



## PROPERTY QUOTE

Page 1 of 5

Date Quoted

12/20/2023

Policy Number

HCP006661

*Pillars of Strength and Character.*

New/Renewal: Renewal

### Insured Information Section

Proposal or Renewal Date

01/09/2024

Agent Name

AssuredPartners of FL -  
IRMS

Named Insured: Vista III at Heritage Bay Condominium Association, Inc.

Mailing Address:

10837 PHOENIX WAY  
NAPLES, FL 34119

### Coverage Information Section

#### Summary of Limits

TRIA Rejected  
Platinum Preferred Savings Program No

(Schedule of buildings and locations on following pages)

<u>Location Name</u>	<u>Building(s) Limit</u>	<u>Business Personal Property</u>	<u>Business Income</u>
Vista III at Heritage Bay Condominium Association, Inc.	\$ 6,739,326	\$ 0	\$ 0

#### Coverage

Ordinance or Law Offer Coverage - Full Coverage A with B & C \$ 250,000  
Combined Sublimit

Catastrophic Ground Coverage Collapse (CGCC)

Inflation Guard 2%

Equipment Breakdown

Commercial Cyber Data Breach \$100,000/\$100,000

Co-Insurance Agreed Value

#### Deductible

Hurricane Calendar 5% per building

AOP \$5,000 per occurrence

### Premium Information Section

<u>Premium</u>	<u>Policy Fee</u>	<u>Citizens Fee</u>	<u>FHCF</u>	<u>EMPA</u>	<u>Fire Marshall</u>	<u>FIGA Assessment 10.11.2021 (0.7%)</u>	<u>FIGA Assessment 3.11.2022 (1.3%)</u>	<u>FIGA Assessment 4.10.2023 (1.0%)</u>	<u>Total Premium</u>
\$ 33,090	\$ 25	\$ 0	\$ 0	\$ 4	\$ 33	\$ 0	\$ 0	\$ 332	\$ 33,484

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those you requested. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Heritage Insurance.

## FORMS SCHEDULE

**The following forms will be attached to the policy if coverage is bound.**

Name	Edition	Description
CP 03 22	01 06	FLORIDA - MULTIPLE DED FORM
CP P 003	07 06	EXCLUSION OF LOSS DUE TO VIRUS NOTICE TO POLICYHOLDERS
CL PN	06 23	POLICYHOLDER NOTICE - REVISIONS TO CYBER COVERAGE INSURANCE
IL 04 15	04 98	PROTECTIVE SAFEGUARDS
CP 12 09	09 95	WINDSTORM PROTECTIVE DEVICES
HPC NCPT V64	02 14	NOTICE OF CHANGE IN POLICY TERMS
HP 01 12	10 19	FLORIDA CHANGES MEDIATION OR APPRAISAL AND NEUTRAL EVALUATION
IL 09 53	01 15	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
HC 00 10	08 14	EXISTING DAMAGE EXCLUSION
CP 01 25	03 23	FLORIDA CHANGES
CP 03 23	06 07	FLORIDA CALENDAR YEAR HURRICANE PERCENTAGE DEDUCTIBLE (RESIDENTIAL RISKS)
HP 01 75	10 19	FLORIDA CHANGES - LEGAL ACTION AGAINST US
HP 05 01	10 19	FLORIDA CHANGES - ASSIGNMENT OF BENEFITS
CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
HC 00 14	08 14	FLORIDA - CLAIM PAYMENT PROVISION-CONDOMINIUM
IL 09 35	07 02	EXCLUSION OF CERTAIN COMPUTER- RELATED LOSSES
HC 04 05	08 14	ORDINANCE OR LAW COVERAGE EXTENSION OF COVERAGE
HC 00 01	05 18	PROPERTY ENHANCEMENT ENDORSEMENT
CP 01 40	07 06	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
HC 00 02 TOC	05 18	TABLE OF CONTENTS - CONDOMINIUM ASSOCIATION
HC CDB	06 23	COMMERCIAL CYBER DATA BREACH
CP 10 32	08 08	WATER EXCLUSION ENDORSEMENT
CP 00 90	07 88	COMMERCIAL PROPERTY CONDITIONS
CP 10 30	06 07	CAUSES OF LOSS - SPECIAL FORM
HC MEP	08 14	EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT
CP 01 91	07 10	FLORIDA CHANGES - CONDOMINIUM
HC 14 20	08 14	ADDITIONAL PROPERTY NOT COVERED
HC 00 17	08 17	COMMON POLICY CONDITIONS - CANCELLATION AND RENEWAL

**Location Coverage Information Section****1. Structure 1. 9047 Gervais Circle, Naples, FL 34120****Coverage****Limit**

Building RC

\$ 1,471,396

Contents

Ordinance or Law Offer Coverage - Full Coverage A with  
B & C Combined Sublimit**Occupancy:** CONDOMINIUM**Construction:** Frame**Coverage Form:** Condominium Associations**Year Built:** 2008**Square Feet:** 15578**1. Structure 2. 9051 Gervais Circle, Naples, FL 34120****Coverage****Limit**

Building RC

\$ 1,471,396

Contents

Ordinance or Law Offer Coverage - Full Coverage A with  
B & C Combined Sublimit**Occupancy:** CONDOMINIUM**Construction:** Frame**Coverage Form:** Condominium Associations**Year Built:** 2008**Square Feet:** 15578**1. Structure 3. 9055 Gervais Circle, Naples, FL 34120****Coverage****Limit**

Building RC

\$ 1,162,569

Contents

Ordinance or Law Offer Coverage - Full Coverage A with  
B & C Combined Sublimit**Occupancy:** CONDOMINIUM**Construction:** Frame**Coverage Form:** Condominium Associations**Year Built:** 2008**Square Feet:** 12208**1. Structure 4. 9059 Gervais Circle, Naples, FL 34120****Coverage****Limit**

Building RC

\$ 1,162,569

Contents

Ordinance or Law Offer Coverage - Full Coverage A with  
B & C Combined Sublimit**Occupancy:** CONDOMINIUM**Construction:** Frame**Coverage Form:** Condominium Associations**Year Built:** 2008**Square Feet:** 12208

## Property Quote

Page 4 of 5

## Policy Number

HCP006661

### 1. Structure 5. 9063 Gervais Circle, Naples, FL 34120

#### Coverage

#### Limit

Building RC

\$ 1,471,396

Contents

Ordinance or Law Offer Coverage - Full Coverage A with  
B & C Combined Sublimit

**Occupancy:** CONDOMINIUM

**Construction:** Frame

**Coverage Form:** Condominium Associations

**Year Built:** 2008

**Square Feet:** 15578

**Payment Plan Options**

You may choose to pay your premium in full or use our semiannual or quarterly premium payment plan.

<u>Payment Plans</u>	<u>Initial Payment</u>	<u>Installment Amount</u>	<u>Due Dates</u>
<b>Full Pay</b>	\$33,484.00	\$33,484.00	January 10, 2024
<b>CRP Semiannual</b>	\$20,115.20	\$20,115.20 \$14,555.51	January 10, 2024 July 09, 2024
<b>CRP 4 Pay</b>	\$15,101.90	\$15,101.90 \$7,500.26 \$7,203.59 \$5,235.81	January 10, 2024 April 09, 2024 July 09, 2024 October 09, 2024

Regarding the interest, this should be 18% of each installment amount. On the semiannual option, this will be on 40% of the net premium total (entire amount of premium paid on installments). On the quarterly, this will be on 55% of the net premium total (entire amount of premium paid on installments).

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Producer Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_