EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 10/26/2026

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
Wellhouse Company, LLC
1 Independent Drive Suite 3125
Jacksonville FL 32202

PHONE (A/C, No, Ext): (904) 256-9481
FAX (A/C, No): (904) 372-1860
E-MAIL ADDRESS: Cmason@wellhousecompany.com
CODE:
SUB CODE:
AGENCY CUSTOMER ID #: 00001836

COMPANY
Tower Hill Prime Insurance Company
7201 NW 11th Place
Gainsville FL 32605

INSURED
WGV Professional Center Office Condominiums Association Inc
C/o Duval Realty, Inc.
6196 Lake Gray Blvd, Ste 103
Jacksonville FL 32244-5867

LOAN NUMBER

POLICY NUMBER
ECF1071884

EFFECTIVE DATE
09/24/2026

EXPIRATION DATE
09/24/2027

☐ CONTINUED UNTIL TERMINATED IF CHECKED

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
225 Land Grant St Ste 1-6
St Augustine FL 32092
Loc# 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
Building 1 - Ste 1-6	1,081,600	5,000
Replacement Cost, Agreed Value, Cause of Loss - Special Form		
All Other Perils Deductible: $5,000		
Wind/Hail Deductible: 3%		
Inflation Guard: 4%		
Equipment Breakdown Included		
Total Units: 48		

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
For Informational Purposes

☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☒ Certificate holder

LOAN #

AUTHORIZED REPRESENTATIVE

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ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
2	245 Land Grant St Ste 1-6, Building 2,	SPCDT		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,081,600			5,000		

Ref #	Description	Coverage Code	Form No.	Edition Date
3	250 Land Grant St Ste 1-3, Building 3,	SPCDT		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
540,800			5,000		

Ref #	Description	Coverage Code	Form No.	Edition Date
4	270 Land Grant St Ste 1-3, Building 4,	SPCDT		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
540,800			5,000		

Ref #	Description	Coverage Code	Form No.	Edition Date
5	125 Land Grant Ste 1-6, Building 5,	SPCDT		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,196,460			5,000		

Ref #	Description	Coverage Code	Form No.	Edition Date
6	145 Land Grant St Ste 1-6, Building 6,	SPCDT		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,243,840			5,000		

Ref #	Description	Coverage Code	Form No.	Edition Date
7	115 Land Grant Ste -1-6, Building 7,	SPCDT		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,196,460			5,000		

Ref #	Description	Coverage Code	Form No.	Edition Date
8	130 Land Grant Ste 1-6, Building 8,	SPCDT		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,248,480			5,000		

Ref #	Description	Coverage Code	Form No.	Edition Date
9	135 Land Grant St Ste 1-, Building 9,	SPCDT		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,150,000			5,000		

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

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