



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
05/30/2023

THIS EVIDENCE OF COMMERCIAL 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 MARSH USA, LLC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 Attn: Atlanta.certrequest@marsh.com Fax: 212-948-4321 102860439-Prop-PROP-23-24		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS See Attached For Carrier Listings		NAIC NO:	
FAX (A/C, No):		E-MAIL ADDRESS:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH			
CODE:		SUB CODE:		POLICY TYPE			
AGENCY CUSTOMER ID #:				LOAN NUMBER		POLICY NUMBER See Attached	
NAMED INSURED AND ADDRESS On Top of the World (Central) Owners Association, Inc. 8445 SW 80th Street Ocala, FL 33763				EFFECTIVE DATE 05/30/2023		EXPIRATION DATE 05/30/2024	
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIDENCE DATED:			
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED			

PROPERTY INFORMATION (ACORD 101 may be attached 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

☒

SPECIAL

10

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 75,000,000		DED: 10,000	
	YES NO N/A		
<input checked="" type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE	X	If YES, LIMIT: INCLUDED <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12	
BLANKET COVERAGE	X	If YES, indicate value(s) reported on property identified above: \$ 10,000,000	
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: 100,000,000 DED: 10,000	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X	If YES, LIMIT: Included DED: 10,000	
- Demolition Costs	X	If YES, LIMIT: Included DED: 10,000	
- Incr. Cost of Construction	X	If YES, LIMIT: Included DED: 10,000	
EARTH MOVEMENT (If Applicable)	X	If YES, LIMIT: 50,000,000 DED: 100,000	
FLOOD (If Applicable)	X	If YES, LIMIT: SEE ATTACHED DED: SEE ATTACHED	
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	X	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: SEE ATTACHED	
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

ATL-005447266-05

CONTRACT OF SALE		LENDER'S LOSS PAYABLE		LOSS PAYEE		LENDER SERVICING AGENT NAME AND ADDRESS	
MORTGAGEE							
NAME AND ADDRESS On Top of the World (Central) Owners Association, Inc. 8445 SW 80th Street Ocala, FL 34481						AUTHORIZED REPRESENTATIVE <i>Marsh USA LLC</i>	

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ADDITIONAL REMARKS SCHEDULE

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AGENCY MARSH USA, LLC.¶		NAMED INSURED On Top of the World (Central)¶ Owners Association, Inc.¶ 8445 SW 80th Street¶ Ocala, FL 33763
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 28 FORM TITLE: Evidence of Commercial Property Insurance

Carrier Participation: ¶

Westchester Surplus Lines Insurance Company ¶

Policy Number: D37420608 010 - 100%¶

Effective Date: 5/30/2023¶

Expiration Date: 5/30/2024¶

¶

Terrorism¶

Insurer: Liberty Surplus Insurance Corporation¶

Policy Number: 5N119515004¶

Limit: \$100,000,000 per occurrence and annual aggregate¶

Deductible: \$10,000 per occurrence¶

¶

¶

All Risk of direct physical loss or damage to real and personal property on a replacement cost basis, subject to policy terms, conditions and exclusions. Coverage Includes, but is not limited to fire, extended perils such as vandalism, malicious mischief, flood, earthquake and boiler & machinery.¶

¶

Flood:¶

All Other Flood annual aggregate limit: \$50,000,000 except, ¶

Special Flood Hazard Area annual aggregate limit: \$15,000,000¶

Flood Deductibles: ¶

\$100,000; except \$500,000 for Special Flood Hazard Area¶

Named Storm Deductibles:¶

Clearwater - 5% per Unit of Insurance, Minimum of \$250,000, Maximum of \$10M¶

Ocala - 5% per Unit of Insurance, Minimum of \$250,000, Maximum of \$10M¶

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Other sublimits & deductibles may apply per policy terms and conditions.