



# Philadelphia Indemnity Insurance Company

One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004

## COMMON POLICY DECLARATIONS

**Policy Number:** PHPK368633

**Named Insured and Mailing Address:**

Oasis Singer Island Condo  
Association  
c/o OPC Mgmt  
1200 US Hwy 1 Ste E  
North Palm Beach, FL 33408-3535

**Producer:** 25984

Insurance Office of America  
PO BOX 162207  
ALTAMONTE SPRINGS, FL 32716

**Policy Period From:** 02/01/2009 **To:** 02/01/2010

at 12:01 A.M. Standard Time at your mailing  
address shown above.

**Business Description:** Condominium Association

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	3,213.00
Commercial Crime Coverage Part	1,224.15
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	244.88
Businessowners	
Workers Compensation	

	<b>Total</b>	<b>\$ 4,682.03</b>
Total Includes Fees and Surcharges (See Schedule Attached)		<b>306.03</b>
Total Includes Federal Terrorism Risk Insurance Act Coverage		<b>28.00</b>

**FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE**  
Refer To Forms Schedule

\*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

CPD- PIIC (01/07)

\_\_\_\_\_  
Countersignature Date

Authorized Representative

# Philadelphia Indemnity Insurance Company

## Locations Schedule

**Policy Number:** PHPK368633

Premis. No.	Bldg. No.	Address
001	001	3920 North Ocean Drive Singer Island, FL 33404

# Philadelphia Indemnity Insurance Company

## Fees and Surcharge Schedule

**Policy Number:** PHPK368633

FIGA Assessment Recoupment	\$	43.76
FL Hurricane Cat Fund	\$	43.76
FIGA Emergency Assessment	\$	74.39
Florida Citizens 2005 Emergency Assessment	\$	61.26
Florida 2007 FIGA Assessment	\$	82.86

# Philadelphia Indemnity Insurance Company

## Form Schedule – Policy

**Policy Number:** PHPK368633

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
BJP-190-1	1298	Commercial Lines Policy Jacket
PI-Notice	0400	Florida Complaint Notice
CPD-PIIC	0107	Common Policy Declarations
Location Schedule	0100	Location Schedule
Fees and Surcharge Schedule	0100	Fees and Surcharge Schedule
PP 0701	0701	Privacy Policy Notice
PI-BELL-1 FL	0907	Bell Endorsement
IL0017	1198	Common Policy Conditions
IL0021	0702	Nuclear Energy Liability Exclusion Endorsement
IL0255	0908	Florida Changes - Cancellation and Nonrenewal
IL0985	0108	Disclosure Pursuant to Terrorism Risk Insurance Act
PI-CME-1	0807	Crisis Management Enhancement Endorsement
PI-LCN	0901	Florida Policy Holder Notice
PI-TER-DN1 FL	0308	Disclosure Notice of Terrorism Ins Coverage Rejection

**Philadelphia Indemnity Insurance Company**

**COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

Policy Number: PHPK368633

Agent # 25984

See Supplemental Schedule

**LIMITS OF INSURANCE**

\$	2,000,000	General Aggregate Limit (Other Than Products – Completed Operations)
\$	2,000,000	Products/Completed Operations Aggregate Limit (Any One Person Or Organization)
\$	1,000,000	Personal and Advertising Injury Limit
\$	1,000,000	Each Occurrence Limit
\$	100,000	Rented To You Limit
\$	5,000	Medical Expense Limit (Any One Person)

**FORM OF BUSINESS: ASSOCIATION**

Business Description: Condominium Association

Location of All Premises You Own, Rent or Occupy: **SEE SCHEDULE ATTACHED**

**AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED: N/A**

Classifications	Code No.	Premium Basis	Rates		Advance Premiums		
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.	
SEE SCHEDULE ATTACHED							
<b>TOTAL PREMIUM FOR THIS COVERAGE PART:</b>					\$	3,213.00	\$

**RETROACTIVE DATE (CG 00 02 ONLY)**

This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date: \_\_\_\_\_

**FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART: Refer To Forms Schedule**

\_\_\_\_\_  
Countersignature Date

\_\_\_\_\_  
Authorized Representative

**Philadelphia Indemnity Insurance Company**  
**COMMERCIAL GENERAL LIABILITY COVERAGE PART**  
**SUPPLEMENTAL SCHEDULE**

Policy Number: PHPK368633

Agent # 25984

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
FL PREM NO. 001 CONDO-RESIDENTIAL  PROD/COMP OP SUBJ TO GEN AGG LIMIT	62003	UNIT 38	53.010	INCL	2,032	INCL
FL PREM NO. 001 CLUB-CIVIC-BLDG OWN/LEASE-NFP  PROD/COMP OP SUBJ TO GEN AGG LIMIT	41668	AREA 500	428.717	INCL	216	INCL
FL PREM NO. 001 PARK/PLAYGROUND  PROD/COMP OP SUBJ TO GEN AGG LIMIT	46671	PARK/PLAYGR 2	29.925	INCL	61	INCL
FL PREM NO. 001 STREET/ROAD/HWY-EXISTENCE HAZ  PROD/COMP OP SUBJ TO GEN AGG LIMIT	48727	MILE 1	42.750	INCL	44	INCL
FL PREM NO. 001 SWIMMING POOL-NOC  PROD/COMP OP SUBJ TO GEN AGG LIMIT	48925	POOL 1	641.250	INCL	647	INCL

# Philadelphia Indemnity Insurance Company

## Form Schedule – General Liability

Policy Number: PHPK368633

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
PI-GL-Notice	1207	Commercial Gen Liab Forms Rev Notice to Policyholders
Gen Liab Dec	1004	Commercial General Liability Coverage Part Declaration
Gen Liab Schedule	0100	General Liability Schedule
CG0001	1207	Commercial General Liability Coverage Form
CG0220	1207	Florida Changes - Cancellation and Nonrenewal
CG2002	1185	Additional Insured - Club Members
CG2004	1185	Addl Ins - Condominium Unit Owners
CG2147	1207	Employment-Related Practices Exclusion
CG2167	1204	Fungi or Bacteria Exclusion
CG2170	0108	Cap on Losses From Certified Acts of Terrorism
CG2402	1204	Binding Arbitration
CG2416	1207	Canoes Or Rowboats
PI-CO-5-FL	0603	Exclusion - Subsidence
PI-CO-6	1106	General Liability Deluxe Endt: Condominium Association
PI-GL-001	0894	Exclusion - Lead Liability
PI-GL-002	0894	Exclusion - Asbestos Liability

# Philadelphia Indemnity Insurance Company

POLICY NUMBER: PHPK368633

COMMERCIAL CRIME  
CR DS 01 07 02

## COMMERCIAL CRIME COVERAGE PART DECLARATIONS

The Commercial Crime Coverage Part consists of this Declarations Form and the Commercial Crime Coverage Form.

**EMPLOYEE BENEFIT PLAN(S) INCLUDED AS INSURED(S):**

**INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:**

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence
1. Employee Theft		See Schedule
2. Forgery Or Alteration		Not Covered
3. Inside The Premises - Theft Of Money And Securities		Not Covered
4. Inside The Premises - Robbery Or Safe Burglary Of Other Property		Not Covered
5. Outside The Premises		Not Covered
6. Computer Fraud		Not Covered
7. Funds Transfer Fraud		Not Covered
8. Money Orders And Counterfeit Paper Currency		Not Covered

If Added by Endorsement, Insuring Agreement(s):

**IF APPLICABLE, SEE SCHEDULE ATTACHED**

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

**ENDORSEMENTS FORMING PART OF THIS COVERAGE PART WHEN ISSUED:**

**SEE SCHEDULE ATTACHED**

**CANCELLATION OF PRIOR INSURANCE ISSUED BY US:**

By acceptance of this Coverage Part you give us notice cancelling prior policy Nos. PHPK295590 ;  
the cancellation to be effective at the time this Coverage Part becomes effective.

COUNTERSIGNED

(Date)

BY:

(Authorized Representative)

# Philadelphia Indemnity Insurance Company

POLICY NUMBER: PHPK368633

## SCHEDULE OF INSURING AGREEMENTS

INSURING AGREEMENT(S)	LIMIT OF INSURANCE Per Occurrence	NUMBER OF PREMISES	DEDUCTIBLE Per Occurrence	PREMIUM
EMP THEFT-AGENT	\$ 500,000	001	\$ 5,000	\$ 1,143

Total Premium

\$ 1,143

# Philadelphia Indemnity Insurance Company

## Form Schedule – Crime

**Policy Number:** PHPK368633

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
CRDS01	0702	Commercial Crime Coverage Part Declarations
Crime Schedule	0204	Schedule of Insuring Agreements
CR0021	0506	Commerical Crime Coverage Form (Loss Sustained Form)
CR0151	0702	Florida Changes - Legal Action Against Us
CR2012	0702	Binding Arbitration
CR2502	0506	Include Designated Agents as Employees