

COMMON POLICY DECLARATIONS

NEW



SCOTTSDALE INSURANCE COMPANY®

**Policy Number
CPS1283735**

Home Office:
One Nationwide Plaza ▪ Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive ▪ Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

ITEM 1. Named Insured and Mailing Address

HAMMOCK DUNES OWNERS
MASTER ASSOCIATION
7 FLORIDA PARK BOULEVARD
PALM COAST, FL 32137

Agent Name and Address

HULL & COMPANY INC
ERICA KERCE
8381 DIX ELLIS TRAIL, SUITE 100
JACKSONVILLE, FL 32256

Agent No.: 09031 Program No.: 89

ITEM 2. Policy Period From: 02/06/2011 To: 02/06/2012 Term: 365 DAYS

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

Business Description: MASTER 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. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium Summary
Commercial General Liability Coverage Part	\$ <u>5,350</u>
Commercial Property Coverage Part	\$ <u>10,155</u>
Commercial Crime And Fidelity Coverage Part	\$ <u>NOT COVERED</u>
Commercial Inland Marine Coverage Part	\$ <u>NOT COVERED</u>
Commercial Auto Coverage Part	\$ <u>NOT COVERED</u>
Professional Liability Coverage Part	\$ <u>NOT COVERED</u>
<small>SURPLUS LINES AGENT MARY CATHERINE MILLER ADDRESS: 8381 DIX ELLIS TRAIL JACKSONVILLE, FL 32256</small>	
<small>LIC#AD032499</small>	
PROD AGT NAME ANDY NORMAN	Total Policy Premium: \$ <u>15,505.00</u>
PROD AGT ADDRESS _____	SURPLUS LINES TAX \$ <u>787.00</u>
PROD AGT CITY _____	SERVICE FEE \$ <u>15.75</u>
<small>THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAWS. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY INSOLVENT UNLICENSED INSURER*</small>	FHCF FEE \$ <u>204.63</u>
QUARTER <u>1</u> DATE <u>02/18/11</u>	CPIC ASSESSMENT FEE \$ <u>220.30</u>
PREMIUM _____ TAX _____	POLICY FEE/INSPECTION FEE \$ <u>235.00</u>
PLING FEE _____ FEES _____	FL CATASTROPHE FEE \$ <u>4.00</u>
COUNTERSIGNATURE <i>Mary Catherine Miller</i>	Policy Total: \$ <u>16,971.68</u>

Form(s) and Endorsement(s) made a part of this policy at time of issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

VANDYKE NORMAN INSURANCE LLC
ANDY NORMAN
601B SOUTH PONCE DE LEON BOULEVARD
ST AUGUSTINE FL 32084

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH
THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY,
COMPLETE THE ABOVE NUMBERED POLICY.