



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
07/07/2025

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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	PHONE (A/C, No, Ext): (904) 256-9481	COMPANY
Wellhouse Company, LLC 1 Independent Drive Suite 3125		Velocity Specialty Insurance Co PO Box 890881
Jacksonville FL 32202		Charlotte NC 28289-0881
FAX (A/C, No): (904) 372-1860	E-MAIL ADDRESS: Cmason@wellhousecompany.com	
CODE: AGT56684	SUB CODE:	
AGENCY CUSTOMER ID #: 00001167		
INSURED		LOAN NUMBER 202500793701
Penman Center Office Condominium Association Inc. C/o Duval Realty, Inc. 6196 Lake Gray Blvd. Jacksonville FL 32244		EFFECTIVE DATE 03/24/2025 EXPIRATION DATE 03/24/2026 CONTINUED UNTIL TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIDENCE DATED:

## PROPERTY INFORMATION

LOCATION/DESCRIPTION	1301 & 1401 Penman Rd Jacksonville Beach Loc# 00001/Bldg# 00001	FL 32250
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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		
BLDG 1	COVERAGE / PERILS / FORMS				AMOUNT OF INSURANCE	
Replacement Cost, Special Form Equipment Breakdown Included Ordinance & Law A: \$250,000/ B: 10%/ C:5% 5% Wind/Hail Deductible, per occurrence					1,740,000	2,500

## REMARKS (Including Special Conditions)

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## 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	<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> Certificate Holder	<input type="checkbox"/> LOSS PAYEE
For Informational Purposes	LOAN #		
	AUTHORIZED REPRESENTATIVE		