



ASSUREDPARTNERS OF FLORIDA LLC  
8950 FONTANA DEL SOL WAY 200  
NAPLES, FL 34109

Agency Phone: (239) 649-1444

NFIP Policy Number: 8706069225  
Company Policy Number: 87060692252019  
Agent: ASSUREDPARTNERS OF FLORIDA LLC

Payor: INSURED  
Policy Term: 04/25/2023 12:01 AM - 04/25/2024 12:01 AM  
Policy Form: GENERAL PROPERTY

To report a claim  
visit or call us at: <https://TheHartford.ManageFlood.com>  
(800) 787-5677

## REVISED FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

### DELIVERY ADDRESS

BORDEAUX CLUB INC  
2900 GULF SHORE BLVD N  
NAPLES, FL 34103-3936

### INSURED NAME(S) AND MAILING ADDRESS

BORDEAUX CLUB INC  
2900 GULF SHORE BLVD N  
NAPLES, FL 34103-3936

### COMPANY MAILING ADDRESS

Hartford Insurance Company of the Midwest  
PO BOX 913385  
DENVER, CO 80291-3385

### INSURED PROPERTY LOCATION

2900 GULF SHORE BLVD N  
POOL BUILDING/CHICKEE  
NAPLES, FL 341033936

### RATING INFORMATION

BUILDING OCCUPANCY: NON-RESIDENTIAL BUILDING  
NUMBER OF UNITS: N/A  
PRIMARY RESIDENCE: NO  
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 1 FLOOR(S)  
PRIOR NFIP CLAIMS: 0 CLAIM(S)

### MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

SECOND MORTGAGEE:

ADDITIONAL INTEREST:

DISASTER AGENCY:

### RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	\$67,000	\$1,000
CONTENTS:	N/A	N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.

Please review this declaration page for accuracy. If any changes are needed, contact your agent.

Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit [FloodSmart.gov/floodcosts](https://FloodSmart.gov/floodcosts).

ENDORSEMENT EFFECTIVE DATE: 06/07/2023 12:01 AM

ENDORSEMENT PREMIUM: \$4.00

CHANGES APPLIED TO:  
RATING ELEMENTS

BUILDING DESCRIPTION: RECREATION BUILDING  
BUILDING DESCRIPTION DETAIL: N/A

REPLACEMENT COST VALUE: \$72,986.00  
DATE OF CONSTRUCTION: 01/01/1974

CURRENT FLOOD ZONE: AE  
FIRST FLOOR HEIGHT (FEET): 1.0  
FIRST FLOOR HEIGHT METHOD: FEMA DETERMINED

LOAN NO: N/A

LOAN NO: N/A

LOAN NO: N/A

CASE NO: N/A

DISASTER AGENCY: N/A

### COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$1,197.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$23.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$0.00)
FULL RISK PREMIUM:	\$1,220.00
ANNUAL INCREASE CAP DISCOUNT:	(\$423.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$797.00
RESERVE FUND ASSESSMENT:	\$143.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$47.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$1,237.00
PRORATA PREMIUM ADJUSTMENT:	(\$1.00)
ADJUSTED ANNUAL PREMIUM:	\$1,236.00

In witness whereof, we, as officers of the stock Company declared on the Declarations Page, have caused this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

*Douglas Elliott*  
Doug Elliott, President

*Terence Shields*  
Terence Shields, Secretary

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Policy issued by: Hartford Insurance Company of the Midwest

Zero Balance Due - This Is Not A Bill

Insurer NAIC Number: 37478



File: 28883428

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DocID: 219596393

Printed 06/07/2023



ASSURED PARTNERS OF FLORIDA LLC  
8950 FONTANA DEL SOL WAY 200  
NAPLES, FL 34109

Agency Phone: (239) 649-1444

NFIP Policy Number: 8706069222  
Company Policy Number: 8706069222019  
Agent: ASSURED PARTNERS OF FLORIDA LLC

Payor: INSURED  
Policy Term: 04/25/2023 12:01 AM - 04/25/2024 12:01 AM  
Policy Form: GENERAL PROPERTY

To report a claim visit or call us at: <https://TheHartford.ManageFlood.com>  
(800) 787-5677

## RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

### DELIVERY ADDRESS

BORDEAUX CLUB INC  
2900 GULF SHORE BLVD N  
NAPLES, FL 34103-3936

### INSURED NAME(S) AND MAILING ADDRESS

BORDEAUX CLUB INC  
2900 GULF SHORE BLVD N  
NAPLES, FL 34103-3936

### COMPANY MAILING ADDRESS

Hartford Insurance Company of the Midwest  
PO BOX 913385  
DENVER, CO 80291-3385

### INSURED PROPERTY LOCATION

2900 GULF SHORE BLVD N  
MANAGER OFFICE  
NAPLES, FL 341033936

### RATING INFORMATION

BUILDING OCCUPANCY: NON-RESIDENTIAL BUILDING  
NUMBER OF UNITS: N/A  
PRIMARY RESIDENCE: NO  
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 2 FLOOR(S)  
PRIOR NFIP CLAIMS: 0 CLAIM(S)

### MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

SECOND MORTGAGEE:

ADDITIONAL INTEREST:

DISASTER AGENCY:

### RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	\$376,000	\$2,000
CONTENTS:	\$11,000	\$2,000

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.  
Please review this declaration page for accuracy. If any changes are needed, contact your agent.  
Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit [FloodSmart.gov/floodcosts](https://FloodSmart.gov/floodcosts).

BUILDING DESCRIPTION: OTHER NON-RESIDENTIAL TYPE  
BUILDING DESCRIPTION DETAIL: MANAGER OFFICE

REPLACEMENT COST VALUE: \$408,027.00  
DATE OF CONSTRUCTION: 01/01/1974

CURRENT FLOOD ZONE: AE  
FIRST FLOOR HEIGHT (FEET): 1.0  
FIRST FLOOR HEIGHT METHOD: FEMA DETERMINED

LOAN NO: N/A

LOAN NO: N/A

LOAN NO: N/A

CASE NO: N/A

DISASTER AGENCY: N/A

### COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$5,906.00
CONTENTS PREMIUM:	\$514.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$19.00)
FULL RISK PREMIUM:	\$6,476.00
ANNUAL INCREASE CAP DISCOUNT:	(\$1,005.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$5,471.00
RESERVE FUND ASSESSMENT:	\$985.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$47.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$6,753.00

In witness whereof, we, as officers of the stock Company declared on the Declarations Page, have caused this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

*Douglas Elliott*  
Doug Elliott, President

*Terence Shields*  
Terence Shields, Secretary

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Policy issued by: Hartford Insurance Company of the Midwest

Zero Balance Due - This Is Not A Bill

Insurer NAIC Number: 37478



File: 28849709

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DocID: 218286999





ASSUREDPARTNERS OF FLORIDA LLC  
8950 FONTANA DEL SOL WAY 200  
NAPLES, FL 34109

Agency Phone: (239) 649-1444

NFIP Policy Number: 8706069200  
Company Policy Number: 87060692002019  
Agent: ASSUREDPARTNERS OF FLORIDA LLC

Payor: INSURED  
Policy Term: 04/25/2023 12:01 AM - 04/25/2024 12:01 AM  
Policy Form: RCBAP

To report a claim visit or call us at: <https://TheHartford.ManageFlood.com>  
(800) 787-5677

## RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

### DELIVERY ADDRESS

BORDEAUX CLUB INC  
2900 GULF SHORE BLVD N  
NAPLES, FL 34103-3936

### INSURED NAME(S) AND MAILING ADDRESS

BORDEAUX CLUB INC  
2900 GULF SHORE BLVD N  
NAPLES, FL 34103-3936

### COMPANY MAILING ADDRESS

Hartford Insurance Company of the Midwest  
PO BOX 913385  
DENVER, CO 80291-3385

### INSURED PROPERTY LOCATION

2900 GULF SHORE BLVD N  
NAPLES, FL 341033936

### RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING  
NUMBER OF UNITS: 64 UNITS  
PRIMARY RESIDENCE: NO  
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 4 FLOOR(S)  
PRIOR NFIP CLAIMS: 0 CLAIM(S)

### MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

SECOND MORTGAGEE:

ADDITIONAL INTEREST:

DISASTER AGENCY:

RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	\$16,000,000	\$2,000
CONTENTS:	N/A	N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.  
Please review this declaration page for accuracy. If any changes are needed, contact your agent.  
Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit [FloodSmart.gov/floodcosts](https://FloodSmart.gov/floodcosts).

BUILDING DESCRIPTION: ENTIRE RESIDENTIAL CONDOMINIUM BUILDING  
BUILDING DESCRIPTION DETAIL: N/A

REPLACEMENT COST VALUE: \$19,914,469.00  
DATE OF CONSTRUCTION: 01/01/1974

CURRENT FLOOD ZONE: AE  
FIRST FLOOR HEIGHT (FEET): 2.5  
FIRST FLOOR HEIGHT METHOD: ELEVATION CERTIFICATE

LOAN NO: N/A

LOAN NO: N/A

LOAN NO: N/A

CASE NO: N/A

DISASTER AGENCY: N/A

### COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$178,867.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$44,687.00)
FULL RISK PREMIUM:	\$134,255.00
ANNUAL INCREASE CAP DISCOUNT:	(\$80,828.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$53,427.00
RESERVE FUND ASSESSMENT:	\$9,617.00
HFAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$1,580.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$64,874.00

In witness whereof, we, as officers of the stock Company declared on the Declarations Page, have caused this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

*Douglas Elliott*  
Doug Elliott, President

*Terence Shields*  
Terence Shields, Secretary

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Policy issued by: Hartford Insurance Company of the Midwest

Zero Balance Due - This Is Not A Bill

Insurer NAIC Number: 37478



File: 28849677

Page 1 of 1



DocID: 218286649

Printed 05/12/2023



ASSURED PARTNERS OF FLORIDA LLC

8050 FONTANA DEL SOL WAY 200  
NAPLES, FL 34109

Agency Phone: (239) 649-1444

NFIP Policy Number: 8706069203  
Company Policy Number: 87060692032019  
Agent: ASSURED PARTNERS OF FLORIDA LLC

Payor: INSURED  
Policy Term: 04/25/2023 12:01 AM - 04/25/2024 12:01 AM  
Policy Form: GENERAL PROPERTY  
To report a claim visit or call us at: <https://TheHartford.ManageFlood.com>  
(800) 787-5677

## RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

### DELIVERY ADDRESS

BORDEAUX CLUB INC  
2900 GULF SHORE BLVD N  
NAPLES, FL 34103-3936

### INSURED NAME(S) AND MAILING ADDRESS

BORDEAUX CLUB INC  
2900 GULF SHORE BLVD N  
NAPLES, FL 34103-3936

### COMPANY MAILING ADDRESS

Hartford Insurance Company of the Midwest  
PO BOX 913385  
DENVER, CO 80291-3385

### INSURED PROPERTY LOCATION

2900 GULF SHORE BLVD N  
MAINTENANCE BUILDING  
NAPLES, FL 341033936

### RATING INFORMATION

BUILDING OCCUPANCY: NON-RESIDENTIAL BUILDING  
NUMBER OF UNITS: N/A  
PRIMARY RESIDENCE: NO  
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 1 FLOOR(S)

PRIOR NFIP CLAIMS: 0 CLAIM(S)

### MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

SECOND MORTGAGEE:

ADDITIONAL INTEREST:

DISASTER AGENCY:

### RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	\$74,000	\$1,000
CONTENTS:	\$10,000	\$1,000

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.  
Please review this declaration page for accuracy. If any changes are needed, contact your agent.  
Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit [FloodSmart.gov/floodcosts](https://FloodSmart.gov/floodcosts).

BUILDING DESCRIPTION: OTHER NON-RESIDENTIAL TYPE  
BUILDING DESCRIPTION DETAIL: MAINTENANCE BUILDING

REPLACEMENT COST VALUE: \$79,586.00  
DATE OF CONSTRUCTION: 01/01/1974

CURRENT FLOOD ZONE: AE  
FIRST FLOOR HEIGHT (FEET): 1.0  
FIRST FLOOR HEIGHT METHOD: FEMA DETERMINED

LOAN NO: N/A

LOAN NO: N/A

LOAN NO: N/A

CASE NO: N/A

DISASTER AGENCY: N/A

### COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$1,233.00
CONTENTS PREMIUM:	\$370.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$30.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$0.00)
FULL RISK PREMIUM:	\$1,633.00
ANNUAL INCREASE CAP DISCOUNT:	(\$507.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$1,126.00
RESERVE FUND ASSESSMENT:	\$203.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$47.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$1,626.00

In witness whereof, we, as officers of the stock Company declared on the Declarations Page, have caused this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

*Douglas Elliott*  
Doug Elliott, President

*Terence Shields*  
Terence Shields, Secretary



INSURANCE COMPANY  
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

**TAILORED PROTECTION POLICY DECLARATIONS**

AGENCY IRMS  
12-0476-00 MKT TERR 068 239-649-1444

Renewal Effective 04-25-2023

INSURED BORDEAUX CLUB INC

POLICY NUMBER 194712-20380451-23

Company Use 20-47-FL-1904

ADDRESS 2900 GULF SHORE BLVD N  
NAPLES FL 34103-3936

Company  
Bill

Policy Term	
12:01 a.m.	12:01 a.m.
04-25-2023	to 04-25-2024

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

55039 (11-87)

**COMMON POLICY INFORMATION**

**Business Description:** Resident Condo Assn

**Entity:** Association

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE	\$6,135.00
FLORIDA INSURANCE GUARANTY ASSOCIATION ASSESSMENT	\$122.70

\* PREMIUMS NOT INCLUDED IN TOTAL

**TOTAL \$6,257.70**

**PAID IN FULL DISCOUNT \$625.26**

**TOTAL POLICY PREMIUM IF PAID IN FULL \$5,632.44**

**THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.

Forms that apply to all coverage part(s) shown above (except garage liability, dealer's blanket, commercial automobile, if applicable):  
IL0017 (11-85) 55086 (01-07) 55156 (07-12)

Countersigned By: IRMS

Southern-Owners Ins. Co.

Issued 03-01-2023

 AGENCY IRMS  
 12-0476-00 MKT TERR 068

 Company POLICY NUMBER 194712-20380451-23  
 Bill 20-47-FL-1904

INSURED BORDEAUX CLUB INC

Term 04-25-2023 to 04-25-2024

55040 (11-87)

**COMMERCIAL GENERAL LIABILITY COVERAGE**

COVERAGE	LIMITS OF INSURANCE
General Aggregate (Other Than Products-Completed Operations)	\$2,000,000
Products-Completed Operations Aggregate	\$2,000,000
Personal And Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
<b>COMMERCIAL GENERAL LIABILITY PLUS ENDORSEMENT</b>	
Damage to Premises Rented to You (Fire, Lightning, Explosion, Smoke or Water Damage)	\$300,000 Any One Premises
Medical Payments	\$10,000 Any One Person
Limited Hired Auto & Non-Owned Auto	\$1,000,000 Each Occurrence
Expanded Coverage Details See Form:	
Extended Watercraft	
Personal Injury Extension	
Broadened Supplementary Payments	
Broadened Knowledge Of Occurrence	
Additional Products-Completed Operations Aggregate	
Blanket Additional Insured - Lessor of Leased Equipment	
Blanket Additional Insured - Managers or Lessors of Premises	
Newly Formed or Acquired Organizations Extension	
Blanket Waiver of Subrogation	

Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 month period in accordance with form 55885.

**AUDIT TYPE:** Non-Audited**Forms that apply to this coverage:**

59350 (01-15)	55146 (06-04)	IL0021 (07-02)	55881 (12-17)	CG0220 (03-12)
IL0017 (11-85)	CG2106 (05-14)	CG0001 (04-13)	55513 (05-17)	55719 (05-17)
CG2109 (06-15)	55029 (05-17)	CG2196 (03-05)	CG2132 (05-09)	CG2147 (12-07)
55885 (05-17)	59325 (12-19)	65034 (06-22)	CG2004 (11-85)	CG2167 (12-04)



Southern-Owners Ins. Co.

Issued 03-01-2023

AGENCY IRMS

12-0476-00

MKT TERR 068

Company

Bill

POLICY NUMBER 194712-20380451-23

20-47-FL-1904

INSURED BORDEAUX CLUB INC

Term 04-25-2023 to 04-25-2024

**LOCATION 0001 - BUILDING 0001**

Location: 2900 Gulf Shore Blvd N, Naples, FL 34103-3936

Territory: 006

County: Collier

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Commercial General Liability Plus Endorsement Included At 7.4% Of The Premises Operation Premium	00501	Prem/Op	Prem/Op Prem Included	Each 1 Included	Included
Fishing Piers	43754	Prem/Op Prod/Comp Op	Fishing Piers 1 1	Each 1 1130.241 1.403	\$1,130.00 \$1.00
Condominiums - Residential With Pool - (Association Risk Only)	62004	Prem/Op Prod/Comp Op	Units 64 64	Each 1 69.245 7.986	\$4,432.00 \$511.00

**COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0001 SUMMARY**

	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350	\$61.00
<b>LOCATION 0001</b>	<b>\$6,135.00</b>

65034 (6-22)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## FLORIDA - COMMERCIAL GENERAL LIABILITY PLUS COVERAGE - WITH LIMITED HIRED AUTO AND NON-OWNED AUTO LIABILITY

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### 1. EXTENDED WATERCRAFT LIABILITY

**SECTION I - COVERAGES, COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions** is amended. Exclusion **g.(2)** is deleted and is replaced by the following exclusion.

- (2) A watercraft you do not own that is:
  - (a) Less than 50 feet long; and
  - (b) Not being used to carry persons or property for a charge;

#### 2. LIMITED HIRED AUTO AND NON-OWNED AUTO LIABILITY

Coverage for "bodily injury" and "property damage" liability provided under **SECTION I - COVERAGES, COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, is extended as follows under this item, but only if you do not have any other insurance available to you which affords the same or similar coverage.

##### a. Coverage

We will pay those sums the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" arising out of the maintenance or use of an "auto":

- (1) You do not own;
- (2) Which is not registered in your name; or
- (3) Which is not leased or rented to you for more than ninety consecutive days and which is used in your business.

##### b. Exclusions

With respect to only **LIMITED HIRED AUTO AND NON-OWNED AUTO LIABILITY**, the exclusions which apply to **SECTION I - COVERAGES, COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, other than the Nuclear Energy Liability Exclusion Endorsement, do not apply. The following exclusions apply to this coverage.

This coverage does not apply to:

- (1) "Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" resulting from the use of reasonable force to protect persons or property.
- (2) Any obligation of the insured under a workers compensation, disability benefits or unemployment compensation law or any similar law.
- (3) (a) "Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":
  - 1) That are, or are contained in any property that is:
    - a) Being transported or towed by, handled or prepared for placement into or upon, or taken from the "auto";
    - b) Otherwise in the course of transit by you or on your behalf; or
    - c) Being disposed of, stored, treated or processed into or upon the "auto";
  - 2) Before such "pollutants" or property containing "pollutants" are moved from the place they are accepted by you or anyone acting on your behalf for placement into or onto the "auto"; or
  - 3) After such "pollutants" or property containing "pollutants" are removed from the "auto" to where they are delivered, disposed of or abandoned





Umbrella



## Preferred Property Program

**Regulatory Office:**  
505 Eagleview Blvd. Suite 100  
Dept.: Regulatory  
Exton, PA 19341-1120  
800-688-1840

**COMPANY PROVIDING COVERAGE:**  
**Greenwich Insurance Company**

### Commercial Excess/Umbrella Liability Certificate Holder Declarations

(If coverage listed in the schedule of underlying insurance of this policy applies on a claims-made basis, then this policy shall apply claims-made subject to the retroactive date stated in Item 5 of this declarations page.)

Certificate Number: PPP7465304  
This Certificate Forms a Part of Master Policy Number: PPP744000110  
Renewal of Certificate Number: PPP7465304  
Renewal of Master Policy Number: PPP744000109

1. **Certificate Holder** Bordeaux Club, Inc.

Address: 2900 Gulf Shore Blvd. N.

City/State/Zip: Naples, FL 34103

**Certificate Holder** is: ☐ Individual ☐ Partnership ☒ Corporation ☐ Joint Venture

Other (describe) \_\_\_\_\_

2. **Certificate Period:**

From: 04/25/2023 To: 04/25/2024  
12:01 A.M. standard time at your mailing address shown above.

3. **Certificate Premium:** \$ \$1834.00

3a. **Certificate Premium For Certified Acts of Terrorism:** Included In Certificate Premium Above

3b. **Surcharge:** \$ 2022-01 FIGA Surcharge Assessment Fee: \$12.84 and 2022-02 FIGA Surcharge Assessment Fee: \$23.84

4. **Limits of Insurance:**

(a) <b>Each Occurrence</b>	\$ <u>10,000,000</u>
(b) <b>Products Completed Work Hazard Aggregate (Where applicable)</b>	\$ <u>10,000,000</u>
(c) <b>General Aggregate</b>	\$ <u>10,000,000</u>
(d) <b>Self-Insured Retention or Retained Limit</b>	\$ <u>0</u> Occurrence

5. **Retroactive Date Where applicable:**

As per Schedule of Underlying Insurance (applicable to **Claims Made** Coverages)



# Preferred Property Program

**Regulatory Office:**  
505 Eagleview Blvd. Suite 100  
Dept.: Regulatory  
Exton, PA 19341-1120  
800-688-1840

**COMPANY PROVIDING COVERAGE:**  
**Greenwich Insurance Company**

## Commercial Excess Follow Form And Umbrella Liability Policy Certificate Holder Schedule Of Underlying Insurance

Effective Date Of This Schedule: 04/25/2023		Attached To And Forming Part Of Certificate Number: PPP7465304	
UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY	
a. Name: Southern-Owners  Policy Number: 20380451  Term: 04/25/2023 to 04/25/2024	Commercial General Liability  <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence	\$ 1,000,000 each Occurrence  \$ 2,000,000 General Aggregate (Other than Products Completed Operations) \$ 2,000,000 Product Completed Operations Aggregate \$ 1,000,000 Personal and Advertising Injury	
b. Name: Southern-Owners  Policy Number: 20380451  Term: 04/25/2023 to 04/25/2024	Automobile Liability	1,000,000 Combined Single Limit HNOA Only	
c. Name: Zenith  Policy Number: TBD  Term: 04/25/2023 to 04/25/2024	Employers' Liability	Coverage B – Employers' Liability Bodily Injury by Accident \$ 500,000 each Accident Disease Bodily Injury by Disease \$ 500,000 each Policy Bodily Injury by Disease \$ 500,000 each Employee	
d. Name: Great American  Policy Number: EPPE29436301 Term: 04/25/2023 to 04/25/2024	Directors & Officers Liability  <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$ 1,000,000 each Occurrence \$ 1,000,000 Aggregate	



UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY
e. Name: Excluded  Policy Number:  Term: to	Stop Gap Employers' Liability	Bodily Injury by Accident \$ _____ each Accident Disease  Bodily Injury by Disease \$ _____ Each Policy  Bodily Injury by Disease \$ _____ each Employee
f. Name:  Policy Number:  Term:	Garage Keepers Legal Liability	\$ _____ Each Occurrence
g. Name:  Policy Number:  Term:	Liquor Liability	\$ _____ Each Common Cause \$ _____ Aggregate Limit \$ _____ Each Occurrence
h. Name:  Policy Number:  Term:	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$ _____ \$ _____ \$ _____