



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
06/01/2026

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 ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS MARSH USA, LLC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 CN144607898-5/30-Prop-26-27		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Westchester Surplus Lines Insurance Co	NAIC NO: 10172
FAX (A/C, No):		E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE		
AGENCY CUSTOMER ID #:		LOAN NUMBER FL0033250625187	POLICY NUMBER D39200417 003	
NAMED INSURED AND ADDRESS On Top of the World Condominium Association, Inc. 2069 World Parkway Blvd. Clearwater, FL 33763		EFFECTIVE DATE 05/30/2026	EXPIRATION DATE 05/30/2027	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION

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 BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	SPECIAL	1
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 5,000,000		DED: 10,000				
		YES	NO	N/A		
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	X			If YES, LIMIT: Included	X Actual Loss Sustained; # of months: 12
BLANKET COVERAGE		X			If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE			X		Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X				
IS DOMESTIC TERRORISM EXCLUDED?		X				
LIMITED FUNGUS COVERAGE			X		If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		X				
REPLACEMENT COST		X				
AGREED VALUE			X			
COINSURANCE			X		If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: 50,000,000	DED: 10,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT: Included	DED: 10,000
- Demolition Costs		X			If YES, LIMIT: Included	DED: 10,000
- Incr. Cost of Construction		X			If YES, LIMIT: Included	DED: 10,000
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: 50,000,000	DED: 100,000
FLOOD (If Applicable)		X			If YES, LIMIT: SEE ATTACHED	DED: SEE ATTACHED
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				X	If YES, LIMIT:	DED:
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT:	DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X				

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST		ATL-006186111-01	
<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS	
NAME AND ADDRESS On Top of the World Condo Association 2069 World Parkway Blvd East Clearwater, FL 33763		AUTHORIZED REPRESENTATIVE <i>Marsh USA LLC</i>	

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ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, LLC.		NAMED INSURED On Top of the World Condominium Association, Inc. 2069 World Parkway Blvd. Clearwater, FL 33763	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 FORM TITLE: Evidence of Commercial Property Insurance

Flood:
 \$500,000 per occurrence as respects locations partially or wholly within Flood Zones prefixed A or V \$100,000 per occurrence as respects all other locations

Named Windstorm:
 5% (\$250,000 minimum)

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Terrorism
 Carrier: Liberty Surplus Insurance Corporation
 Policy: 5N513264002
 Effective: 05/30/2026
 Expiration: 05/30/2027
 Limit: \$100,000,000 per occurrence and annual aggregate
 Deductible: \$5,000 per occurrence

Other deductibles may apply as per policy terms and conditions.