrorism as defined in the Act, as amended, may be included within that minimum and your total premium will not be reduced if you reject coverage for acts of terrorism. The minimum premium will still apply.

Should you have any question regarding this notice, please contact your insurance agent.



09/18/23

THE BARBADOS AT CARRICK BEND
CIRCLE CONDO ASSOCIATION
3400 TAMiami TRl N #302
NAPLES FL 34103

Re: Policy Number: CWP 063608R
Effective Date: 12/08/24
Agency Name: BROWN & BROWN OF FLA INC

NOTICE: COVERAGE CLARIFICATION COMMUNICABLE DISEASE EXCLUSION - FOODBORNE ILLNESS EXCEPTION

This Notice does not form part of your policy. No coverage is provided by this Notice nor can it be construed to replace any provision of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided. If there is any conflict between the Policy and this Notice, **THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

The material in this Notice refers to endorsement numbers; **however, not all endorsements are included in a particular policy.**

Here are the changes:

We've replaced the following endorsement:

- CG 21 32 05 09 - Communicable Disease Exclusion for policies with the Commercial General Liability Coverage Form

With the following endorsement:

- CG 72 30 07 22 - Communicable Disease Exclusion - Foodborne Illness Exception for policies with the Commercial General Liability Coverage Form

We've replaced the following endorsement for policies that include the Commercial Umbrella Liability Coverage Form with the underlying Communicable Disease Exclusion:

- CU 21 58 05 09 - Communicable Disease Exclusion

With the following endorsement:

- CU 70 52 07 22 - Communicable Disease Exclusion - Foodborne Illness Exception

The Communicable Disease exclusions specifically exclude coverage related to the actual or alleged transmission of a communicable disease, including viruses. This endorsement clarifies that this exclusion does not apply to any foodborne illness arising out of contact with or consumption of a good or product intended for bodily consumption. Please refer to the endorsement for additional details.