

## **EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**

**DATE (MM/DD/YYYY)** 05/30/2023

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 COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN

|  | DED BY THE POLICIES BELOW.<br>S), AUTHORIZED REPRESENTATIVI        |      |          |          |  |                                       | TUTE A C    | CONTRACT BETWEEN                      |  |  |  |  |
|--|--|------|----------|----------|--|---------------------------------------|-------------|---------------------------------------|--|--|--|--|
| PRODUCER NAME. PHONE   |  |      |          |          | COMPANY NAME AND ADI   | N                                     | NAIC NO:    |                                       |  |  |  |  |
| MARSH USA, LLC.  |  |      |          |          | See Attached For Carrier Listings  |                                       |             | NAIC NO.                              |  |  |  |  |
| TWO ALLIANCE CENTER 3560 LENOX ROAD. SUITE 2400  |  |      |          |          |  |                                       |             |                                       |  |  |  |  |
| ATLANTA, GA 30326  | narsh.com  |      |          |          |  |                                       |             |                                       |  |  |  |  |
| Attn: Attanta.certrequest@marsh.com Fax: 212-948-4321  |  |      |          |          |  |                                       |             |                                       |  |  |  |  |
| FAX<br>(A/C, No):  | E-MAIL<br>ADDRESS:   |      |          |          | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH   |                                       |             |                                       |  |  |  |  |
| CODE:  | SUB CODE:  |      |          |          | POLICY TYPE  |                                       |             |                                       |  |  |  |  |
| AGENCY<br>CUSTOMER ID #:   |  |      |          |          |  |                                       |             |                                       |  |  |  |  |
| NAMED INSURED AND ADDRESS  On Top of the World Communities, LLC On Top of the World Condo Association  |  |      |          |          | LOAN NUMBER  |                                       | POLICY NU   |                                       |  |  |  |  |
|  |  |      |          |          |  |                                       | See Attac   | ched                                  |  |  |  |  |
| 2069 World Parkway Blvd East<br>Clearwater, FL 33763  ADDITIONAL NAMED INSURED(S)  |  |      |          |          | 05/30/2023   | 05/30/2024                            |             | CONTINUED UNTIL TERMINATED IF CHECKED |  |  |  |  |
|  |  |      |          |          | THIS REPLACES PRIOR EV   | /IDENCE DATED:                        |             | TERMINATED IF CHECKED                 |  |  |  |  |
|  |  |      |          |          |  |                                       |             |                                       |  |  |  |  |
| PROPERTY INFORMATION   | N (ACORD 101 may be attached if                                    | mo   | re s     | расе     | ce is required) 🖾 BUILDING OR 🖾 BUSINESS PERSONAL PROPERTY   |                                       |             |                                       |  |  |  |  |
| LOCATION / DESCRIPTION   |  |      |          |          |  |                                       |             |                                       |  |  |  |  |
|  |  |      |          |          |  |                                       |             |                                       |  |  |  |  |
| THE DOLICIES OF INSURANCE  | 'E LISTED BELOW HAVE BEEN ISSUE                                    | ) TO | THE      | INIS     | LIDED NAMED ABOVE E  | OP THE DOLLOW DEDIC                   | JD INDICA.  | TED NOTWITHSTANDING                   |  |  |  |  |
| 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 |  |      |          |          |  |                                       |             |                                       |  |  |  |  |
|  | I, THE INSURANCE AFFORDED BY THE<br>SHOWN MAY HAVE BEEN REDUCED BY |      |          |          |  | BJECT TO ALL THE TER                  | MS, EXCL    | USIONS AND CONDITIONS                 |  |  |  |  |
|  |  | _    |          | Alivis   |  | NA. 1                                 |             |                                       |  |  |  |  |
| COMMERCIAL PROPERTY COM  |  |      | SIC      | <u> </u> | BROAD   ^   SPEC   | BROAD   X   SPECIAL   1   DED: 10.000 |             |                                       |  |  |  |  |
| COMMERCIAL TROPERTY COV  | EIVIGE/MIGGIVI OF INCOTVINGE.                                      | 1    | NO.      | _        |  |                                       |             | 10,000                                |  |  |  |  |
|  | ENTAL VALUE  | X    | -        | 100      | If YES, LIMIT: INCLUD  | FD X                                  | Actual Loss | Sustained; # of months: 12            |  |  |  |  |
| BLANKET COVERAGE   |  | X    |          |          | ,  |                                       |             |                                       |  |  |  |  |
| TERRORISM COVERAGE   |  | +    | X        |          | If YES, indicate value(s) reported on property identified above: \$ 50,000,000  Attach Disclosure Notice / DEC |                                       |             |                                       |  |  |  |  |
|  | PECIFIC EXCLUSION?   | X    |          |          | / titaen bisolosure redice /   | , DEO                                 |             |                                       |  |  |  |  |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION?  IS DOMESTIC TERRORISM EXCLUDED?  |  | X    |          |          |  |                                       |             |                                       |  |  |  |  |
| LIMITED FUNGUS COVERAGE  |  | +    | X        |          | If YES, LIMIT:   |                                       | DF          | ED:                                   |  |  |  |  |
| FUNGUS EXCLUSION (If "YES", specify organization's form used)  |  | X    | <u> </u> |          | II TEO, ENVITT   |                                       |             | .D.                                   |  |  |  |  |
| REPLACEMENT COST   |  | X    |          |          |  |                                       |             |                                       |  |  |  |  |
| AGREED VALUE   |  | +    | X        |          |  |                                       |             |                                       |  |  |  |  |
| COINSURANCE  |  | +    | X        |          | If YES, %  |                                       |             |                                       |  |  |  |  |
| EQUIPMENT BREAKDOWN (If Applicable)  |  |      |          |          | If YES, LIMIT: 100,00  | 0.000                                 | DE          | ED: 10,000                            |  |  |  |  |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg  |  |      |          |          | If YES, LIMIT: Include   | ed .                                  | DE          | ED: 10,000                            |  |  |  |  |
| - Demolition Costs   |  |      |          |          | If YES, LIMIT: Include   |                                       |             | ED: 10,000                            |  |  |  |  |
| - Incr. Cost of Construction   |  | X    |          |          | If YES, LIMIT: Include   |                                       |             | ED: 10,000                            |  |  |  |  |
| EARTH MOVEMENT (If Applicable)   |  | X    |          |          | If YES, LIMIT: 50,000  | ,000                                  | DE          | ED: 100,000                           |  |  |  |  |
| FLOOD (If Applicable)  |  | X    |          |          |  | TTACHED                               | DE          | ED: SEE ATTACHED                      |  |  |  |  |
| WIND / HAIL INCL   |  |      |          | Х        | If YES, LIMIT:   |                                       | DE          | ED:                                   |  |  |  |  |
| NAMED STORM INCL X YES NO Subject to Different Provisions:   |  |      |          |          | If YES, LIMIT:   |                                       | DE          | ED: SEE ATTACHED                      |  |  |  |  |
| PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE   |  |      |          |          |  |                                       |             |                                       |  |  |  |  |
| HOLDER PRIOR TO LOSS   |  | Х    |          |          |  |                                       |             |                                       |  |  |  |  |
| CANCELLATION   |  |      |          |          |  |                                       |             |                                       |  |  |  |  |
|  | ABOVE DESCRIBED POLICIES    ANCE WITH THE POLICY PROVISION         |      |          | ICE      | LLED BEFORE THE  | EXPIRATION DATE                       | THEREC      | OF, NOTICE WILL BE                    |  |  |  |  |
| ADDITIONAL INTEREST  | ATL-005072420-11   |      |          |          |  |                                       |             |                                       |  |  |  |  |
| CONTRACT OF SALE LENDER'S LOSS PAYABLE LOSS  |  |      | /EE      |          | LENDER SERVICING AGENT   | Γ NAME AND ADDRESS                    |             |                                       |  |  |  |  |
| MORTGAGEE  |  |      |          |          |  |                                       |             |                                       |  |  |  |  |
| NAME AND ADDRESS   |  |      |          |          |  |                                       |             |                                       |  |  |  |  |
| On Top of the World Communities, LLC   |  |      |          |          |  |                                       |             |                                       |  |  |  |  |
| On Top of the World Condo Association  |  |      |          |          |  |                                       |             |                                       |  |  |  |  |
| 2069 World Parkway Blvd East<br>Clearwater, FL 33763   |  |      |          |          | AUTHORIZED REPRESENTA  | AUTHORIZED REPRESENTATIVE             |             |                                       |  |  |  |  |
| Cleat Water, FL 33/03  |  |      |          |          |  | 15                                    | Marsh       | USA LLC                               |  |  |  |  |
| I  |  |      |          |          | 1  |                                       |             |                                       |  |  |  |  |

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AGENCY CUSTOMER ID: 102860439

LOC #: Atlanta



| ACORD ADDITIONAL   | L REMA               | ARKS SCHEDULE Pag   | e _2   | 2_ <b>o</b> f | f _2 |
|--|----------------------|---|--------|---------------|------|
| AGENCY   |                      | NAMED INSURED   |        |               |      |
| MARSH USA, LLC.□   |                      | On Top of the World Communities, LLC On Top of the World Condo Association                    |        |               |      |
| POLICY NUMBER  |                      | 2069 World Parkway Blvd East  |        |               |      |
|  |                      | Clearwater, FL 33763  |        |               |      |
| CARRIER  | NAIC CODE            |   |        |               |      |
|  |                      | EFFECTIVE DATE:   |        |               |      |
| ADDITIONAL REMARKS   |                      |   |        |               |      |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC  | DD EODM              |   |        |               |      |
| FORM NUMBER: 28 FORM TITLE: Evidence of Col  |                      | onerty Insurance  |        |               |      |
| FORM NUMBER: FORM TITLE: EVIGENOE OF GO  | THITICIOIGI T I      |   |        |               |      |
| Property Insurers:   |                      |   |        |               |      |
| Insurer: Westchester Surplus Lines Insurance Company Policy Number: D37420608 01   | 00                   |   |        |               |      |
| [(Primary \$10M)]  |                      |   |        |               |      |
| Insurer: Certain Underwriters at Lloyd's, London Policy Number: BOWPF2350233   |                      |   |        |               |      |
| (P/o \$15M Excess of \$10M) Insurer: Syndicate 2623/623 at Lloyd's Policy Number: W34FC2230101                               |                      |   |        |               |      |
| (P/o \$15M Excess of \$10M)  |                      |   |        |               |      |
| Insurer: Ironshore Specialty Insurance Company Policy Number: 1000395731-04  |                      |   |        |               |      |
| ©(P/o \$15M Excess of \$10M)®  |                      |   |        |               |      |
| Insurer: Certain Underwriters at Lloyd's Syndicate 4444 Policy Number: B74387AAA   |                      |   |        |               |      |
| (P/o \$15M Excess of \$10M)  |                      |   |        |               |      |
| Insurer: Beat Syndicate 4242; QBE Syndicate 5555 Policy Number: 23ALC715410All   |                      |   |        |               |      |
| (P/o \$25M Excess of \$25M) Insurer: Certain Underwriters at Lloyd's, London Policy Number: BOWPF2350528                     |                      |   |        |               |      |
| (P/o \$25M Excess of \$25M)  |                      |   |        |               |      |
| Insurer: Certain Underwriters at Lloyd's Syndicate 4444 Policy Number: B74387ABA   |                      |   |        |               |      |
| □(P/o \$25M Excess of \$25M)□  |                      |   |        |               |      |
| Insurer: Fidelis Insurance Bermuda Limited Policy Number: B23R0353736Mil   |                      |   |        |               |      |
| □(P/o \$25M Excess of \$25M)□  |                      |   |        |               |      |
|  |                      |   |        |               |      |
| Terrorism  |                      |   |        |               |      |
| Insurer: Liberty Surplus Insurance Corporation Policy Number: 5N119515004  |                      |   |        |               |      |
| Limit: \$100,000,000 per occurrence and annual aggregate   |                      |   |        |               |      |
| Deductible: \$10,000 per occurrence  |                      |   |        |               |      |
|  |                      |   |        |               |      |
| All Risk of direct physical loss or damage to real and personal property on a replacement                                    | nt cost basis, subje | ect to policy terms, conditions and exclusions. Coverage Includes, but is not limited to fire | extend | ed            |      |
| perils such as vandalism, malicious mischief, flood, earthquake and boiler & machinery.                                      |                      |   |        |               |      |
|  |                      |   |        |               |      |
| Flood:   |                      |   |        |               |      |
| All Other Flood annual aggregate limit: \$50,000,000 except,  Special Flood Hazard Area annual aggregate limit: \$15,000,000 |                      |   |        |               |      |
| Flood Deductibles:   |                      |   |        |               |      |
| \$100,000; except \$500,000 for Special Flood Hazard Areal   |                      |   |        |               |      |
| Named Storm Deductibles:   |                      |   |        |               |      |
| Clearwater - 5% per Unit of Insurance, Minimum of \$250,000, Maximum of \$10MI   |                      |   |        |               |      |
| Ocala - 5% per Unit of Insurance, Minimum of \$250,000, Maximum of \$10M   |                      |   |        |               |      |
| DEDUCTIBLES:   |                      |   |        |               |      |
| \$10,000 per occurrence except: 1  |                      |   |        |               |      |
| Earthquake: 1  |                      |   |        |               |      |
| \$100,000 per occurrence; I  |                      |   |        |               |      |
| Flood: 1   |                      |   |        |               |      |
| \$500,000 per occurrence as respects locations partially or wholly within Flood Zones pro                                    | efixed A or V        |   |        |               |      |
| \$100,000 per occurrence as respects all other locations  Named Windstorm:   |                      |   |        |               |      |
| 5% (\$250,000 minimum) for Ocala and Clearwater  |                      |   |        |               |      |
|  |                      |   |        |               |      |
| Other sublimits & deductibles may apply per policy terms and conditions.   |                      |   |        |               |      |
|  |                      |   |        |               |      |