



8000 00000 BBOP COND RENEWAL QUOTE

**BUSINESSOWNERS POLICY  
 COMMON POLICY DECLARATIONS**

Date of Issue  
 11/11/25

<b>Policy Number</b>
09 0021006408 7 02

Policy Period	Term	Inception Date	Agent	Agent's Phone
From:12/31/25 To:12/31/26 12:01 Standard Time	12 mos	12/31/23 12:01 AM	00-0047821	(941)429-9709

Insured  
 FAIRWAY VILLAS ASSOCIATION  
 26440 RAMPART BLVD STE 999  
 PUNTA GORDA FL 33983-6610

KEY AGENCY INC  
 NORTH PORT OFFICE  
 PO BOX 1283  
 ENGLEWOOD FL 34295

FORM OF BUSINESS:Corporation

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**Policy Limits (Coverage provided only where limits are indicated)**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM IS SUBJECT TO ADJUSTMENT

COVERAGE SECTIONS

BUSINESSOWNERS PROPERTY COVERAGES	\$67,654.00
BUSINESSOWNERS LIABILITY COVERAGES	\$6,607.00
TERRORISM PREMIUM	\$ .00
ANNUAL PREMIUM SUBTOTAL	\$74,261.00
CLAIM FREE RENEWAL DISCOUNT	
EMPATF	\$4.00
DFS UNEARNED TAX	\$3,670.22
FSLSO FEE	\$44.57
MANAGING GENERAL AGENT	\$35.00
TOTAL FEES	\$3,754.00
TOTAL ANNUAL PREMIUM	\$78,015.00

SURPLUS LINES BROKER : Carol Miller - A251462  
 11101 ROOSEVELT BLVD. N  
 ST. PETERSBURG, FL 33716

PRODUCING AGENT: DAVID DIGNAM  
 14942 TAMIAMI TRL STE H,  
 NORTH PORT, FL, 34287 2705

This document forms a part of, completes, and executes the referenced policy. The declarations or information pages, together with the common policy conditions, coverage parts, forms and endorsements, if any, issued to form a part thereof, completes the policy. In witness thereof, the Company attests these documents as the entire contract of insurance; and executes same on behalf of the company.

This policy shall not be valid unless also countersigned by the duly authorized Agent of this company at the agency hereinbefore mentioned, if required by state law.

Carol Ann Miller

11/11/25

Countersigned by Authorized Representative

Date



Includes copyrighted material of Insurance Services Office, Inc. with its permission.

09 0021006408 7 02

**This policy contains a separate deductible for hurricane losses,  
which may result in high out-of-pocket expenses to you.**





BANKERS SPECIALTY INSURANCE COMPANY BBOP99.001 0109 0525  
 PO BOX 33060 00-0047821  
 ST. PETERSBURG, FL 33733-8060 11/11/25  
 800-627-0000

8000 00000 BBOP COND RENEWAL QUOTE

Page 2 of 11  
 Date of Issue  
 11/11/25

**BUSINESSOWNERS POLICY  
 COMMON POLICY DECLARATIONS**

Policy Number
09 0021006408 7 02

Policy Period	Term	Inception Date	Agent	Agent's Phone
From:12/31/25 To:12/31/26 12:01 Standard Time	12 mos	12/31/23 12:01 AM	00-0047821	(941)429-9709

**Surplus Lines Insurance**

**THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.**

**SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.**





BANKERS SPECIALTY INSURANCE COMPANY BBOP99.001 0109 0525  
 PO BOX 33060 00-0047821  
 ST. PETERSBURG, FL 33733-8060 11/11/25  
 800-627-0000

8000 00000 BBOP COND RENEWAL QUOTE

**BUSINESSOWNERS POLICY  
 COMMON POLICY DECLARATIONS**

Page 3 of 11  
 Date of Issue  
 11/11/25

Policy Number
09 0021006408 7 02

Policy Period	Term	Inception Date	Agent	Agent's Phone
From:12/31/25 To:12/31/26 12:01 Standard Time	12 mos	12/31/23 12:01 AM	00-0047821	(941)429-9709

**FLORIDA**

**SURPLUS LINES - SIGNATURE PAGE**

  
 Surplus Lines Agent's Countersignature

APN00330412





8000 00000 BBOP COND RENEWAL QUOTE

Page 4 of 11  
 Date of Issue  
 11/11/25

**BUSINESSOWNERS POLICY  
 PROPERTY DECLARATIONS**

Policy Number
09 0021006408 7 02

**SECTION I - PROPERTY**

Coverage Provided - Insurance at the described premises applies only for coverage for which a limit of insurance and/or premium is shown.

DESCRIPTION OF BUSINESS

PREM. NO.	BLDG. NO.	CLASS CODE	CLASS DESCRIPTION	DESCRIPTION OF BUSINESS
1	1	69145	Condominium Residential - No Mercantile	Condominium
1	2	69145	Condominium Residential - No Mercantile	Condominium
1	3	69145	Condominium Residential - No Mercantile	CONDOMINIUM
1	4	69145	Condominium Residential - No Mercantile	CONDOMINIUM
1	5	69145	Condominium Residential - No Mercantile	cabana
1	6	69145	Condominium Residential - No Mercantile	Condominium
1	7	69145	Condominium Residential - No Mercantile	CONDOMINIUM
1	8	69145	Condominium Residential - No Mercantile	Condominium
1	9	69145	Condominium Residential - No Mercantile	CARPORT

DESCRIPTION OF LOCATION

PREM. NO.	BLDG. NO.	ADDRESS	OCCUPANCY	VALUATION	AUTOMATIC INCREASE
1		26410 RAMPART BLVD PUNTA GORDA, FL 33983-6607			
1	1	26410 RAMPART BLVD PUNTA GORDA, FL 33983-6607	Lessor	RC	2%
1	2	26420 RAMPART BLVD PUNTA GORDA, FL 33983-7247	Lessor	RC	2%
1	3	26430 RAMPART BLVD PUNTA GORDA, FL 33983-6609	Lessor	RC	2%
1	4	26440 RAMPART BLVD PUNTA GORDA, FL 33983-6610	Lessor	RC	2%
1	5	26440 RAMPART BLVD PUNTA GORDA, FL 33983-6610	Lessor	RC	2%
1	6	26450 RAMPART BLVD PUNTA GORDA, FL 33983-6270	Lessor	RC	2%
1	7	26460 RAMPART BLVD PUNTA GORDA, FL 33983-7244	Lessor	RC	2%
1	8	26470 RAMPART BLVD PUNTA GORDA, FL 33983-6265	Lessor	RC	2%
1	9	26440 RAMPART BLVD PUNTA GORDA, FL 33983-6610	Lessor	RC	2%

DEDUCTIBLES (APPLY PER LOCATION, PER OCCURRENCE)

PREM. NO.	ALL OTHER PERILS DEDUCTIBLE	HURRICANE DEDUCTIBLE	NON HURR WIND/HAIL DEDUCTIBLE
1	\$2,500	5%	5%





BANKERS SPECIALTY INSURANCE COMPANY BBOP99.001 0109 0525  
 PO BOX 33060 00-0047821  
 ST. PETERSBURG, FL 33733-8060 11/11/25  
 800-627-0000

8000 00000 BBOP COND RENEWAL QUOTE

**BUSINESSOWNERS POLICY  
 PROPERTY DECLARATIONS**

Page 5 of 11  
 Date of Issue  
 11/11/25

Policy Number
09 0021006408 7 02

**SECTION I - PROPERTY**

Coverage Provided - Insurance at the described premises applies only for coverage for which a limit of insurance and/or premium is shown.

PROPERTY COVERAGE-LIMITS OF INSURANCE

PREM. BLDG.

NO.	NO.	COVERAGE	LIMIT OF INSURANCE
1	1	Building	\$851,700
1	2	Building	\$851,700
1	3	Building	\$851,700
1	4	Building	\$426,360
1	5	Building	\$47,758
1	6	Building	\$851,700
1	7	Building	\$851,700
1	8	Building	\$851,700
1	9	Building	\$241,413





BANKERS SPECIALTY INSURANCE COMPANY  
 PO BOX 33060  
 ST. PETERSBURG, FL 33733-8060  
 800-627-0000

BBOP99.001 0109 0525  
 00-0047821  
 11/11/25

8000 00000 BBOP COND RENEWAL QUOTE

**BUSINESSOWNERS POLICY  
 PROPERTY DECLARATIONS**

Page 6 of 11  
 Date of Issue  
 11/11/25

Policy Number
09 0021006408 7 02

ADDITIONAL COVERAGE/COVERAGE EXTENSIONS/OPTIONAL COVERAGES

POLICY LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS  
 COVERAGE LIMIT OF INSURANCE

---

Equipment Breakdown	Covered
---------------------	---------

LOCATION LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS  
 PREM.

NO.	COVERAGE	LIMIT OF INSURANCE
1	Sinkhole	INCLUDED

BUILDING LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS  
 PREM. BLDG.

NO.	NO.	COVERAGE	DESCRIPTION	LIMIT OF INSURANCE
***	NONE	***		





BANKERS SPECIALTY INSURANCE COMPANY BBOP99.001 0109 0525  
 PO BOX 33060 00-0047821  
 ST. PETERSBURG, FL 33733-8060 11/11/25  
 800-627-0000

8000 00000 BBOP COND RENEWAL QUOTE

Policy Number
09 0021006408 7 02

**BUSINESSOWNERS POLICY  
 LIABILITY DECLARATIONS**

Page 7 of 11  
 Date of Issue  
 11/11/25

**SECTION II - LIABILITY AND MEDICAL EXPENSES**

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Businessowners Coverage Form and any attached endorsements.

COVERAGE	LIMIT OF INSURANCE
General Liability	
General Aggregate Limit(Other Than Products-Completed Oper	\$2,000,000
Products-Completed Operations Aggregate Limit	\$2,000,000
Personal And Advertising Injury Limit	INCLUDED
Each Occurrence Limit	\$1,000,000
Medical Expenses Limit	\$10,000 (Per Person)

LOCATION LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS PREM.

NO.	COVERAGE	LIMIT OF INSURANCE
1	Swimming Pool - Liability	INCLUDED







8000 00000 BBOP COND RENEWAL QUOTE

**BUSINESSOWNERS POLICY  
 SUMMARY OF ENDORSEMENTS**

Date of Issue  
 11/11/25

Policy Number
09 0021006408 7 02

POLICY LEVEL ENDORSEMENTS

BBOP99.800 0223	Biometric Identifiers Exclusion
BP 14 86 0713	Communicable Disease Exclusion
MBOP 99 CDEP 0122	Communicable Disease Exclusion(Property)
BP 00 03 0106	Businessowners Coverage Form
BBOP99.479 0813	Equipment Breakdown
BBOP99.478 0813	Equipment Breakdown with Green Coverage
BP 04 17 0702	Employment Related Practices Exclusion
BBOP99.343 0307	Absolute Asbestos Exclusions
BBOP99.438 0412	Exclusion-Exterior Insulation and Finish
BBOP09.463 0324	Florida Changes
BBOP99.309 0308	Fine Arts Coverage Form
BP 05 77 0106	Fungi or Bacteria Exclusion
BBOP99.439 0412	Identity Fraud Expense Coverage
BPIN 01 0106	Businessowners Coverage Form Index
BBOP99.342 0307	Absolute Lead Contamination Exclusion
BIL N 001 09 25	Privacy Statement
BP 17 50 0710	Condo Assoc Coverage Endorsement
BBOP99.476 0214	Commercial Resd Condo Coverage Extension
BBOP99.644 0517	Sexual Abuse and Molestation Exclusion
BBOP99.498 1213	Condominium Association Supplemental
BP 01 59 0808	Water Exclusion Endorsement
BP 04 04 0106	Hired and Non-Owned
BP 04 12 0106	Limatation to Designated Premises
BP 05 15 0121	Disclo.Pursuant to Terror Risk Ins. Act
BP 05 17 0106	Exclusion - Silica/Dust
BP 05 24 0115	Exclusion Certified Acts of Terrorism
BP 05 76 0106	Changes - Limited Fungi Coverage
BP 06 01 0107	Exclusion of Loss Due to Virus or Bacter
BP 06 24 1106	FL Changes - Mediation or Appraisal-Comm
BP 10 41 0505	FL Special Duties After a Loss-Report
BP 10 42 0505	FL Duties After a Loss-Maintenance Recpt
BP 12 02 0702	Fire Department Service Contract
MBOP 99 VBE 0421	Virus or Bacteria Exclusion (Liability)
BP 15 60 0221	Cyber Incident Exclusion
BP 15 91 1223	EXCLUSION-PFAS
BP 18 03 1223	Cyber Incident Liability Exclusion

LOCATION LEVEL ENDORSEMENTS

PREM.		
1	BP 09 801 09 22	Non-Hurricane Wind/Hail Percent Ded
1	BBOP09.464 1015	Florida - Sinkhole Loss Coverage
1	BP 03 14 0106	FL Calendar Year Hurrican Percentage Ded
1	BP 04 53 0808	Water Backup and Sump Overflow





8000 00000 BBOP COND RENEWAL QUOTE

**BUSINESSOWNERS POLICY  
 SUMMARY OF ENDORSEMENTS**

Policy Number
09 0021006408 7 02

BUILDING LEVEL ENDORSEMENTS  
 PREM. BLDG.

---

PREM.	BLDG.		
1	1	BP 04 56 0106	Utility Services - Direct Damage
1	2	BP 04 56 0106	Utility Services - Direct Damage
1	3	BP 04 56 0106	Utility Services - Direct Damage
1	4	BP 04 56 0106	Utility Services - Direct Damage
1	5	BP 04 56 0106	Utility Services - Direct Damage
1	6	BP 04 56 0106	Utility Services - Direct Damage
1	7	BP 04 56 0106	Utility Services - Direct Damage
1	8	BP 04 56 0106	Utility Services - Direct Damage
1	9	BP 04 56 0106	Utility Services - Direct Damage





Bankers Specialty Insurance Company  
PO Box 33060  
St. Petersburg, FL 33733-8060  
800-627-0000

Policy Number

Date of Notice

09 0021006408 7 02

11/11/25

8000 00000 BBOP COND

Page 1 of 1

Business Owners Policy

Insured

FAIRWAY VILLAS ASSOCIATION  
26440 RAMPART BLVD STE 999  
PUNTA GORDA FL 33983-6610

KEY AGENCY INC  
NORTH PORT OFFICE  
PO BOX 1283  
ENGLEWOOD FL 34295

Renewal Notice

Policy Period From: 12/31/25 To: 12/31/26

Dear Insured:

It's TIME TO RENEW your current insurance policy.

To ensure continued coverage with us, you need to make your payment on or before the expiration date of your current policy. For your convenience, you may use our payment plan as shown, or you may pay the entire balance now to avoid service charges. If you owe any premium in the current policy term, payments received for the renewal of your policy may be applied to any outstanding balance.

Payment Options

Billing Type	Total Installments	Down Payment	Installment Amount*
N2	0	78015.00	.00
O2	1	40885.00	37135.00
P2	3	22329.00	18570.00
T2	6	18616.00	9907.00
U2	9	17131.00	6771.00

The second and all subsequent installments shown above include a \$5.00 service charge.

Please RETURN BOTTOM PORTION along with your payment.

\*\* Free "Online Bill Pay" at <https://consumerportal.bankersinsurance.com> \*\*



Please WRITE POLICY NUMBER ON CHECK  
and make payable to: Bankers Specialty Insurance Company  
Insured: FAIRWAY VILLAS ASSOCIATION  
To Be Paid By: Insured

Due Date: 12/31/25  
New Balance: \$78,015.00  
Minimum Due: \$17,131.00  
Bill Type Selected:  
Amount Enclosed: \_\_\_\_\_

PO BOX 33011  
ST PETERSBURG, FL 33733-8011



08000 00000 BBOP COND 090021006408702 01713100 RE 1260130 4



Agent

INSURED PROPERTY IS LOCATED AT:

26410 RAMPART BLVD  
PUNTA GORDA FL 33983-6607

26430 RAMPART BLVD  
PUNTA GORDA FL 33983-6609

26440 RAMPART BLVD  
PUNTA GORDA FL 33983-6610

26460 RAMPART BLVD  
PUNTA GORDA FL 33983-7244

26440 RAMPART BLVD  
PUNTA GORDA FL 33983-6610

26420 RAMPART BLVD  
PUNTA GORDA FL 33983-7247

26440 RAMPART BLVD  
PUNTA GORDA FL 33983-6610

26450 RAMPART BLVD  
PUNTA GORDA FL 33983-6270

26470 RAMPART BLVD  
PUNTA GORDA FL 33983-6265

