



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/6/2026

THIS EVIDENCE OF COMMERCIAL 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Acisure Southeast Partners Insurance Services LLC 1317 Citizens Blvd Leesburg, FL 34748		PHONE (A/C, No, Ext): 904-376-7252	COMPANY NAME AND ADDRESS Bankers Insurance Company P.O. Box 15707 Saint Petersburg, FL 33733	NAIC NO: 33162
FAX (A/C, No): 904-384-0550		E-MAIL ADDRESS: certs@all-lines.com		
CODE: AGENCY CUSTOMER ID #:		SUB CODE:		
NAMED INSURED AND ADDRESS WGV Professional Center Office Condominiums Association Inc 6196 Lake Gray Blvd, Ste 103 Jacksonville FL 32244-5867		POLICY TYPE	LOAN NUMBER	POLICY NUMBER 09 0037793769 5 02
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 02/15/2026	EXPIRATION DATE 02/15/2027	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
 225 Land Grant Street, Suites 1-6 St. Augustine, FL Limit \$
 See Attached...

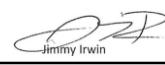
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$		DED: 2,500			
	YES	NO	N/A		
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		X		If YES, LIMIT:	Actual Loss Sustained; # of months:
BLANKET COVERAGE		X		If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE	X			Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X			
IS DOMESTIC TERRORISM EXCLUDED?		X			
LIMITED FUNGUS COVERAGE			X	If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X		
REPLACEMENT COST	X				
AGREED VALUE			X		
COINSURANCE			X	If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)			X	If YES, LIMIT:	DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg			X	If YES, LIMIT:	DED:
- Demolition Costs			X	If YES, LIMIT:	DED:
- Incr. Cost of Construction			X	If YES, LIMIT:	DED:
EARTH MOVEMENT (If Applicable)			X	If YES, LIMIT:	DED:
FLOOD (If Applicable)			X	If YES, LIMIT:	DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	X			If YES, LIMIT:	DED: 5%
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X	If YES, LIMIT:	DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			X		

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

CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS Duval Realty, Inc. 6196 Lake Gray Boulevard, Suite 103 Jacksonville, FL 32244 United States		AUTHORIZED REPRESENTATIVE  Jimmy Irwin

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ADDITIONAL REMARKS SCHEDULE

AGENCY Acisure Southeast Partners Insurance Services LLC		NAMED INSURED WGV Professional Center Office Condominiums Association Inc 6196 Lake Gray Blvd, Ste 103 Jacksonville FL 32244-5867	
POLICY NUMBER 09 0037793769 5 02		EFFECTIVE DATE: 02/15/2026	
CARRIER Bankers Insurance Company	NAIC CODE 33162		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

REMARKS:

Duval Realty, Inc. holder is additional insured with respects to General Liability as required by written contract.

LOCATION/DESCRIPTION:

- 245 Land Grant Street, Suites 1-6 St. Augustine, FL Limit \$
- 250 Land Grant Street, Suites 1-3 St. Augustine, FL Limit \$
- 270 Land Grant Street, Suites 1-3 St. Augustine, FL Limit \$
- 145 Land Grant Street, Suites 1-6 St. Augustine, FL Limit \$
- 125 Land Grant Street, Suites 1-6 St. Augustine, FL Limit \$
- 115 Land Grant Street, Suites 1-6 St. Augustine, FL Limit \$
- 135 Land Grant Street, Suites 1-6 St. Augustine FL Limit \$
- 130 Land Grant Street, Suites 1-6 St. Augustine, FL Limit \$