

**POLICY DECLARATIONS
EXCESS FOLLOW-FORM AND UMBRELLA
LIABILITY INSURANCE POLICY**

**POLICY NO.: CUP-1E28390A-21-42
ISSUE DATE: 12/15/2020**

INSURING COMPANY: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

**1. NAMED INSURED AND MAILING ADDRESS: THE COLONIAL HOUSE ASSOC INC
PO BOX 542242
MERRITT ISLAND FL 32954**

2. POLICY PERIOD: From 02/08/2021 to 02/08/2022 12:01 A.M. Standard Time at your mailing address.

3. LIMITS OF INSURANCE:

COVERAGES

LIMITS OF LIABILITY

AGGREGATE LIMITS OF LIABILITY	\$1,000,000	General Aggregate
	\$1,000,000	Products-Completed Operations Aggregate
EXCESS FOLLOW-FORM AND UMBRELLA LIABILITY	\$1,000,000	Occurrence Limit
CRISIS MANAGEMENT SERVICE EXPENSES	\$50,000	all Crisis Management Events

4. SELF-INSURED RETENTION: \$5,000 any one occurrence or event

5. PREMIUM: \$ 350 x Flat Charge Adjustable (See Premium Schedule)

6. TAXES AND SURCHARGES:

7. On the effective date shown in Item 2., the Excess Follow-Form And Umbrella Liability Insurance Policy numbered above includes this Declarations Page and any forms and endorsements shown on the Listing Of Forms, Endorsements And Schedule Numbers.

8. If the Schedule Of Underlying Insurance includes any coverage provided on a claims-made basis, then the following disclaimer applies.

COVERAGE WILL APPLY ON A CLAIMS-MADE BASIS WHEN FOLLOWING CLAIMS-MADE UNDERLYING INSURANCE.

9. If the Schedule Of Underlying Insurance includes any coverage which includes defense expenses within the limits of liability, then the following disclaimer applies:

DEFENSE EXPENSES ARE PAYABLE WITHIN, AND ARE NOT IN ADDITION TO, THE LIMITS OF INSURANCE WITH RESPECT TO SOME OR ALL OF THE COVERAGES PROVIDED.

NAME AND ADDRESS OF AGENT OR BROKER:

**MOST INSURANCE - CLS44
3314 W BAY TO BAY BLVD
TAMPA FL 33629**

COUNTERSIGNED BY:

Authorized Representative

DATE: _____

OFFICE: TAMPA FL