



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/01/2026

**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.**

<b>PRODUCER NAME, CONTACT PERSON AND ADDRESS</b> MARSH USA, LLC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 Attn: Atlanta.certrequest@marsh.com Fax: 212-948-4321 102860439-5/30-PROP-26-27		<b>PHONE (A/C, No, Ext):</b>	<b>COMPANY NAME AND ADDRESS</b> Westchester Surplus Lines Insurance Co	<b>NAIC NO:</b> 10172
<b>FAX (A/C, No):</b>		<b>E-MAIL ADDRESS:</b>	<b>IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH</b>	
<b>CODE:</b>	<b>SUB CODE:</b>		<b>POLICY TYPE</b>	
<b>AGENCY CUSTOMER ID #:</b>		<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> D37420608 013
<b>NAMED INSURED AND ADDRESS</b> On Top of the World (Central) Owners Association, Inc. 8445 SW 80th Street Ocala, FL 34481		<b>EFFECTIVE DATE</b> 05/30/2026	<b>EXPIRATION DATE</b> 05/30/2027	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
<b>ADDITIONAL NAMED INSURED(S)</b>		<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>		

**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      1

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 10,000,000      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 Acord 101      DED: See Acord 101
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    Subject to Different Provisions:	X			If YES, LIMIT: 50000000      DED: See Acord 101
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    Subject to Different Provisions:	X			If YES, LIMIT: See Acord 101      DED: See Acord 101
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-006186110-01

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

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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> MARSH USA, LLC.		<b>NAMED INSURED</b> On Top of the World (Central) Owners Association, Inc. 8445 SW 80th Street Ocala, FL 34481	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 28 FORM TITLE: Evidence of Commercial Property Insurance**

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.

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 Flood

All Other Flood annual aggregate limit: \$50,000,000 except,  
 Special Flood Hazard Area annual aggregate limit: \$15,000,000

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

Named Storm Deductible  
 3% per Unit of Insurance, Minimum of \$250,000, Maximum of \$10,000,000

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

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 Terrorism

Carrier: Liberty Surplus Insurance Corporation  
 Policy: 5N119515007  
 Effective: 05/30/2026  
 Expiration: 05/30/2027  
 Limit: \$100,000,000 per occurrence and annual aggregate  
 Deductible: \$10,000 per occurrence