
CATON-HOSEY INSURANCE
3731 NOVA RD
PORT ORANGE, FL 32129-4233

386-767-3161

Policy Number: **CWP 8038726**



WESTFIELD®

NEW COLONY HOUSE INC DBA
TOUT MANAGEMENT, LLC
1326 S RIDGEWOOD AVE #14
DAYTONA BEACH FL 32114

CATON-HOSEY INSURANCE
3731 NOVA RD
PORT ORANGE, FL 32129-4233

386-767-3161

Policy Number: **CWP 8038726**

**NEW COLONY HOUSE INC DBA
TOUT MANAGEMENT, LLC
1326 S RIDGEWOOD AVE #14
DAYTONA BEACH FL 32114**

Assembly Instructions

These pages update your current policy. To keep it current, you should:

1. Check the upper right hand corner of each page in this packet.
 - a. If it says "Renewal or Rating Period Declarations", **remove** the expired declarations page from your current policy and **replace** it with the updated "Renewal or Rating Period Declarations" page.
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3. When you remove pages from your policy, retain them for a permanent record.

Thank you for placing your business with us!



WESTFIELD®

P.O. Box 5001, Westfield Center, Ohio 44251-5001



WESTFIELD®

**COMMERCIAL PACKAGE POLICY
AMENDED
COMMON POLICY DECLARATIONS
(Continued)**

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

AGENCY

09-09646

PROD.

PUD

NEW COLONY HOUSE INC DBA
SEE SCHEDULE OF NAMED INSURED
TOUT MANAGEMENT, LLC
1326 S RIDGEWOOD AVE #14
DAYTONA BEACH FL 32114

CATON-HOSEY INSURANCE
3731 NOVA RD
PORT ORANGE FL 32129-4233
TELEPHONE 386-767-3161

Policy Number: CWP 8 038 726

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WIC Account Number: 0900384998

| Q.

**Policy From 06/08/24
Period To 06/08/25**

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

***** Effective 02/07/25 this Common Policy declarations amends all prior
Common Policy declarations and endorses this policy as shown below.**

***** SCHEDULE OF NAMED INSURED *****

NEW COLONY HOUSE INC DBA
MARINA BREEZE CONDOMINIUMS OF
DAYTONA BEACH
TOUT MANAGEMENT, LLC
1326 S RIDGEWOOD AVE #14
DAYTONA BEACH FL 32114

CATON-HOSEY INSURANCE
3731 NOVA RD
PORT ORANGE, FL 32129-4233

386-767-3161

Policy Number: **CWP 5091067**



WESTFIELD®

PAT'S LAWN CRAFTERS LLC
113 SAND PEBBLE CIR
PORT ORANGE FL 32129

02/10/25

3ZC

PROOF OF INSURANCE IS REQUIRED AT THE TIME OF REGISTRATION OF YOUR MOTOR VEHICLE.

AGENT: 0909646 386-767-3161
CATON-HOSEY INSURANCE
3731 NOVA RD
PORT ORANGE, FL 32129-4233

SEE IMPORTANT MESSAGE ON REVERSE SIDE

AC 1018 (04-09)

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

WESTFIELD INSURANCE COMPANY

POLICY NUMBER
CWP 5091067-09528

EFFECTIVE DATE
11/28/24

**PERSONAL INJURY
PROTECTION BENEFITS &
PROPERTY DAMAGE LIABILITY**

**BODILY INJURY
LIABILITY**

NAMED INSURED
PAT'S LAWN CRAFTERS LLC

DESCRIPTION OF VEHICLE

YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
24	FORD F350	1FT8W3DT4REF99959

Not Valid More Than One Year from Effective Date

**MISREPRESENTATION OF INSURANCE
IS A FIRST DEGREE MISDEMEANOR.**



1. Stop at once. Report the accident to the police and call for medical assistance if needed.
2. Obtain the names, addresses and telephone numbers of any injured persons, the owners of any damaged property and witnesses.
3. If another vehicle is involved in the accident, obtain the names, addresses and telephone numbers of the driver and owner of the vehicle. Also obtain the make, model, license number and insurance company of the vehicle.
4. Do not admit you were at fault. Do not discuss the accident with anyone except the police and your Westfield Claim Representative.
5. **Report the accident as soon as possible.** Call
 - a. Your Insurance agent if you are near home; or
 - b. Report claims 24-hours-a-day by calling **800.243.0210**, option 3; or
 - c. Report **glass claims only** by calling **800.810.3665 (24/7)**.

CATON-HOSEY INSURANCE
3731 NOVA RD
PORT ORANGE, FL 32129-4233

386-767-3161

Policy Number: **CWP 5091067**

**PAT'S LAWN CRAFTERS LLC
113 SAND PEBBLE CIR
PORT ORANGE FL 32129**

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COMMERCIAL PACKAGE POLICY
AMENDED
COMMON POLICY DECLARATIONS
(Continued)

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS	AGENCY	09-09646	PROD.	PUD
PAT'S LAWN CRAFTERS LLC 113 SAND PEBBLE CIR PORT ORANGE FL 32129	CATON-HOSEY INSURANCE 3731 NOVA RD PORT ORANGE FL 32129-4233 TELEPHONE 386-767-3161			

Policy Number: CWP 5 091 067	10	WIC Account Number: 0900381590	M
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Policy Period	From To	11/28/24 11/28/25	at 12:01 A.M. Standard Time at your mailing address shown above.
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~~XXX~~ Effective 02/05/25 this Common Policy declarations amends all prior ~~XXX~~
~~XXX~~ Common Policy declarations and endorses this policy as shown below. ~~XXX~~

2. DELETED FORM CADS70 07/16

** This endorsement changes your policy. Please attach it to your original policy. **

Forms and Endorsements applicable to all coverage parts:
IL0019 0488 , IL0017 1198 , ID7004 0411 , IL0003 0908 .

COUNTERSIGNED: _____ Date _____ BY _____ Authorized Representative _____