SURPLUS LINES STATEMENT

Policy Number	Insured Name
CIUCAP005965-03	OCEAN 14 ASSOCIATION, INC.

Surplus Lines Agent:

Charles Bushong
Coastal Insurance Underwriters
P.O. Box 3140
Ponte Vedra Beach, FL 32004
License #: A036714

Premium:	$	1,509.00
S/L Tax:	$	76.27
FSLSO Service Fee:	$	0.93
FHCF:	$	0.00
CPIC Emergency Assessment:	$	0.00
EMPA:	$	0.00
Policy Fee:	$	35.00
Total:	$	1,621.20

Producing Agent: CARIE WHITCOMB
1211 N 3rd Street
Jacksonville Beach, FL 32250

Lic # D044097

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

Date: 9/1/2021

Surplus Lines Agent

Aspen Specialty Insurance Company

IN WITNESS WHEREOF, the Insurer has caused this Policy to be signed by its President and Secretary and countersigned where required by law on the Declarations page by its duly Authorized Representative.

Secretary

President

ASPEN

ASPEN SPECIALTY INSURANCE COMPANY

COMMERCIAL PACKAGE POLICY DECLARATIONS PAGE

Policy Number: CIUCAP005965-03	Renewal Of: CIUCAP005965-02

Inception Date: 9/4/2021	**Expiration Date:** 9/4/2022	**12:01 AM Standard Time at the address of the insured as stated herein.**

Named Insured and Address	**Producing Agency Name and Address**
OCEAN 14 ASSOCIATION, INC. MADISON ASSOCIATION MANAGEMENT SOLUTIONS 6960 BONNEVAL ROAD, #302 JACKSONVILLE, FL 32216	Acrisure, LLC D/B/A: Fletcher & Company 1211 N 3rd Street Jacksonville Beach, FL 32250

This policy consists of the following coverage parts for which a premium is indicated. The premium may be subject to audit by the company.

Coverage(s) Included in Policy	**Premium**
Commercial Property	Excluded
Commercial General Liability	Excluded
Crime - Employee Dishonesty	Excluded
Directors & Officers Liability	Included
Policy Premium:	$1,509.00
Fees	
Policy Fee	$35.00
Surplus Lines Tax	$76.27
FSLSO Service Fee	$0.93
EMPA Fee	$0.00
CPIC Emergency Assessment Fee	$0.00
FHCF Fee	$0.00
Total Premium and Fees:	$1,621.20

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 Supercedes Any Previous Policy Bearing The Same Number And Policy Period.

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY STATE REGULATORY AGENCY."

Payment Method: **This is an agency bill policy.**

Premium payable at inception:

Countersigned this 1st day of September, 2021

Authorized Representative

ASPEN

ASPEN SPECIALTY INSURANCE COMPANY

POLICY LOCATION SCHEDULE

Policy Number: CIUCAP005965-03 **Policy Period:** 9/4/2021 **To:** 9/4/2022

Named Insured: OCEAN 14 ASSOCIATION, INC.

LOCATIONS OF ALL PREMISES YOU OWN, RENT, OR OCCUPY

Bldg #	Address	Building Name	Building Desc.	City	State	Zip
1	1301 1ST ST S	Residential Condominium	Residential Condominium	JAX BCH	FL	32250

ASIC CIU IL 003 10 12

Issue Date: 9/1/2021

ASPEN

ASPEN SPECIALTY INSURANCE COMPANY

CONDOMINIMUM DIRECTORS OFFICERS AND EMPLOYMENT PRACTICES LIABILITY INSURANCE POLICY DECLARATIONS PAGE

Policy Number: CIUCAP005965-03 **Policy Period:** 9/4/2021 **To:** 9/4/2022
Named Insured: OCEAN 14 ASSOCIATION, INC.

ITEM 1. **INSURED ORGANIZATION NAME AND PRINCIPAL ADDRESS**

OCEAN 14 ASSOCIATION, INC.
MADISON ASSOCIATION MANAGEMENT SOLUTIONS
6960 BONNEVAL ROAD, #302
JACKSONVILLE, FL 32216

ITEM 2. **POLICY PERIOD**

FROM 9/4/2021 TO 9/4/2022 at 12:01 am

Local time at the address shown in item

ITEM 3. **LIMIT OF LIABILITY**

$ 1,000,000 **maximum aggregate limit of liability for all claims first made in the policy period. EACH CLAIM LIMIT $** 1,000,000

ITEM 4. **DEDUCTIBLE $** 1,000 **per claim**

ITEM 5. **PREMIUM $Included**

ITEM 6. **ENDORSEMENTS ATTACHED**

ITEM 7. **NOTICES**

All notices required to be given to the insurer under this policy shall be addressed to:

Aspen Specialty Insurance Company
590 Madison Avenue
7th Floor
New York, NY 10022

These Declarations along with the completed and signed Condominium Association Supplemental application, the Condominium Directors, Officers and Employment Practices Liability Insurance Policy and any endorsements attached shall constitute the contract between the insured and us.