

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

03/27/2025 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 PHONE (904) 256-9481 Wellhouse Company, LLC 1 Independent Drive Suite 3125 U.S. Coastal Insurance Company 3700 NW 91st Street, A100 Jacksonville FL 32202 FAX (A/C, No): (904) 372-1860 Eross@wellhousecompany.com Gainesville FL CODE: SUB CODE: AGENCY CUSTOMER ID #: 00001100 LOAN NUMBER POLICY NUMBER INSURED Villa Beauclerc Condominium Association, Inc. 11A0000200 EFFECTIVE DATE EXPIRATION DATE 6196 Lake Gray Blvd UNIT 103 CONTINUED UNTIL 04/21/2025 04/01/2026 TERMINATED IF CHECKED FL 32244 THIS REPLACES PRIOR EVIDENCE DATED: Jacksonville PROPERTY INFORMATION LOCATION/DESCRIPTION 9525 Armelle Way FL 32257 Jacksonville Loc# 00001/Bldg# 00001 See Overflow 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 16 Units Condo Bldg, Replacement Cost, Special Form 2,873,197 10,000 Policy Coverages: 188 Units Equipment Breakdown Included Hurricane Deductible: 3% per Building, per Calendar Year Ordinance & Law: Full A/ B&C: \$1,000,000 Agreed Amount/ No Coinsurance 2% Inflation Guard Included 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 ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE LOAN# INFORMATIONAL PURPOSES AUTHORIZED REPRESENTATIVE Caria Bartrift

			AD	DITIONAL COVE	RAGES		
Ref#	Descript 00002, 9		16 Unit Condo Bldg	Coverage Code SPCDT	Form No.	Edition Date	
imit 1 2,873,1	97	Limit 2	Limit 3	Deductible Amount 10,000	Deductible Type Flat	Premium	
Ref#	Descript 00003, 9		, 16 Unit Condo Bldg		Coverage Code SPCDT	Form No.	Edition Date
Limit 1 2,873,197		Limit 2	Limit 3	Deductible Amount 10,000	Deductible Type Flat	Premium	
Ref#	Descript 00004, 9		16 Unit Condo Bldg		Form No.	Edition Date	
imit 1 2,873,1	97	Limit 2	Limit 3	Deductible Amount 10,000	Deductible Type Flat	Premium	
Ref#	-	Description 00005, 9556 Armelle Way, 16 Unit Condo Bldg			Coverage Code SPCDT	Form No.	Edition Date
imit 1 2,873,1	97	Limit 2	Limit 3	Deductible Amount 10,000	Deductible Type Flat	Premium	
Ref#	Descript 00006, 9		, 16 Unit Condo Bldg		Coverage Code SPCDT	Form No.	Edition Date
_imit 1 2,873,1	97	Limit 2	Limit 3	Deductible Amount 10,000	Deductible Type Flat	Premium	
Ref#	Descript 00007, 9		, 16 Unit Condo Bldg		Coverage Code SPCDT	Form No.	Edition Date
_imit 1 2,873,1	97	Limit 2	Limit 3	Deductible Amount 10,000	Deductible Type Flat	Premium	
Ref#	•	Description 00008, 9570 Amarante Cir, 16 Unit Condo Bldg			Coverage Code SPCDT	Form No. Edition Date	
_imit 1 2,873,1	97	Limit 2	Limit 3	Deductible Amount 10,000	Deductible Type Flat	Premium	
Ref#	Descript 00009, 9		, 16 Unit Condo Bldg		Coverage Code SPCDT	Form No.	Edition Date
imit 1 2,873,1	97	Limit 2	Limit 3	Deductible Amount 10,000	Deductible Type Flat	Premium	
Ref#	Descript 00010, 9		6 Unit Condo Bldg		Coverage Code SPCDT	Form No.	Edition Date
imit 1 2,873,1	97	Limit 2	Limit 3	Deductible Amount 10,000	Deductible Type Flat	Premium	
Ref#	Descript 00011, 9		6 Unit Condo Bldg		Coverage Code SPCDT	Form No.	Edition Date
. imit 1 2,876,1	97	Limit 2	Limit 3	Deductible Amount 10,000	Deductible Type Flat	Premium	
Ref#	Descript 00012, 9		y, 12 Unit Condo Bldg		Coverage Code SPCDT	Form No.	Edition Date
		Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium	

ADDITIONAL COVERAGES									
Ref#	Description 00013, 9626 Belda Way, Vinyl Fencing				Coverage Code SPCDT	Form No.	Edition Date		
Limit 1 80,000		Limit 2	Limit 3	Deductible Amount 10,000		tible Type Flat	Premium		
Ref # 1	Description 00014, 962	n 16 Belda Way, Pool Fe	encing			Coverage Code SPCDT	Form No.	Edition Date	
Limit 1 10,000		Limit 2	Limit 3	Deductible Amount 10,000	1	tible Type Flat	Premium		
Ref#	Description					Coverage Code	Form No. Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium		
Ref#	Description					Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium		
Ref#	Description	1				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3 Deductible Amount Deductible Type		tible Type	Premium			
Ref#	Description				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium		
Ref#	Description					Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium		
Ref#	Description					Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium		
Ref#	Description				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium		
Ref#	Description	1				Coverage Code	Form No.	Edition Date	
Limit 1 Limit 2 Limit 3		Limit 3	Deductible Amount	Deduc	tible Type	Premium			
Ref#	Description	ו				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	•	
OFADTLCV Copyright 2001, AMS Services, Inc.									

COMMENTS/REMARKS					
188 Condo Units Total					
OFREMARK	COPYRIGHT	2000,	AMS	SERVICES	INC.