



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

05/30/2018

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS: Willis Insurance Services of Georgia, Inc. Concourse Center Five 18th Floor Atlanta GA 30328	PHONE (A/C, No, Ext): 813/490-5168	COMPANY NAME AND ADDRESS Westchester Surplus Lines Insurance Company (Primary Carrier only) 6 Concourse Parkway Suite 2500 Atlanta, GA 30328	NAIC NO: 10172-000
E-MAIL ADDRESS: gina.valdez@willistowerswatson.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: AGENCY CUSTOMER ID #:	SUB CODE:	POLICY TYPE Commercial Property	
NAMED INSURED AND ADDRESS On Top of the World Communities Inc. On Top of the World Central Owners Assn 8445 SW 80th Street Ocala FL 33763	LOAN NUMBER	POLICY NUMBER D37420608005	
ADDITIONAL NAMED INSURED(S)	EFFECTIVE DATE 05/30/2018	EXPIRATION DATE 05/30/2019	CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$	610,000,000			DED: \$10,000
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		YES NO N/A		If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE				x If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE			x	Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				x
IS DOMESTIC TERRORISM EXCLUDED?				x
LIMITED FUNGUS COVERAGE				x If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)				x
REPLACEMENT COST		x		
AGREED VALUE				x
COINSURANCE			x	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)				x If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		x		If YES, LIMIT: incl DED: incl
- Demolition Costs		x		If YES, LIMIT: incl DED: incl
- Incr. Cost of Construction		x		If YES, LIMIT: incl DED: incl
EARTH MOVEMENT (If Applicable)		x		If YES, LIMIT: DED: \$100,000
FLOOD (If Applicable)		x		If YES, LIMIT: DED: \$100,000
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				If YES, LIMIT: DED:
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		x		If YES, LIMIT: DED: 3%
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				x

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

MORTGAGEE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
LENDERS LOSS PAYABLE		
NAME AND ADDRESS		
FOR INFORMATIONAL PURPOSES ONLY		
		AUTHORIZED REPRESENTATIVE