



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/30/2025

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.

| | | |
|---|---|--|
| AGENCY Wellhouse Company, LLC 1 Independent Drive Suite 3125 Jacksonville FL 32202 | PHONE (A/C, No, Ext): (904) 256-9481 | COMPANY Underwriters at Lloyds 7201 NW 11th Place Gainesville FL 32605 |
| FAX (A/C, No): (904) 372-1860 | E-MAIL ADDRESS: Eross@wellhousecompany.com | |
| CODE: | SUB CODE: | |
| AGENCY CUSTOMER ID #: 00001089 | | |
| INSURED Capitol Park East Owners Assn Inc. 6196 Lake Gray Blvd, Ste 103 Jacksonville FL 32244 | LOAN NUMBER | POLICY NUMBER TCF1028753 |
| | EFFECTIVE DATE 05/23/2025 | EXPIRATION DATE 05/23/2026 |
| | | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| | THIS REPLACES PRIOR EVIDENCE DATED: | |

PROPERTY INFORMATION

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|--|
| LOCATION/DESCRIPTION 811 Observatory Pkwy ETC Jacksonville FL 32218 |
| 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 ☐

COVERAGE / PERILS / FORMS

| | AMOUNT OF INSURANCE | DEDUCTIBLE |
|---|---------------------|------------|
| Entry Features | 20,000 | 2,500 |
| Playground Equipment | 40,000 | 2,500 |
| Except 5% Wind/Hail Deductible | | |
| Replacement Cost, Special Form, 80% Coinsurance | | |

REMARKS (Including Special Conditions)

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

| | | | |
|--|--|--|------------|
| NAME AND ADDRESS Informational Purposes | ADDITIONAL INSURED | LENDER'S LOSS PAYABLE | LOSS PAYEE |
| | MORTGAGEE | <input checked="" type="checkbox"/> Certificate Holder | |
| | LOAN # | | |
| | AUTHORIZED REPRESENTATIVE <i>Carrie Bostick</i> | | |