



# Crime & Fidelity

## HANOVER Nonprofit Entity Advantage

### Policy Declarations

NOTICE: THE LIABILITY COVERAGE PARTS ARE WRITTEN ON A CLAIMS-MADE BASIS. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. UNLESS OTHERWISE SPECIFIED HEREIN, THE LIMITS OF LIABILITY CAN BE COMPLETELY EXHAUSTED BY DEFENSE EXPENSES AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION. THE INSURER WILL HAVE NO LIABILITY FOR DEFENSE EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY.

PLEASE READ THE ENTIRE POLICY CAREFULLY.

#### Policy Number

BDJ-D563115-05

#### The Hanover Insurance Company

440 Lincoln Street  
Worcester, Massachusetts 01653  
(A Stock Insurance Company, herein called the Insurer)

#### Item 1. NAMED INSURED AND ADDRESS

Bordeaux Club, Inc.  
2900 Gulf Shore Blvd. North  
Naples, FL 34103

#### Item 2. POLICY PERIOD

Inception Date: 04/25/2023 Expiration Date: 04/25/2024  
(12:01 AM standard time at the address shown in Item 1)

#### Item 3. COMBINED POLICY AGGREGATE LIMIT OF LIABILITY: ☐ YES ☒ NO

If "Yes" is checked above the Combined Aggregate Limit of Liability for all Claims under all Liability Coverage Parts is N/A

#### Item 4. COVERAGE PARTS APPLICABLE TO THIS POLICY

Coverage Part	Yes	No
Directors & Officers and Entity Liability Coverage Part	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Practices Liability Coverage Part	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fiduciary Liability Coverage Part	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cyber Privacy & Security Coverage Part	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Crime Coverage Part	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kidnap & Ransom Coverage Part	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Item 5. COVERAGE PREMIUM

\$918.00



# HANOVER Nonprofit Entity Advantage

## Policy Declarations

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Crime Coverage Part	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kidnap & Ransom Coverage Part	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Item 5. COVERAGE PREMIUM

\$918.00



# Nonprofit Entity Advantage

## Crime Insurance Coverage Part

### Crime Declarations

PLEASE READ ALL TERMS AND CONDITIONS CAREFULLY

#### Policy Number

BDJ-D563115-05

#### The Hanover Insurance Company

440 Lincoln Street  
Worcester, Massachusetts 01653  
(A Stock Insurance Company, herein called the Insurer)

#### Item 1. NAMED INSURED

Bordeaux Club, Inc.  
2900 Gulf Shore Blvd. North  
Naples, FL 34103

#### Item 2. POLICY PERIOD

Inception Date: 04/25/2023 Expiration Date: 04/25/2024  
(12:01 AM standard time at the address shown in Item 1)

#### Item 3. INSURING AGREEMENTS, LIMITS OF LIABILITY AND RETENTIONS

<u>Insuring Agreement</u>	<u>Limits of Liability</u>	<u>Retentions</u>
A. Fidelity		
1. Employee Theft	\$950,000	\$9,500
2. ERISA Fidelity	N/A	N/A
3. Client Property	N/A	N/A
B. Forgery or Alteration	\$950,000	\$9,500
C. Premises Coverage	N/A	N/A
D. Transit Coverage	N/A	N/A
E. Computer Crime		
1. Computer Fraud	\$950,000	\$9,500
2. Restoration Expense	N/A	N/A
F. Funds Transfer Fraud	\$950,000	\$9,500
G. Credit, Debit or Charge Card Fraud	N/A	N/A
H. Money Orders and Counterfeit Money	\$50,000	\$1,000



# Workers Comp

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**TheZenith®**

## INFORMATION PAGE

ZENITH INSURANCE COMPANY  
NCCI CARRIER CODE NO. - 13145

**POLICY NUMBER**

Z138425102

STP

**PRIOR POLICY NUMBER**

Z138425101

**1. INSURED**

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

**Policy Type**

Entity

FEIN

**SPECIALTY MARKETS**

Corporation

59-1525332

**MAILING ADDRESS**

2900 GULF SHORE BLVD N  
NAPLES FL 34103-3936

## DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 4/25/23 12:01 a.m. to 4/25/24 12:01 a.m. standard time at the Insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:  
FL

- B. Employers Liability Insurance: Part Two of the Policy applies to work in each state listed in item 3A.  
The limits of our Liability under Part Two are:

Bodily Injury by Accident	\$ 500,000	Each Accident
Bodily Injury by Disease	\$ 500,000	Policy Limit
Bodily Injury by Disease	\$ 500,000	Each Employee

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:  
All states except states listed in item 3A and North Dakota, Ohio, Washington, Wyoming.

- D. This policy includes these endorsements and schedules: See Extension of Information Page.

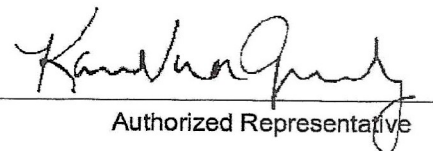
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plan.  
All information required below is subject to verification and change by audit. See Extension of Information Page.

Total Estimated Premium	\$2,683
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$2,683
Minimum Premium	\$565

For Policy Information Call:  
PRODUCER

ASSURED PARTNERS OF FLORIDA - NAPLES IRMS  
8950 Fontana Del Sol Way, Suite 200  
Naples, FL 34109  
(239) 649-1444 020-094311A 120

Countersigned by:  
Date:

  
Authorized Representative

**SERVICING OFFICE**

1390 Main Street, Sarasota, FL 34236-5687, Ph: (800) 226-2324

WC-00-00-01A

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## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**TheZenith®**EXTENSION OF INFORMATION PAGE  
ITEM 4 SCHEDULE OF PREMIUMNAMED AND ADDRESS OF INSURED  
BORDEAUX CLUB, INC.  
2900 GULF SHORE BLVD N  
NAPLES FL 34103-3936POLICY NUMBER  
Z138425102

Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
04/25/2023 - 04/25/2024				
9012-1	CONDOMINIUMS COOPERATIVES OR TIME SHARES	24,246	0.76	184
9015-1	CONDOMINIUMS, COOPERATIVES OR TIMESHARES	68,334	3.30	2,255

## PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
04/25/2023 to 04/25/2024				
	STATE MANUAL PREMIUM			2,439
	EMPLOYERS LIABILITY LIMITS	500,000/500,000/500,000	1.10%	27
	BALANCE TO MINIMUM EMPLOYERS LIABILITY			48
	EXPENSE CONSTANT			160
	TERRORISM	92,580		9
	Sub-Total			2,683
TOTAL ESTIMATED PREMIUM				2,683
State Charges 4/25/23 to 4/25/24				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			2,683

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
EXTENSION OF INFORMATION PAGE  
ITEM 1 ADDITIONAL NAMED INSURED

**TheZenith**

POLICY NUMBER  
Z138425102

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
BORDEAUX CLUB, INC.	59-1525332	CORPORATION	2900 GULF SHORE BLVD N	NAPLES	FL	34103-3936