

NEW

Renewal of Number

# Mount Vernon Fire Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087  
A Member Company of United States Liability Insurance Group

POLICY DECLARATIONS

No. LQ 2001167

NAMED INSURED AND ADDRESS:

JENSEN BEACH CLUB CONDOMINIUM ASSOCIATION  
INC

4500 NE OCEAN BLVD  
JENSEN BEACH, FL 34957

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.**

POLICY PERIOD: (MO. DAY YR.) From: 01/29/2020 To: 01/29/2021

12:01 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS: Corporation

BUSINESS DESCRIPTION: Annual Host Liquor Liability

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.

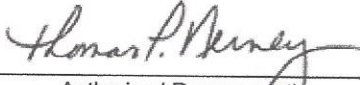
	PREMIUM
Liquor Liability Coverage Part	\$1,200.00
Wholesaler Broker Fee	\$75.00
Surplus Lines Tax	\$63.75
Service Fee	\$1.28
TOTAL:	\$1,340.03

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue  
See Endorsement EOD (1/95)

Agent: BRAISHFIELD ASSOCIATES, A DIVISION OF HULL & COMPANY,  
LLC. (1799)  
5750 Major Blvd., Ste 200  
Orlando, FL 32819

Broker:

Issued: 02/07/2020 10:28 AM

By:   
Authorized Representative

UPD (08-07) THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS,  
COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF,  
COMPLETE THE ABOVE NUMBERED POLICY.

## EXTENSION OF DECLARATIONS

Policy No. LQ 2001167

Effective Date: 01/29/2020

12:01 AM STANDARD TIME

### FORMS AND ENDORSEMENTS

The following forms apply to the Liquor Liability coverage part

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
2110	04/15	Service Of Suit
CG0033	12/07	Liquor Liability Coverage Form
CG0220	03/12	Florida Changes - Cancellation And Nonrenewal
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement
Jacket	07/19	Policy Jacket
L 616	10/16	Host/Special Event Coverage Form Change Endorsement
L 657	10/16	Absolute Pollution Exclusion - Liability
L-224	12/17	Punitive or Exemplary Damages Exclusion
LLQ 370	05/18	Coverage Limitation Endorsement
LLQ100	04/15	Who Is An Insured Clarification Endorsement
LLQ101	08/06	Expanded Definition Of Employee
LLQ367	12/06	Minimum Earned Premium Endorsement
LLQ368	04/15	Separation Of Insureds Clarification Endorsement
LQ-428	10/16	Absolute Firearms Exclusion

# LIQUOR LIABILITY COVERAGE PART DECLARATIONS

Policy No. LQ 2001167

Effective Date: 01/29/2020  
12:01 AM STANDARD TIME

## LIMITS OF INSURANCE

Liquor Each Common Cause Limit	\$1,000,000
Liquor Aggregate Limit	\$2,000,000

LIABILITY DEDUCTIBLE	\$0
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## LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

Location	Address	Territory
1	4500 Ne Ocean Blvd, Jensen Beach, FL 34957	006

## PREMIUM COMPUTATION

Loc	Classification	Code No.	Premium Basis	Pr/Co	Rate		Advance Premium	
					All Other	Pr/Co	All Other	
1	Blanket Annual Host Special Events - Liquor Liability	00453	24 Events	N/A	1,200.000	N/A		\$1,200
MINIMUM PREMIUM FOR LIQUOR LIABILITY COVERAGE PART:								\$500
TOTAL PREMIUM FOR LIQUOR LIABILITY COVERAGE PART:								\$1,200
(This Premium may be subject to adjustment.) MP - minimum premium								

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:  
See Form EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



## EXTENSION OF DECLARATIONS

Regardless of the dates shown on the Declarations, this insurance applies only for the location(s), event(s) and date(s) specified in this Extension of Declarations.

Policy No. LQ 2001167

## SCHEDULE OF EVENTS

### Event

### Blanket Annual Host Special Events - Monthly Board Meetings

## Event

Blanket Annual Host Special Events - Party / Social Events

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.