



Administrative Offices
 301 E 4th Street
 Cincinnati, Ohio 45202-4201
 tel: 513 369 5000

Policy No. MAC 1-54-29-73 - 02
 Effective Date of Change 06/20/12

BUSINESSPRO® POLICY CHANGES

**THIS ENDORSEMENT
 CHANGES THE POLICY.**

**PLEASE READ IT
 CAREFULLY.**

NAMED INSURED MIRAGE ON THE GULF CONDOMINIUM
 ASSOCIATION INC C/O VOHLR CORP
AND ADDRESS: 981 N. COLLIER BLVD
 MARCO ISLAND, FL 34145

POLICY ALTERNATE MAILING ADDRESS:

AGENT'S NAME AND ADDRESS:

PEACHTREE SPECIAL RISK
 303 CORPORATE CENTER CT
 STOCKBRIDGE GA 30281

Insurance is afforded by the Company named below, a Capital Stock Corporation:
 GREAT AMERICAN INSURANCE COMPANY OF NEW YORK

POLICY PERIOD: From 06/20/12 To 06/20/13
 12:01 A.M. Standard Time at the address of the Named Insured

IN CONSIDERATION OF A RETURN PREMIUM OF \$14.35., AMENDED THE VALUES PER THE
 ATTACHED SB 86 27. TOTAL VALUE FROM \$29,005,201. TO \$26,443,702.

PREMIUM	14.00
FL COMMERCIAL PROPERTY FIRE ASSESSMENT:	.02
FL CITIZEN'S PROPERTY INS. ASSESSMENT:	.15
FL HURRICANE CAT. FUND EMERGENCY ASSESSMENT:	.18

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

FORMS AND ENDORSEMENTS hereby added:

FORMS AND ENDORSEMENTS hereby amended: BM7210 SB8627

FORMS AND ENDORSEMENTS hereby deleted:

 Agent Signature

 Date



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SELECT BUSINESS POLICY
SUPPLEMENTAL SCHEDULE OF PROPERTY

DESCRIBED PREMISES: At the locations specified below, insurance is provided only for those coverages for which a Limit of Insurance has been inserted.

Item No.	Location	LIMITS OF INSURANCE				
		Building	Valuation RC or ACV	Business Personal Property	Valuation RC or ACV	Business Income
1-1	CONDO	\$25,445,667.	RC	\$50,000.	RC	NOT COVERED
1-2	TENNIS COURTS	\$ 60,800.	RC	NOT COVERED	RC	NOT COVERED
1-3	GARAGES (20)	\$ 592,735.	RC	NOT COVERED	RC	NOT COVERED
1-4	SWIMMING POOL /SPA	\$ 152,500.	RC	NOT COVERED	RC	NOT COVERED
1-5	GATES	\$ 64,000.	RC	NOT COVERED	RC	NOT COVERED
1-6	BOARDWALK	\$ 78,000.	RC	NOT COVERED	RC	NOT COVERED

All other terms and conditions of this policy remain unchanged.



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Policy No. MAC 1-54-29-73 - 02

EQUIPMENT BREAKDOWN COVERAGE PART DECLARATIONS NO. 1

NAMED INSURED: MIRAGE ON THE GULF CONDOMINIUM ASSOCIATION INC C/O VOHLR CORP	POLICY PERIOD: 06/20/12 to 06/20/13
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Identification Number:

Issue Date:

These coverages apply to any location listed on the Schedule of Locations for **Equipment Breakdown Coverage Part Declarations No. 1.**

Coverages	Limits
Equipment Breakdown Limit	\$ SEE BELOW
Property Damage	\$ 26,443,702.
Off Premises Property Damage	\$ 50,000.
Business Income	\$ NOT COVERED
Extra Expense	\$ 50,000.
Service Interruption	\$ 50,000.
Contingent Business Income	\$ 50,000.
Perishable Goods	\$ 50,000.
Data Restoration	\$ 50,000.
Demolition	\$ 50,000.
Ordinance or Law	\$ 50,000.
Expediting Expense	\$ 50,000.
Hazardous Substances	\$ 50,000.
Newly Acquired Locations	\$ INCLUDED

Deductibles

Combined Coverage Policy Deductible:
 Separate Coverage Policy Deductible: PROPERTY DAMAGE \$ 5,000.
 ALL OTHER COVERAGES \$ 5,000.

Other Conditions

Extended Period of Restoration days Newly Acquired Locations 90 days
 THE FOLLOWING APPLIES TO CONDOMINIUM ASSOCIATIONS ONLY: "COVERED EQUIPMENT" IS REVISED TO INCLUDE AIR CONDITIONING AND HEATING UNITS WITHIN OR ATTACHED TO INDIVIDUAL CONDOMINIUM UNITS AT FLORIDA LOCATIONS DESCRIBED IN THE MS DECLARATIONS.

Total Equipment Breakdown Premium: \$ INCLUDED

FORMS AND ENDORSEMENTS applicable to this Coverage Part and made a part of this Policy at the time of issue are listed on the attached Forms and Endorsements Schedule, BM 88 01 (01/86).



SCOTTSDALE INSURANCE COMPANY®

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS**

Policy No. CPS1589684 Effective Date 06/20/2012
12:01 A.M., Standard Time

Named Insured THE MIRAGE ON THE GULF CONDO. ASSOC Agent No. 09006

Item 1. Limits of Insurance	
Coverage	Limit of Liability
Aggregate Limits of Liability	Products/ Completed Operations Aggregate \$ <u>1,000,000</u> General Aggregate (other than Products/ Completed Operations) \$ <u>2,000,000</u>
Coverage A - Bodily Injury and Property Damage Liability	any one occurrence subject to the Products/ Completed Operations and General Aggregate Limits of Liability \$ <u>1,000,000</u> any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability
Damage to Premises Rented to You Limit	\$ <u>100,000</u>
Coverage B - Personal and Advertising Injury Liability	any one person or organization subject to the General Aggregate Limits of Liability \$ <u>1,000,000</u>
Coverage C - Medical Payments	any one person subject to the Coverage A occurrence and the General Aggregate Limits \$ <u>5,000</u>
Item 2. Description of Business	
Form of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Organization including a corporation (other than Partnership, Joint Venture or Limited Liability Company)	
Location of All Premises You Own, Rent or Occupy: See Schedule of Locations	
Item 3. Forms and Endorsements	
Form(s) and Endorsement(s) made a part of this policy at time of issue: See Schedule of Forms and Endorsements	
Item 4. Premiums	
Coverage Part Premium:	\$ <u>2,380</u>
Other Premium:	\$
Total Premium:	\$ <u>2,380</u>

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

COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS

 Policy No. CPS1589684 Effective Date: 06/20/2012

12:01 A.M., Standard Time

 Named Insured THE MIRAGE ON THE GULF CONDO. ASSOC Agent No. 09006

Prem. No. 1	Bldg. No. 1	Class Code 46671	Exposure 2	Basis TENNIS COURTS	
Class Description: PARKS AND PLAYGROUNDS (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)				Premises/ Operations	
				Rate	Premium
				50.00	100
				Products/ Comp Operations	
				Rate	Premium
				INCLUDED	INCLUDED
Prem. No. 1	Bldg. No. 1	Class Code 48727	Exposure 1/4	Basis MILES	
Class Description: STREETS, ROADS, HIGHWAYS OR BRIDGES - EXISTENCE AND MAINTENANCE HAZARD ONLY (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)				Premises/ Operations	
				Rate	Premium
				85.00	21
				Products/ Comp Operations	
				Rate	Premium
				INCLUDED	INCLUDED
Prem. No. 1	Bldg. No. 1	Class Code 48925	Exposure 1	Basis SPAS	
Class Description: SWIMMING POOLS - NOC (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)				Premises/ Operations	
				Rate	Premium
				150.00	150
				Products/ Comp Operations	
				Rate	Premium
				INCLUDED	INCLUDED
Prem. No. 1	Bldg. No. 1	Class Code 62003	Exposure 59	Basis UNITS	
Class Description: CONDOMINIUMS - RESIDENTIAL - (ASSOCIATION RISK ONLY) (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)				Premises/ Operations	
				Rate	Premium
				31.50	1,859
				Products/ Comp Operations	
				Rate	Premium
				INCLUDED	INCLUDED

COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS

Policy No. CPS1589684 Effective Date: 06/20/2012
12:01 A.M., Standard Time

Named Insured THE MIRAGE ON THE GULF CONDO. ASSOC Agent No. 09006

Prem. No. 1	Bldg. No. 1	Class Code 99999	Exposure FLAT	Basis FLAT CHARGE	
Class Description: HIRED & NON-OWNED AUTO				Premises/ Operations	
				Rate	Premium
				N/A	250
				Products/ Comp Operations	
				Rate	Premium
Prem. No.	Bldg. No.	Class Code	Exposure	Basis	
Class Description:				Premises/ Operations	
				Rate	Premium
				Products/ Comp Operations	
				Rate	Premium
Prem. No.	Bldg. No.	Class Code	Exposure	Basis	
Class Description:				Premises/ Operations	
				Rate	Premium
				Products/ Comp Operations	
				Rate	Premium
Prem. No.	Bldg. No.	Class Code	Exposure	Basis	
Class Description:				Premises/ Operations	
				Rate	Premium
				Products/ Comp Operations	
				Rate	Premium



NON-PROFIT MANAGEMENT AND ORGANIZATION LIABILITY
INSURANCE POLICY

DECLARATIONS

POLICY NO. 103693051

Travelers Casualty and Surety Company of America
Hartford, CT 06183
(Herein, the "Insurer")

THIS IS A CLAIMS MADE AND REPORTED POLICY WITH DEFENSE COSTS INCLUDED IN THE LIMIT OF LIABILITY.
PLEASE READ THE ENTIRE POLICY CAREFULLY.

NOTICE: THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE "INSUREDS" DURING THE "POLICY PERIOD" AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED AS "DEFENSE COSTS." ANY "DEFENSE COSTS" THAT ARE INCURRED SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION. THE INSURER SHALL HAVE THE RIGHT AND DUTY TO DEFEND ANY CLAIM AGAINST THE INSUREDS UNDER THIS POLICY.

ITEM 1. INSURED ORGANIZATION'S NAME and PRINCIPAL ADDRESS:

MIRAGE ON THE GULF
C/O VOLHR CORP., INC.
981 N. COLLIER BLVD
MARCO ISLAND, FL 34145

ITEM 2. POLICY PERIOD:

(a) From June 14, 2010 (b) To June 14, 2013 at 12:01 a.m.
Local Time both dates at the Principal Address stated in ITEM 1

ITEM 3. LIMIT OF LIABILITY (Inclusive of Defense Costs):

\$1,000,000.00 maximum aggregate Limit of Liability for all Claims first made in the Policy Period.

ITEM 4. RETENTION:

(a) No Retention shall apply to Non-Indemnified Loss
(b) \$1,000.00 all Indemnified Loss.

ITEM 5. PREMIUM:

\$2,808.81 prepaid premium for the Policy Period.

NOTICE: A state surcharge applies. Please refer to your billing statement.

ITEM 6. PREMIUM FOR DISCOVERY PERIOD: \$702.20

ITEM 7. LENGTH OF DISCOVERY PERIOD: 365 days.

ITEM 8. NOTICE REQUIRED TO BE GIVEN TO THE INSURER SHALL BE ADDRESSED TO:

Travelers Bond & Financial Products Claim
One Tower Square, 2S2
Hartford, CT 06183

ITEM 9. PENDING AND PRIOR LITIGATION DATE: June 14, 2001

ISSUED BY: Travelers Casualty and Surety Company of America

POLICY NO: 104944753

ISSUED TO: MIRAGE ON THE GULF CONDOMINIUM ASSOCIATION, INC.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DECLARATIONS CORRECTION/CHANGE ENDORSEMENT

This endorsement modifies the following coverage:

Crime

In consideration of the payment of the premium it is agreed the Item(s) indicated below by shall amend the corresponding Item(s) in the DECLARATIONS of this Crime Policy:

ITEM 1 NAMED INSURED:

ADDED

DELETED

CHANGED From:

To:

Principal Address:

ITEM 2 POLICY PERIOD:

Inception Date:

Expiration Date:

12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.

ITEM 5 INSURING AGREEMENT(S):

ADDED

DELETED

CHANGED Single Loss Limit(s) of Insurance and/or Single Loss Retention

Insuring Agreement

Single Loss Limit Of Insurance

Single Loss Retention

A1 - Employee Theft

\$750,000.00

\$5,000.00

I - Claim Expense

\$5,000.00

\$0.00



Kenny Boddye
 3450 Buschwood Park Drive
 Suite 110
 TAMPA, FL 33618-4446
 (813) 931-3010 x35
 (813) 931-8168
 KBODDYE@Travelers.com

June 12, 2012

MIRANDA DUARTE
 BROWN & BROWN-NAPLES
 999 VANDERBILT BEACH RD
 STE 507
 NAPLES, FL 34108-3507

This is an Agency Billed Policy.

This is a Policy Change for

MIRAGE ON THE GULF CONDOMINIUM ASSOCIATION, INC.

**C/O VOHLR CORPORATION
 981 N. COLLIER BLVD
 MARCO ISLAND, FL 34145**

Brand Type: Crime NP 103693052
 Policy Number: 104944753

Commission: 10.00 %

Policy Period: June 14, 2010 to June 14, 2013
 Billing Period: June 14, 2010 to June 14, 2013

Transaction Effective Date: June 20, 2012

<u>Coverage</u>	<u>Limit</u>	<u>Retention</u>
Non-Profit D&O	Not Covered	
EPL	Not Covered	
Fiduciary	Not Covered	
MPL	Not Covered	
Crime		
A1 - Employee Theft	\$750,000.00	\$5,000.00
A2 - ERISA	Not Covered	
A3 - Third Party	Not Covered	
K&E	Not Covered	
ID Fraud	Not Covered	

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Surcharge:	\$0.00	\$0.00	\$4.03
Tax:	\$0.00	\$0.00	\$0.00
Additional Premium	\$0.00	\$0.00	\$407.03

Comments:
 Thank you for placing your business with us.



NEW EMPIRE GROUP
INSURANCE PROGRAM MANAGERS

NEW EMPIRE GROUP LTD.

25 Nassau Lane, Island Park, NY 11558 • (516) 431-8300 • Toll Free (866) 431-8100 • Fax: (516) 431-5351
www.newempiregroup.com

Producer Coastal Insurance Underwriters PO Box 3140 Ponte Vedra Beach, FL 32004	Certificate Number: Certificate Effective Date: Certificate Expiration Date:	AAREO-10687 6/20/2012 6/20/2013
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SECTION I: CERTIFICATE OF PURCHASING GROUP PARTICIPATION

Named Insured: The Mirage on the Gulf Condominium Association Inc.
DBA:
Mailing Address: c/o Vohlr Corporation
981 North Collier Blvd
Marco Island, FL 34145

Master Insured: American Association of Real Estate Owners RPG
Total Limit of Coverage: \$50,000,000

<u>Issuing Companies</u>	<u>Limit</u>	<u>Master Policy</u>
Federal Insurance Company	\$25,000,000	7993-63-17
Nagivators Ins. Co.	\$25,000,000 x \$25,000,000	NY12EXC722027IV

Total Premium: \$2,390.00 **Total Fees: \$331.07**

FORMS, ENDORSEMENTS, EXCLUSIONS

99-10-0792 Important Notice OAFIC; 99-10-0872 AOD Important Policy Notice; 07-02-2267 Federal Insurance Company - Umbrella Declarations; 07-02-0815 Federal Commercial Excess & Umbrella Insurance Contract; 07-02-0922 Schedule of Underlying Insurance; 07-02-0882 Umbrella Schedule of Forms; 07-02-1988 Endorsement - Compliance with Applicable Trade Sanctions (ed.02/04); 07-02-2172 Exclusion - Information, Distribution Laws (ed.11/04); 07-02-1593 Exclusion - Abuse or Molestation Umbrella Coverage B (ed.11/05); 99-02-02 Deductible - Biological Agents /Umbrella Coverage B.; 07-02-1961 Cap on Certified Terrorism Losses; 10-02-1968 Endorsement - Risk Purchasing Groups - Program Manager (ed.11/07); 07-02-0871 Exclusion - Alcoholic Beverages BI/PD Umbrella Coverage B (ed.11/05); 07-02-0859 Endorsement - Claims Made Excess Follow-Form Coverage A (ed.07/01); 99-02-02 Exclusion - Care, Custody or Control (GKLL exception); 07-02-0839 Exclusion - Contractual Liability Umbrella Coverage B (ed.07/01); 07-02-0845 Endorsement - Supplementary Payments (ed.01); 07-02-0904 Endorsement - Coverage/Laws, Various (ed.07.01); 07-02-1146 Exclusion - Intellectual Property Laws or Rights (ed.07/01); 07-02-1153 Exclusion - Lead Umbrella Coverage A&B (ed.07/01); 07-02-0862 Exclusion - Garage Operations Umbrella Coverage B (ed.07/01); 07-02-0863 Exclusion - Professional Services Umbrella Coverage B (ed.07/01); 07-02-0884 Exclusion - Personal Injury Umbrella Coverage B (ed.07/01); 07-02-0890 Exclusion - Products /Completed Operations Umbrella Coverage B (ed.07/01); 07-02-2244 Exclusion - Construction or Development (rev.01/08); 07-02-0879 Endorsement - Limits of Insurance - Non Accumulation of Limits; 07-02-0826 Exclusion - Aircraft (ed.07/01); 07-02-2458 Endorsement - Crisis Assistance; 07-10-0334 Notice - Uninsured Motorists Coverage

The Master Policy is a standard Commercial Umbrella form. Exclusions and/or endorsements listed above detail changes to the standard form only. All other standard exclusions apply. Copies of the master policies are available upon request.

This Certificate of Participation is not an insurance policy. Unless stated otherwise in the Group Master Policies, the coverage identified herein may be canceled by the insurer for non-payment of premium upon 10 days notice, and may be canceled for other reasons upon 30 days notice. The Metropolitan Commercial Real Estate Association is a non-profit corporation which has, as one of its purposes, purchased insurance on a group basis on behalf of its group participants. The Purchasing Group and its Participants constitute a purchasing group pursuant to the Federal Liability Risk Retention Amendments of 1986. This Certificate of Participation identifies those group liabilities issued to the Purchasing Group that are applicable to the participant identified above. All obligations under the group policies are solely those of the insurance companies that issued them. Neither the Purchasing Group nor The New Empire Group, the Purchasing Group's insurance broker, has any obligations in respect to the coverage described herein. The terms and conditions of insurance under the policies identified in this Certificate of Participation are contained solely in the Group Master policies issued to Purchasing Group, copies of which may be viewed upon request.

A copy of the By-Laws of the Purchasing Group may be viewed at:



NEW EMPIRE GROUP
INSURANCE PROGRAM MANAGERS

NEW EMPIRE GROUP LTD.

25 Nassau Lane, Island Park, NY 11558 • (516) 431-8300 • Toll Free (866) 431-8100 • Fax: (516) 431-5351
www.newempiregroup.com

Producer Coastal Insurance Underwriters PO Box 3140 Ponte Vedra Beach, FL 32004	Certificate Number: Certificate Effective Date: Certificate Expiration Date:	AAREO-10687 6/20/2012 6/20/2013
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SECTION II: SCHEDULED LOCATIONS AND UNDERLYING POLICIES

LOCATION(S): 1070 South Collier Blvd, Marco Island, FL 34145

COVERAGE	CARRIER	LIMIT(S)	EXPIRATION
GENERAL LIABILITY	Scottsdale Insurance Company	\$1,000,000/\$2,000,000	6/25/13
AUTOMOBILE	Scottsdale Insurance Company	\$1,000,000	6/25/13
DIRECTORS AND OFFICERS	Travelers Casualty & Surety Company of America	\$1,000,000	6/25/13
EMPLOYERS LIABILITY	FHM Insurance Company	\$500k/\$500k/\$500k	6/25/13

Workers' Comp Since 1954

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

Information Page

NCCI Co. No.: 31364

Policy No: **WC306-0007159-2012**

1. INSURED: **THE MIRAGE ON THE GULF CONDO ASSOC INC**

Renewal of Policy No.: **WC306-0007159-2011A**

Insured Address:

**C/O VOHLR CORPORATION INC
981 N COLLIER BLVD
MARCO ISLAND, FL 34145**

Business Type: *Corporation*

Other workplaces not shown above:
See WC 99 06 04

Insured's I.D. No(s). (if applicable):
FEIN: **650611374**

OTHER NAMED INSURED:

RISK ID NO.:

2. The policy period is from: **07/20/2012** to: **07/20/2013** 12:01 A.M. standard time at the insured mailing address.

3a. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: **FL**

b. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3a. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	500,000	each accident
Bodily Injury by Disease	\$	500,000	policy limit
Bodily Injury by Disease	\$	500,000	each employee

c. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
AL, GA, SC, NC, KY, VA

d. This policy includes these endorsements and schedules: **See Schedule of Endorsements**

4. PREMIUM: The premium for this policy will be determined by our Manual of Rules, Classifications, Rates & Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
SEE EXTENSION SCHEDULE (Form# WC-00-00-01A cont.)		TOTAL ESTIMATED PREMIUM		\$590
If indicated below, interim adjustments of premium shall be made -		Expense Constant		200
<input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly		Total Estimated Premium		
Minimum Premium: \$590				

Name of Producer: **00029-477 BROWN & BROWN - NAPLES
THE FIFTH THIRD CTR
999 VANDERBILT BEACH RD STE 507
NAPLES, FL 34108-3507**

Producer Telephone: **(239)262-5143**

Working Office: **P.O. Box 616648
Orlando, FL 32861 6648**

Telephone No.: **(407) 351-1212**

Countersigned By: *Angela R Robinson* 06/20/2012

'Workers' Comp Since 1954

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY ENDORSEMENT

Policy Number: WC306-0007159-2012A Insured: THE MIRAGE ON THE GULF Unit No.: 001 THE MIRAGE ON THE GULF CONDO ASSOC INC				
EXTENSION SCHEDULE				
(Extension of Information Page Item 4)				
Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Building Or Property Management -	9015	0	4.53	0
	Manual Premium			0
	EEL Minimum Premium Adjustment			50
	Subject Premium			50
	Unmodified Premium			50
	Experience Mod 1.00			0
	Modified Premium			50
	Minimum Premium Adjustment			540
	Standard Premium			590
	Normal Premium			590
	Estimated Premium (Minimum Premium)			\$590
Billing Payment Plan: Annual Payment Plan				



FLOOD POLICY DECLARATIONS

Hartford Insurance Company of the Midwest

Type: Renewal
Policy Period: 07/19/2012 07/19/2013
Form: RCBAP

For payment status, call: (888) 245-7274
These Declarations are effective
as of: 07/19/2012 at 12:01 AM

Address Info

Producer Name and Mailing Address:

BROWN & BROWN INC
DBA BROWN & BROWN OF FLORIDA INC
999 VANDERBILT BEACH RD STE 507
NAPLES, FL 34108-3507

Insured Name and Mailing Address:

THE MIRAGE ON THE GULF CONDO
ASSOCIATION INCORPORATED
C/O VOLHR CORPORATION
981 N COLLIER BLVD
MARCO ISLAND, FL 34145-2773

Agent/Agency #: 04500-97670-008
Reference #:
Phone #: (239) 262-5143

Processed by:
Flood Insurance Processing Center
P.O. Box 2057 Kalispell MT 59903-2057

Property Info

Insured Property Address:

1070 S COLLIER BLVD
MARCO ISLAND, FL 34145-8429

Coverage Limitations May Apply, Refer to Your
Flood Insurance Policy for Details.

Premium Payor: Insured
Rated Zone: AE **Current Zone:**
Community Number: 12 0426 0803 F
Community Name: MARCO ISLAND, CITY OF
Grandfathered:
Post-Firm Construction
Program Type: Regular

Building Description:
Other Residential
Three or More Floors
Elevated With Enclosure
High Rise

Replacement Cost: \$15,000,000
Number of Units: 59

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	14,750,000	1.690 / .030	1,000		7,331.00	Premium Subtotal:	7,485.00
Contents:	73,900	.380 / .120	1,000		154.00	ICC Premium:	9.00
Contents Location:	Basement or Enclosure and					CRS Discount:	.00
THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.						Federal Policy Fee:	840.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	8,334.00

Mortgage Info

First Mortgage:

Third Mortgage:

Second Mortgage:

Fourth Mortgage:

This Declaration Page, in conjunction with the policy, constitutes your Flood Insurance Policy.
In WITNESS WHEREOF, we have signed this policy below and hereby enter into this Insurance Agreement.

André A. Napoli
André A. Napoli, President

Terence Shields
Terence Shields, Secretary

This Declaration Page is attached to and forms part of certificate provisions.

Previous No. THB03076	Authority Ref. BO664B066412CUI992	No.Certificate No. THB4049
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Name and Address of the Assured: MIRAGE ON THE GULF CONDOMINIUM ASSOCIATION	Mortgagee and Address
---	------------------------------

981 N COLLIER BLVD
MARCO ISLAND, FL 34145

Property Address (if different from above)

1070 S COLLIER BLVD
MARCO ISLAND, FL 34145

Effective from 7/19/2012 to 7/19/2013 both days at 12:01a.m. standard time

Insurance is effective with certain UNDERWRITERS AT LLOYD'S, LONDON.

Percentage: 100%

Conditions: SEE ATTACHED SCHEDULE OF FORMS AND ENDORSEMENTS

Service of Suit may be made upon:

Mendes & Mount
750 Seventh Avenue
New York, NY 10019

Notification of Claim to:

Clearwater Underwriters, Inc.
50 S. Belcher Rd. Suite 101
Clearwater, FL 33765

Coverage	Amount
Excess Flood on Building	\$ 16,754,690.00
Excess Flood on Contents	\$

Total Coverage Premium	\$ 25,499.00
TRIA Premium:	\$
Total Premium:	\$ 25,499.00
CPIC Assessment Fee	\$ 255.34
FHCF Fee	\$ 331.94
Service Office Fee	\$ 25.53
Surplus Lines Tax	\$ 1,276.70
Policy Fee	\$ 35.00
Inspection Fee	\$

Minimum Premium Earned 25%

Grand Total: \$ 27,423.51

Underlying Insurer: THE HARTFORD
Coverage Limits: \$ Building: \$14,750,000.00

Policy No: 99014848952012
Contents: \$

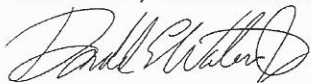
****Underlying policy must be written at maximum limits****

Date Issued: 07/30/2012

SURPLUS LINES AGENT: LIC. #A278403
CLEARWATER UNDERWRITERS, INC./DONALD E. WATERS, JR.
50 S. BELCHER ROAD, SUITE 101, CLEARWATER, FL 33765

PRODUCER: LINDA B. LOUX
BROWN & BROWN OF FLORIDA INC
999 VANDERBILT BEACH RD.
NAPLES , FL 34108

COUNTERSIGNATURE



THIS INSURANCE 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 OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

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