****

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

****

386-767-3161

Policy Number: **CWP 8038726**

WESTFIELD®

NEW COLONY HOUSE INC DBA
MARINA BREEZE % LORI RATTO
PO BOX 1583
DAYTONA BEACH FL 32115

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

386-767-3161

Policy Number: **CWP 8038726**

NEW COLONY HOUSE INC DBA
MARINA BREEZE % LORI RATTO
PO BOX 1583
DAYTONA BEACH FL 32115

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.
   b. If it says "Amended Declarations", insert this amended page **on top** of the last declarations page you received.
2. Every time you receive a "Renewal or Rating Period Declarations", **remove** all prior "Amended Declarations".
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

SELF-INSPECTION QUESTIONNAIRE

DATE 03/12/24 Completed By: _____ Phone Number _____

POLICY NUMBER CWP 8038726 AGENCY CATON-HOSEY INSURANCE

NAME NEW COLONY HOUSE INC DBA ADDRESS DAYTONA BEACH FL 32115

	Yes	No	N/A
1. Sidewalks, Steps and Parking Areas			
- Are all areas free of conditions which will cause slipping and falling?	☐	☐	☐
- 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?	☐	☐	☐
- Are storage supply and equipment rooms neat, orderly and free of flammables?	☐	☐	☐
- Are flammable paints and liquids:			
a. Kept at a minimum for your operation?	☐	☐	☐
b. Kept in sealed metal containers?	☐	☐	☐
c. Stored in vented metal cabinets?	☐	☐	☐
- Are all public areas thoroughly checked for fire hazards after closing?	☐	☐	☐
- Are only non-flammable cleaning fluids used?	☐	☐	☐
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)

	Yes	No	N/A
- Are all extinguishers:			
a. Serviced annually by a contractor?	☐	☐	☐
b. Tagged with date of last service? Date _____	☐	☐	☐
c. Easily accessible?	☐	☐	☐
d. Hung within 100 feet of any point on a floor and in a conspicuous place?	☐	☐	☐
- 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

	Yes	No	N/A
- 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

	Yes	No	N/A
- 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

	Yes	No	N/A
- Are all windows, doors and transoms protected against burglary?	☐	☐	☐
- Is the cash on hand in a burglar-resistive 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-resistive safe until deposited?	☐	☐	☐
- Are valuable items and equipment stored in a safe or vault when not in use?	☐	☐	☐

10. Bathrooms/Restrooms

	Yes	No	N/A
- 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

WESTFIELD®

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 companies[1].

SUMMARY

- We gather information directly from you[2], 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.

[2] For 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.

WESTFIELD®

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®

Westfield Center, Ohio 44251
www.westfieldinsurance.com

Fraud Hot-Line
1-800-654-6482

WESTFIELD®

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.

WESTFIELD®

03/12/24

NEW COLONY HOUSE INC DBA
MARINA BREEZE % LORI RATTO
PO BOX 1583
DAYTONA BEACH FL 32115

Re: Policy Number: CWP 8038726
Effective Date: 06/08/24
Agency Name: CATON-HOSEY INSURANCE

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.

ADVISORY NOTICE TO POLICYHOLDERS

If your policy contains the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE PART - (CU 2127 - FUNGI OR BACTERIA EXCLUSION)

- Coverage is restricted to exclude bodily injury or property damage arising, directly or indirectly, out of any fungi, including but not limited to mold, or bacteria on or in a building or structure. This exclusion applies whether or not any other cause, event, material or product contributed in any sequence to the injury or damage.
- Coverage is clarified to exclude personal and advertising injury arising, directly or indirectly, out of any fungi, including but not limited to mold, or bacteria on or in a building or structure. This exclusion applies whether or not any other cause, event, material or product contributed in any sequence to the injury.
- Coverage is restricted to exclude clean-up costs associated with fungi or bacteria.

The exclusion does not apply to fungi or bacteria intended for consumption, such as mushrooms.

If you have any questions regarding these endorsements contained in this policy and how it affects your coverage, please contact your Independent Insurance Agent.

Thank you for allowing us the opportunity to provide your insurance protection.

AD 84 79 08 10

WESTFIELD®

COMMERCIAL PACKAGE POLICY
RENEWAL
COMMON POLICY DECLARATIONS

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 MARINA BREEZE % LORI RATTO PO BOX 1583 DAYTONA BEACH FL 32115	CATON-HOSEY INSURANCE 3731 NOVA RD PORT ORANGE FL 32129-4233 TELEPHONE 386-767-3161			

Policy Number: CWP 8 038 726 |10| **WIC Account Number:** 0900384998 | Q

Policy Period **From** 06/08/24 **To** 06/08/25 **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	$	3,727.00
COMMERCIAL AUTO COVERAGE PART	$	255.00
COMMERCIAL UMBRELLA COVERAGE PART	$	750.00
TERRORISM INSURANCE COVERAGE	$	34.00
Policy Annual Premium	$	4,766.00
2023 FIGA Assessment	$	44.00
Total Advance Annual Policy Premium	$	4,810.00

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)

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 MARINA BREEZE % LORI RATTO PO BOX 1583 DAYTONA BEACH FL 32115	CATON-HOSEY INSURANCE 3731 NOVA RD PORT ORANGE FL 32129-4233 TELEPHONE 386-767-3161			

Policy Number: CWP 8 038 726 |10| **WIC Account Number:** 0900384998 | Q

Policy Period From 06/08/24 **To** 06/08/25 **at 12:01 A.M. Standard Time at your mailing address shown above.**

SCHEDULE OF NAMED INSURED

NEW COLONY HOUSE INC DBA
MARINA BREEZE CONDOMINIUMS OF
DAYTONA BEACH
MARINA BREEZE % LORI RATTO
PO BOX 1583
DAYTONA BEACH FL 32115

WESTFIELD®

RENEWAL
GENERAL LIABILITY DECLARATIONS

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 MARINA BREEZE % LORI RATTO PO BOX 1583 DAYTONA BEACH FL 32115	CATON-HOSEY INSURANCE 3731 NOVA RD PORT ORANGE FL 32129-4233 TELEPHONE 386-767-3161			

Policy Number: CWP 8 038 726 |10| **WIC Account Number:** 0900384998 | Q

Policy Period From 06/08/24 **To** 06/08/25 **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)	$100,000
Medical Expense Limit	(Any One Person)	$1,000

TOTAL ADVANCE ANNUAL GENERAL LIABILITY PREMIUM $3,727.00

Forms And Endorsements Applicable To This Coverage Part:
CG2004 1185 , CG2196 0305 , CG2167 1204 , CG0001 0413 , IL0021 0908 ,
CG7000 1298 , CG2503 0509 , CG2504A 0509 , CG2147 1207 , CG7017 1298 ,
CG2106 0514 , IL7013 1206 , CG4015 1219*, CG9909 1219*, CG7230 0722 ,
CG4032 0523*, CG4028 0922*, CG2170 0115 , CG0220 0312 , CG2426 0413 .

WESTFIELD®

RENEWAL
GENERAL LIABILITY 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 MARINA BREEZE % LORI RATTO PO BOX 1583 DAYTONA BEACH FL 32115	CATON-HOSEY INSURANCE 3731 NOVA RD PORT ORANGE FL 32129-4233 TELEPHONE 386-767-3161			

Policy Number: CWP 8 038 726 |10| **WIC Account Number:** 0900384998 | Q

Policy Period From 06/08/24 To 06/08/25 **at 12:01 A.M. Standard Time at your mailing address shown above.**

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

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

CLASSIFICATION	CODE	PREMIUM BASIS	RATE	PREMIUM
FLORIDA				
500 S BEACH ST BLDG A-D DAYTONA BEACH FL 32114 CONDOMINIUMS - RESIDENTIAL - A SSOCIATION RISK ONLY	62003	20	PREM/OP 81.025	$1,621
500 S BEACH ST BLDG E-H DAYTONA BEACH FL 32114 CONDOMINIUMS - RESIDENTIAL - A SSOCIATION RISK ONLY	62003	14	PREM/OP 81.025	$1,134
500 S BEACH ST BLDG I-K DAYTONA BEACH FL 32114 CONDOMINIUMS - RESIDENTIAL - A SSOCIATION RISK ONLY	62003	12	PREM/OP 81.025	$972
PREM/OP MP $145				
TOTAL TOTAL PREMIUM - PREMISES AND OPERATIONS				$3,727

TOTAL ADVANCE ANNUAL GENERAL LIABILITY PREMIUM $3,727

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANNABIS EXCLUSION WITH HEMP EXCEPTION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

A. The following exclusion is added:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of:

a. The design, cultivation, manufacture, storage, processing, packaging, handling, testing, distribution, sale, serving, furnishing, possession or disposal of "cannabis"; or

b. The actual, alleged, threatened or suspected inhalation, ingestion, absorption or consumption of, contact with, exposure to, existence of, or presence of "cannabis"; or

2. "Property damage" to "cannabis".

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved that which is described in Paragraph **A.1.** or **A.2.** above.

However, Paragraph **A.1.b.** does not apply to "bodily injury" or "property damage" arising out of the actual, alleged, threatened or suspected inhalation, ingestion, absorption or consumption of, or contact with, "cannabis" by:

(1) An insured; or

(2) Any other person for whom you are legally responsible

but only if the "bodily injury" or "property damage" does not arise out of your selling, serving or furnishing of "cannabis" to any person described above.

B. The exclusion in Paragraph **A.** does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of goods or products containing or derived from hemp, including, but not limited to:

a. Seeds;

b. Food;

c. Clothing;

d. Lotions, oils or extracts;

e. Building Materials; or

f. Paper.

2. "Property damage" to goods or products described in Paragraph **B.1.** above.

However, Paragraphs **B.1.** and **B.2.** above do not apply to the extent any such goods or products are prohibited under an applicable state or local statute, regulation or ordinance in the state wherein:

(1) The "bodily injury" or "property damage" occurs;

(2) The "occurrence" which caused the "bodily injury" or "property damage" takes place; or

(3) The offense which caused the "personal and advertising injury" was committed;

3. "Personal and advertising injury" arising out of the following offenses:

a. False arrest, detention or imprisonment; or

b. The wrongful eviction from, wrongful entry into, or invasion of the right or private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor.

C. The following definition is added to the **Definitions** section:

"Cannabis":

1. Means:

Any good or product that consists of or contains any amount of Tetrahydrocannabinol (THC) or any other cannabinoid, regardless of whether any such THC or cannabinoid is natural or synthetic.

2. Paragraph **C.1.** above includes, but is not limited to, any of the following containing such THC or cannabinoid:

   a. Any plant of the genus Cannabis L., or any part thereof, such as seeds, stems, flowers, stalks and roots; or

   b. Any compound, byproduct, extract, derivative, mixture or combination, such as:

   (1) Resin, oil or wax;

   (2) Hash or hemp; or

   (3) Infused liquid or edible cannabis;

   whether or not derived from any plant or part of any plant set forth in Paragraph **C.2.a.**

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:	$ 3,761.00
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.

EXCLUSION - PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES (PFAS)

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:

Perfluoroalkyl And Polyfluoroalkyl Substances

a. "Bodily injury" or "property damage" which would not have occurred, in whole or in part, but for the actual, alleged, threatened or suspected inhalation, ingestion, absorption, consumption, discharge, dispersal, seepage, migration, release or escape of, contact with, exposure to, existence of, or presence of, any "perfluoroalkyl or polyfluoroalkyl substances".

b. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "perfluoroalkyl or polyfluoroalkyl substances", by any insured or by any other person or entity.

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:

Perfluoroalkyl And Polyfluoroalkyl Substances

a. "Personal and advertising injury" which would not have taken place, in whole or in part, but for the actual, alleged, threatened or suspected inhalation, ingestion, absorption, consumption, discharge, dispersal, seepage, migration, release or escape of, contact with, exposure to, existence of, or presence of, any "perfluoroalkyl or polyfluoroalkyl substances".

b. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "perfluoroalkyl or polyfluoroalkyl substances", by any insured or by any other person or entity.

C. The following definition is added to the **Definitions** Section:

"Perfluoroalkyl or polyfluoroalkyl substances" means any:

1. Chemical or substance that contains one or more alkyl carbons on which hydrogen atoms have been partially or completely replaced by fluorine atoms, including but not limited to:

a. Polymer, oligomer, monomer or nonpolymer chemicals and their homologues, isomers, telomers, salts, derivatives, precursor chemicals, degradation products or by-products;

b. Perfluoroalkyl acids (PFAA), such as perfluorooctanoic acid (PFOA) and its salts, or perfluorooctane sulfonic acid (PFOS) and its salts;

c. Perfluoropolyethers (PFPE);

d. Fluorotelomer-based substances; or

e. Side-chain fluorinated polymers; or

2. Good or product, including containers, materials, parts or equipment furnished in connection with such goods or products, that consists of or contains any chemical or substance described in Paragraph **C.1.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BROAD ABUSE OR MOLESTATION EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

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

This insurance does not apply to damages arising out of:

1. The actual, alleged or threatened abuse or molestation, including but not limited to sexual abuse or sexual molestation, of any person committed by anyone; or

2. The negligent:

a. Employment;

b. Investigation;

c. Supervision;

d. Reporting to the proper authorities, or failure to so report; or

e. Retention;

of a person for whom any insured is or ever was legally responsible and whose conduct would be excluded by Paragraph **1.** above.

WESTFIELD®

RENEWAL
BUSINESS AUTO COVERAGE DECLARATIONS

COMPANY PROVIDING COVERAGE	WESTFIELD INSURANCE COMPANY			
ITEM ONE-NAMED INSURED & MAILING ADDRESS	AGENCY	09-09646	PROD.	PUD
NEW COLONY HOUSE INC DBA SEE SCHEDULE OF NAMED INSURED MARINA BREEZE % LORI RATTO PO BOX 1583 DAYTONA BEACH FL 32115	CATON-HOSEY INSURANCE 3731 NOVA RD PORT ORANGE FL 32129-4233 TELEPHONE 386-767-3161			

Policy Number: CWP 8 038 726 |10| **WIC Account Number:** 0900384998 | Q

Policy Period **From** 06/08/24 **To** 06/08/25 **at 12:01 A.M. Standard Time at your mailing address shown above.**

ITEM TWO **SCHEDULE OF COVERAGES AND COVERED AUTOS**

Each Of These Coverages Will Apply Only To Those "Autos" Shown As Covered "Autos"."Autos" Are Shown As Covered "Autos" For A Particular Coverage By The Entry Of One Or More Of The Symbols From The Covered Auto Section of The Business Auto Coverage Form Next To The Name Of The Coverage.

COVERAGES	COVERED AUTO SYMBOLS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Liability	08,09	Bodily Injury and Property Damage $1,000,000 Each Accident	$255
Total Advance Annual Premium			$255

Forms And Endorsements Attached To This Coverage Form:
CADS03 1013 , IL0021 0908 , CA0128 0121 , CA0267 0121 , CA2394 1013 , CA7087 1211 , CA7080 1013 , CA0001 1013 .

WESTFIELD®

RENEWAL
BUSINESS AUTO COVERAGE DECLARATIONS
(Continued)

COMPANY PROVIDING COVERAGE	WESTFIELD INSURANCE COMPANY			
ITEM ONE-NAMED INSURED & MAILING ADDRESS	AGENCY	09-09646	PROD.	PUD
NEW COLONY HOUSE INC DBA SEE SCHEDULE OF NAMED INSURED MARINA BREEZE % LORI RATTO PO BOX 1583 DAYTONA BEACH FL 32115	CATON-HOSEY INSURANCE 3731 NOVA RD PORT ORANGE FL 32129-4233 TELEPHONE 386-767-3161			
Policy Number: CWP 8 038 726 |10|	WIC Account Number: 0900384998 | Q			

Policy Period From 06/08/24 To 06/08/25 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		9	$205

WESTFIELD®

RENEWAL
COMMERCIAL LIABILITY UMBRELLA DECLARATIONS

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 MARINA BREEZE % LORI RATTO PO BOX 1583 DAYTONA BEACH FL 32115	CATON-HOSEY INSURANCE 3731 NOVA RD PORT ORANGE FL 32129-4233 TELEPHONE 386-767-3161			

Policy Number: CWP 8 038 726 |10| **WIC Account Number:** 0900384998 | Q

Policy Period From 06/08/24 **To** 06/08/25 **at 12:01 A.M. Standard Time at your mailing address shown above.**

LIMITS OF INSURANCE

$1,000,000	EACH OCCURRENCE LIMIT
$1,000,000	GENERAL AGGREGATE LIMIT
$1,000,000	PERSONAL & ADVERTISING INJURY LIMIT
$0	SELF INSURED RETENTION

SCHEDULE OF UNDERLYING INSURANCE

POLICY NUMBER	TYPE OF COVERAGE	INSURER	LIMITS OF LIABILITY		POLICY PERIOD
CWP 8038726	General Liability	Westfield Insurance	$2,000,000 $2,000,000 $1,000,000 $1,000,000	General Aggregate Products/Completed Operations Aggregate Personal And Advertising Injury Each Occurrence	06/08/24 To 06/08/25
CWP 8038726	Auto Liability	Westfield Insurance	$1,000,000	Bodily Injury And Property Damage Each Accident	06/08/24 To 06/08/25
2019011 090182Y	Employers Liability	PA MANU FACTURERS	$1,000,000 $1,000,000 $1,000,000	Bodily Injury Each Accident Bodily Injury By Disease Policy Limit Bodily Injury By Disease Each Employee	06/08/20 To 06/08/21

PREMIUM BASIS: FLATCHARGE

COMMERCIAL UMBRELLA ANNUAL PREMIUM	$750.00
TOTAL ADVANCE ANNUAL PREMIUM	$750.00

Forms And Endorsements Applicable To This Coverage Part:

CUDS01 0900 , CU0001 0413 , CU0203 0312 , CU7000 1206 , CU2127 1204 ,
CU2108 1219 , CU2125 1201 , CU2123 0202 , CU7024 1207 , CU2432 0413 ,
CU7033 0911 , IL7013 1206 , CU7052 0722 , CU3444 0922*, CU3454 0523*,
CU2150 0305 , CU3423 1219 , CU2186 0514 , CU2130 0115 , CU2430 0413 .

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BROAD ABUSE OR MOLESTATION EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE PART

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

This insurance does not apply to damages arising out of:

1. The actual, alleged or threatened abuse or molestation, including but not limited to sexual abuse or sexual molestation, of any person committed by anyone; or

2. The negligent:

a. Employment;

b. Investigation;

c. Supervision;

d. Reporting to the proper authorities, or failure to so report; or

e. Retention;

of a person for whom any insured is or ever was legally responsible and whose conduct would be excluded by Paragraph **1.** above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES (PFAS)

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA 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:

Perfluoroalkyl And Polyfluoroalkyl Substances

a. "Bodily injury" or "property damage" which would not have occurred, in whole or in part, but for the actual, alleged, threatened or suspected inhalation, ingestion, absorption, consumption, discharge, dispersal, seepage, migration, release or escape of, contact with, exposure to, existence of, or presence of, any "perfluoroalkyl or polyfluoroalkyl substances".

b. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "perfluoroalkyl or polyfluoroalkyl substances", by any insured or by any other person or entity.

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:

Perfluoroalkyl And Polyfluoroalkyl Substances

a. "Personal and advertising injury" which would not have taken place, in whole or in part, but for the actual, alleged, threatened or suspected inhalation, ingestion, absorption, consumption, discharge, dispersal, seepage, migration, release or escape of, contact with, exposure to, existence of, or presence of, any "perfluoroalkyl or polyfluoroalkyl substances".

b. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "perfluoroalkyl or polyfluoroalkyl substances", by any insured or by any other person or entity.

C. The following definition is added to the **Definitions** Section:

"Perfluoroalkyl or polyfluoroalkyl substances" means any:

1. Chemical or substance that contains one or more alkyl carbons on which hydrogen atoms have been partially or completely replaced by fluorine atoms, including but not limited to:

a. Polymer, oligomer, monomer or nonpolymer chemicals and their homologues, isomers, telomers, salts, derivatives, precursor chemicals, degradation products or by-products;

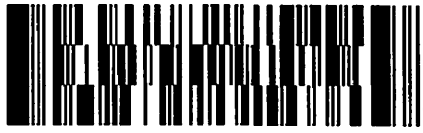
b. Perfluoroalkyl acids (PFAA), such as perfluorooctanoic acid (PFOA) and its salts, or perfluorooctane sulfonic acid (PFOS) and its salts;

c. Perfluoropolyethers (PFPE);

d. Fluorotelomer-based substances; or

e. Side-chain fluorinated polymers; or

2. Good or product, including containers, materials, parts or equipment furnished in connection with such goods or products, that consists of or contains any chemical or substance described in Paragraph **C.1.**



SS03F0FH

B 0

CATON-HOSEY
INSURANCE