

**CHUBB®**

**Chubb Equipment Breakdown Defender**

**Insuring Agreement**

**Chubb Group of Insurance Companies**  
**202B Hall's Mill Road**  
**Whitehouse Station, NJ 08889**

**Named Insured and Mailing Address**

BORDEAUX CLUB, INC  
2900 GULF SHORE BLVD. NORTH  
NAPLES, FL 34103

**Policy Number** 7644-06-41 EUC

**Effective Date** APRIL 25, 2023

*Issued by the stock insurance company  
indicated below, herein called the  
company.*

**FEDERAL INSURANCE COMPANY**

*Incorporated under the laws of  
INDIANA*

**Producer No.** 0042439

**Producer** ASSURED PARTNERS OF FLORIDA LLC  
8950 FONTANA DEL SOL WAY  
NAPLES, FL 34109-0000

**Company and Policy Period**

Insurance is issued by the company in consideration of payment of the required premium.

This policy is issued for the period 12:01 AM standard time at the Named Insured's mailing address shown above:

**From:** APRIL 25, 2023 **To:** APRIL 25, 2024

Your acceptance of this policy terminates, effective with the inception of this policy, any prior policy of the same number issued to you by us.

This Insuring Agreement together with the Premium Summary, Schedule Of Forms, Declarations, Contracts and Endorsements comprise this policy.

In Witness Whereof, the company issuing this policy has caused this policy to be signed by its authorized officers, but this policy shall not be valid unless also signed by a duly authorized representative of the company.

  
President

  
Secretary

**Authorized Representative**



**CHUBB®**

*Premium Summary*

*Named Insured and Mailing Address*

BORDEAUX CLUB, INC  
2900 GULF SHORE BLVD. NORTH  
NAPLES, FL 34103

*Producer No.* 0042439

*Producer* ASSURED PARTNERS OF FLORIDA LLC  
8950 FONTANA DEL SOL WAY  
NAPLES, FL 34109-0000

**Chubb Group of Insurance Companies**  
**202B Hall's Mill Road**  
**Whitehouse Station, NJ 08889**

*Policy Number* 7644-06-41 EUC

*Effective Date* APRIL 25, 2023

*Issued by the stock insurance company*  
*indicated below, herein called the company.*

**FEDERAL INSURANCE COMPANY**

*Incorporated under the laws of*  
**INDIANA**

---

***Policy Period***

From: APRIL 25, 2023 To: APRIL 25, 2024  
12:01 A.M. standard time at the Named Insured's mailing address shown above.

---

***Premium Payment***

The first Named Insured shown in the Declarations is responsible for the payment of all premiums and will be the payee for any return premiums we pay.

---

***Certificate Or Handling Fees***

Additional certificate or handling fees may be imposed during the policy term as respects to certification of pressure vessels as mandated by State or local jurisdictional authorities.

---

***Payment Plan - Annual***

---

***TOTAL (Excluding Taxes, Surcharges and Fees)***

\$ 1,250.00

---

***The policy premium, taxes, surcharges and fees will be billed separately***



## Chubb Equipment Breakdown Defender

### Declarations

#### Named Insured and Mailing Address

BORDEAUX CLUB, INC  
2900 GULF SHORE BLVD. NORTH  
NAPLES, FL 34103

**Chubb Group of Insurance Companies**  
**202B Hall's Mill Road**  
**Whitehouse Station, NJ 08889**

Policy Number 7644-06-41 EUC

Effective Date APRIL 25, 2023

Issued by the stock insurance company  
indicated below, herein called the company.

**FEDERAL INSURANCE COMPANY**

Producer No. 0042439

Producer ASSURED PARTNERS OF FLORIDA LLC  
8950 FONTANA DEL SOL WAY  
NAPLES, FL 34109-0000

Incorporated under the laws of  
INDIANA

### Policy Period

From: APRIL 25, 2023 To: APRIL 25, 2024  
12:01 A.M. standard time at the Named Insured's mailing address shown above.

**Deductible** \$2,500

The deductible shown above applies to all coverages, except Business Income and Extra Expense, and all premises shown in this and all other property declarations, unless a specific deductible is shown following a coverage.

**Waiting Period** 12 HOURS

The waiting period shown above applies to all business income coverages and all premises shown in this and all other property declarations, unless a specific waiting period is shown following a business income coverage.

**Please refer to the Premium Summary, form 43-02-0452, for premium information and the Schedule Of Forms, form 43-02-0455, for a list of endorsements attached to this policy.**

The following displays the coverages provided at the premises stated below:

### Premises Coverages

#### Premises Coverages - Blanket Limits

BLANKET LIMIT OF INSURANCE

\$ 50,000,000

EXTENDED PERIOD

NUMBER OF DAYS

Unlimited

**CHUBB®**

**Premises Coverages**  
(continued)

**COVERAGES**

PROPERTY DAMAGE

BUSINESS INCOME WITH EXTRA EXPENSE

**PREMISES #1**

2900 GULF SHORE BLVD. NORTH  
NAPLES, FLORIDA 34103  
COUNTY OF COLLIER

BLANKET LIMIT OF INSURANCE

\$ 1,000,000

**COVERAGES**

BUSINESS INCOME

LOSS OF UTILITIES

**PREMISES #1**

2900 GULF SHORE BLVD. NORTH  
NAPLES, FLORIDA 34103  
COUNTY OF COLLIER

**Additional Coverages**

**NEWLY ACQUIRED PREMISES**  
NUMBER OF DAYS

365 DAYS

**Chubb. Insured.™**



**CHUBB®**

**Chubb Equipment Breakdown Defender**

**Supplementary Declarations – Property**

*Named Insured and Mailing Address*

BORDEAUX CLUB, INC  
2900 GULF SHORE BLVD. NORTH  
NAPLES, FL 34103

**Chubb Group of Insurance Companies**  
**202B Hall's Mill Road**  
**Whitehouse Station, NJ 08889**

*Policy Number* 7644-06-41 EUC

*Effective Date* APRIL 25, 2023

*Issued by the stock insurance company  
indicated below, herein called the company.*

**FEDERAL INSURANCE COMPANY**

*Incorporated under the laws of  
INDIANA*

*Producer No.* 0042439

*Producer* ASSURED PARTNERS OF FLORIDA LLC  
8950 FONTANA DEL SOL WAY  
NAPLES, FL 34109-0000

**Policy Period**

From: APRIL 25, 2023 To: APRIL 25, 2024  
12:01 A.M. standard time at the Named Insured's mailing address shown above.

**Covered Premises \$250,000 Blanket Limit Of Insurance**

The Blanket Limit Of Insurance shown above applies only for the Premises Coverages shown below. Unless otherwise stated, this Blanket Limit Of Insurance applies separately at each covered premises shown in the Declarations. This Blanket Limit Of Insurance applies in excess of the applicable deductible shown in the Declarations.

At time of loss, the first Named Insured may elect to apportion this Blanket Limit Of Insurance to one or any combination of the Premises Coverages shown, but under no circumstance will the aggregate apportionment be permitted to exceed the Blanket Limit Of Insurance shown above at any one covered premises. For the purpose of the application of this \$250,000 Blanket Limit Of Insurance, all property at one premises shall constitute a single premises.

Separate specific Limits Of Insurance may be purchased for each of these Premises Coverages. If purchased, these Limits Of Insurance and any applicable deductible will be shown in the Declarations with the Premises Coverages. If no deductible is shown in the Declarations with the Premises Coverages, then the Property Damage Deductible will apply. When a specific Limit Of Insurance is purchased for any of these Premises Coverages, such specific Limit Of Insurance will apply in addition to whatever amount the first Named Insured apportions to that coverage at time of loss as provided in the previous paragraphs.

## Coverages Included In The Blanket Limit Of Insurance:

ELECTRONIC DATA  
EXPEDITING EXPENSES  
PUBLIC SAFETY SERVICE CHARGES  
SPOILAGE - SCHEDULED LOCATIONS  
SPOILAGE - UTILITY OWNED EQUIPMENT  
WATER DAMAGE

## Property Coverages

The Limits Of Insurance shown below:

- are provided for the Premises Coverages and Additional Coverages shown at no additional cost to you;
- apply separately at each premises shown in the Declarations, except for Off Premises Property Damage, which applies anywhere within the Coverage Territory; and
- do not apply when the applicable coverage has been excluded as shown in the Declarations or by endorsement to this policy.

The Limits Of Insurance for:

- Debris Removal;
- Preparation Of Loss Fees; and
- Unintentional Errors Or Omissions,

applies separately at each premises shown in the Declarations or anywhere within the Coverage Territory.

You may purchase increased Limits Of Insurance, and we will charge you an additional premium. If you purchase increased Limits Of Insurance for any of these coverages, the Limits Of Insurance shown in the Declarations will reflect your total Limit Of Insurance, including the Limits Of Insurance shown below. Any applicable deductible will be shown in the Declarations with the coverage. If no deductible is shown in the Declarations with the coverage, then the Property Damage Deductible will apply.

## Property Coverages

### Limit Of Insurance

AMMONIA CONTAMINATION PROPERTY DAMAGE	\$ 100,000
DEBRIS REMOVAL	\$ 100,000
FUNGUS CLEAN-UP OR REMOVAL	\$ 50,000
OFF PREMISES PROPERTY DAMAGE	\$ 50,000
PAIR AND SET	\$ 50,000
POLLUTANT CLEAN-UP OR REMOVAL	\$ 50,000
PREPARATION OF LOSS FEES	\$ 50,000
UNINTENTIONAL ERRORS OR OMISSIONS	\$ 50,000

Authorized Representative



Chubb. Insured.™

**Supplementary Declarations – Business Income**

**Chubb Group of Insurance Companies**  
**202B Hall's Mill Road**  
**Whitehouse Station, NJ 08889**

**Named Insured and Mailing Address**

BORDEAUX CLUB, INC  
2900 GULF SHORE BLVD. NORTH  
NAPLES, FL 34103

**Policy Number** 7644-06-41 EUC

**Effective Date** APRIL 25, 2023

*Issued by the stock insurance company  
indicated below, herein called the company.*

**FEDERAL INSURANCE COMPANY**

*Incorporated under the laws of  
INDIANA*

**Producer No.** 0042439

**Producer** ASSURED PARTNERS OF FLORIDA LLC  
8950 FONTANA DEL SOL WAY  
NAPLES, FL 34109-0000

**Policy Period**

**From:** APRIL 25, 2023      **To:** APRIL 25, 2024  
12:01A.M. standard time at the Named Insured's mailing address shown above.

**Additional Business Income Coverages**

The Limits Of Insurance shown below are provided for the Premises Coverages and Additional Coverages shown at no additional cost to you. You may purchase increased Limits Of Insurance, and we will charge you an additional premium. If you purchase increased Limits Of Insurance for any of these coverages, the Limits Of Insurance shown in the Declarations will reflect your total Limit Of Insurance, including the Limits Of Insurance shown below.

Except for Dependent Business Premises and Preparation Of Loss Fees, the Limits Of Insurance shown below apply at each premises for which you have purchased a Limit Of Insurance for Business Income as shown in the Declarations.

The Limit Of Insurance for Dependent Business Premises applies:

- at each of your premises for which you have purchased a Limit Of Insurance for Business Income as shown in the Declarations;
- separately to each **occurrence**, regardless of the number of **dependent business premises** that sustain covered direct physical damage; and



**Schedule of Forms**

*Policy Period*                      APRIL 25, 2023 TO APRIL 25, 2024  
*Effective Date*                    APRIL 25, 2023  
*Policy Number*                    7644-06-41 EUC  
*Insured*                            BORDEAUX CLUB, INC  
  
*Name of Company*                FEDERAL INSURANCE COMPANY  
*Date Issued*                        JUNE 9, 2023

---

The following is a schedule of forms issued with the policy at inception:

<i>Form Name</i>	<i>Form Number</i>
DIRECT BILL NOTICE	99-10-0460 (02/97)
HOW TO REPORT A LOSS	43-02-0450 (04/11)
AOD POLICYHOLDER NOTICE	99-10-0872 (06/07)
IMPORTANT NOTICE-CERTIFICATE & HANDLING FEES	99-10-0943 (06/14)
IMPORTANT NOTICE - TERRORISM	99-10-0951 (09/15)
IMPORTANT NOTICE-NY LOC INSPECTIONS	99-10-0996 (04/18)
TITLE PAGE	43-02-0449 (04/11)
INSURING AGREEMENT	43-02-0742 (04/11)
PROPERTY DECLARATIONS WITH PREMISE LOCATIONS	43-02-0453 (04/11)
SUPPLEMENTARY DECLARATIONS - PROPERTY	43-02-0778 (03/17)
SUPPLEMENTARY DECLARATIONS - BUSINESS INCOME	43-02-0786 (04/11)
PROPERTY DAMAGE CONTRACT	43-02-0783 (02/13)
PROPERTY/BUSINESS INCOME WITH EXTRA EXPENSE	43-02-0784 (02/13)
PROPERTY/BUSINESS INCOME COND AND DEFINITIONS	43-02-0785 (04/11)
FLORIDA MANDATORY - CONDITIONS	43-02-0721 (09/15)
SPECIAL WAITING PERIOD PROVISION ADDED	43-02-0947 (04/15)
MALICIOUS PROGRAMMING EXCLUSION AMENDED	43-02-0981 (04/22)
EXCLUSION OF CERTIFIED ACTS OF TERRORISM	43-02-0678 (04/11)
AMMONIA CONTAMINATION PROPERTY DAMAGE	43-02-0962 (03/17)



- only if such direct physical damage causes a business income or extra expense loss at your premises for which you have purchased a Limit Of Insurance for Business Income as shown in the Declarations,

provided that actual loss for such premises is the direct result of direct physical damage caused by or resulting from **breakdown to covered property of a dependent business premises.**

If you increase the \$100,000 Limit of Insurance for Dependent Business Premises as provided for in this Supplementary Declarations, such increased limit of insurance:

- will be shown in the Declarations and will reflect your total Dependent Business Premises Limit of Insurance; and
- is the most we will pay in any **occurrence** at all premises for which a Limit Of Insurance for Business Income is shown in the Declarations.

The Limit Of Insurance for Preparation Of Loss Fees applies at each premises shown in the Declarations or anywhere within the Coverage Territory.

### **Business Income Coverages**

### **Limit Of Insurance**

DEPENDENT BUSINESS PREMISES	\$ 100,000
LOSS OF UTILITIES	\$ 100,000
POLLUTANT CLEAN-UP OR REMOVAL	\$ 50,000
PREPARATION OF LOSS FEES	\$ 50,000

Authorized Representative



**Chubb. Insured.<sup>SM</sup>**

**GREAT AMERICAN**  
**INSURANCE GROUP**

301 E. Fourth Street, Cincinnati, OH 45202

*Directors & Officers*

*ExecPro<sup>sm</sup>*

**DECLARATIONS**

for  
**Community Association  
Solution  
Insurance Policy**

Insurance is afforded by the company indicated below: (Each a capital stock corporation)

☒ Great American Insurance Company  
Policy Number: **EPPE294363-05**

Policy Form Number: **D26100 (2/10)**

Item 1. Name of **Organization**: **Bordeaux Club, Inc.**  
Mailing Address: **2900 GULF SHORE BLVD N**  
  
City, State, Zip Code: **NAPLES, FL, 34103-3936**

Item 2. **Policy Period**: From **04-25-2023** To **04-25-2024**  
(Month, Day, Year) (Month, Day, Year)  
(Both dates at 12:01 a.m. Standard Time at the address of the **Organization** as stated in Item 1.)

Item 3. (a) Limit of Liability for each **Policy Year**: **\$1,000,000**  
(b) **FLSA Defense Sublimit of Liability**: **\$150,000** – This limit is part of and not in addition to the Limit of Liability provided for in 3(a).

Item 4. Retentions:  
Insuring Agreement A: **\$0** Each **Claim**  
Insuring Agreement B and/or C: **\$1,000** Each **Claim**

Item 5. Premium: **\$2,194.00** Annual Taxes/Surcharges: **\$44.00** Annual Fees: **\$0.00**

Item 6. Endorsements Attached:  
**ExecPro - Community Association Solution D 26100 (2/10)**  
**Economic and Trade Sanctions Clause**  
**Terrorism Coverage Endorsement DTCV\_09P (11/09)**  
**Terrorism Coverage Premium Disclosure DTDP\_09P (11/09)**  
**Florida Amendatory Endorsement D 26314 (02/10)**  
**Deletion of Noise Exclusion D 26714-2 (11/12)**  
**Data Security Wrongful Acts and Privacy Wrongful Acts Coverage Endorsement D26740 (11/14)**  
**Notice to Policyholders Florida Insurance Guaranty Association Assessment SDM-621 (11/06)**  
**Agent Countersignature IL73 81 (09/15)**

Item 7. Notices: All notices required to be given to the **Insurer** under this policy shall be addressed to:  
*Great American Insurance Companies*  
*Executive Liability Division*  
*P.O. Box 66943*  
*Chicago, Illinois 60666*

Item 8. Prior & Pending Litigation Date: **04-25-2013**

These Declarations along with the completed and signed Proposal Form and community Associations Solution Insurance Policy shall constitute the contract between the **Insureds** and the **Insurer**.

**THIS IS A CLAIMS MADE POLICY. READ IT CAREFULLY.**

**DISTINGUISHED  
PROGRAMS**

Distinguished Programs Insurance Brokerage LLC  
Distinguished Express Division  
CA License #0D06551  
1180 Avenue of the Americas, 16th Floor, New York, NY 10036  
888.355.4626 CommunityAssociation@distinguished.com www.distinguished.com

**Directors and Officers Details Page**

Please review the below Exposures for accuracy and advise if any discrepancy. Submit changes for a revised offer.

**Physical Address:**

2900 GULF SHORE BLVD N

NAPLES, FL 34103-3936

**Risk Information:**

Number of Units/Lots:	64
Number of Employees (excluding Directors & Officers):	2
Association Type:	COA
Average Unit/Lot Value:	\$850,000

**IF ANY OF THE ABOVE INFORMATION IS INCORRECT, THIS POLICY IS NULL & VOID AND MUST BE RETURNED TO OUR OFFICE FOR FURTHER REVIEW AND POSSIBLE RE-ISSUANCE.**

**IF A LOSS IS DISCOVERED AFTER THE RECEIPT OF THIS DOCUMENT AND PRIOR TO THE EFFECTIVE DATE, WE RESERVE THE RIGHT TO ADJUST TERMS OR POSSIBLY NON-RENEW THE POLICY.**

**Policy Forms and Endorsements:**

Economic and Trade Sanctions Clause  
Deletion of Noise Exclusion D 26714-2 (11/12)  
ExecPro - Community Association Solution D 26100 (2/10)  
Terrorism Coverage Endorsement DTCV\_09P (11/09)  
Terrorism Coverage Premium Disclosure DTDP\_09P (11/09)  
Data Security Wrongful Acts and Privacy Wrongful Acts Coverage Endorsement D26740 (11/14)  
Florida Amendatory Endorsement D 26314 (02/10)  
Notice to Policyholders Florida Insurance Guaranty Association Assessment SDM-621 (11/06)  
Agent Countersignature IL73 81 (09/15)

If you or your insured do not wish to accept this Renewal Policy, please log into the broker portal or send a formal request for cancellation to your underwriter via e-mail or fax.  
**(In order to flat cancel, this request must be received on or before the effective date of this renewal.)**