



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/11/2026

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<br>Wellhouse Company, LLC<br>1 Independent Drive Suite 3125<br><br>Jacksonville<br>FL 32202                      | PHONE<br>(A/C, No, Ext): (904) 256-9481        | COMPANY<br><br>Tower Hill/Vantage Risk Specialty Ins Co<br>2301 Lucien Way, Suite 360<br><br>Atlanta<br>GA 31193-1817 |
| FAX<br>(A/C, No): (904) 372-1860                                                                                        | E-MAIL<br>ADDRESS: Cmason@wellhousecompany.com |                                                                                                                       |
| CODE: WELLQ73                                                                                                           | SUB CODE:                                      |                                                                                                                       |
| AGENCY<br>CUSTOMER ID #: 00001099                                                                                       |                                                |                                                                                                                       |
| INSURED<br>College Center Condominium Association, Inc.<br>6196 Lake Gray Blvd UNIT 103<br><br>Jacksonville<br>FL 32244 | LOAN NUMBER                                    | POLICY NUMBER<br>ICF1032484                                                                                           |
|                                                                                                                         | EFFECTIVE DATE<br>08/19/2026                   | EXPIRATION DATE<br>08/19/2027                                                                                         |
|                                                                                                                         |                                                | <input type="checkbox"/> CONTINUED UNTIL<br>TERMINATED IF CHECKED                                                     |
|                                                                                                                         | THIS REPLACES PRIOR EVIDENCE DATED:            |                                                                                                                       |

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

151 College Drive  
Orange Park  
Loc# 00001/Bldg# 00001

FL 32065

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

Office Condo Bldg

AMOUNT OF INSURANCE  
3,144,463DEDUCTIBLE  
5,000

Replacement Cost, Agreed Value, Special Form  
Equipment Breakdown Included  
Inflation Guard 4%  
All Other Perils Deductible: \$5,000 Per Occurrence  
Wind/Hail Deductible: 5% Per Occurrence  
Ordinance & Law: A,B,C: \$500,000

## 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

MORTGAGEE

LENDER'S LOSS PAYABLE

LOSS PAYEE

☒ Certificate Holder

LOAN #

AUTHORIZED REPRESENTATIVE