

**COMMON POLICY DECLARATIONS  
WILSHIRE INSURANCE COMPANY**

P.O. BOX 3328  
OMAHA, NE 68103

Renewal of Number: **LB00131897**

**Policy Number: LB00131931**

Named Insured and Mailing Address  
**121 Golden Condominium Association, Inc.**

**121 Golden Isles Drive # 201**

**Hallandale Beach FL 33009**

Agency and Mailing Address Agency Code: **00245**  
**RT Specialty**

**510 Vonderburg Dr., Suite 214**

**Brandon FL 33511**

**Surplus lines insurers' policy rates  
and forms are not approved by  
any Florida regulatory agency.**

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 Agent: **Alan Stuart Goldfarb**  
Surplus Lines Agent License #: **A099212**

Policy Period: From **04/20/2016** to **04/20/2017**

12:01 A.M. Standard Time at your mailing address shown above.

Business Description: **Condominium Association**

Tax State: **FL**

IN RETURN FOR 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
<b>Commercial General Liability Coverage Part</b>	\$ 7,012.00

Other Charges:

<b>Brokerage Fee</b>	\$ 35.00	<b>TOTAL ADVANCE PREMIUM</b>	\$ 7,012.00
<b>Surplus Lines Tax</b>	352.35	<b>TOTAL OTHER CHARGES</b>	\$ 397.92
<b>State Service Office Fee</b>	10.57	<b>TOTAL</b>	\$ 7,409.92

Form(s) and Endorsement(s) made a part of this policy at time of issue\*:

**See SCHEDULE OF FORMS AND ENDORSEMENTS - CO 10 10**

\*Omits applicable Forms and Endorsements if shown in specific Coverage Part/ Coverage Form Declarations.

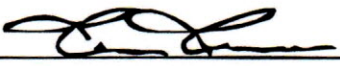
**Gateway - Acentria Insurance, LLC**

**25 % MINIMUM EARNED PREMIUM**

**2430 West Oakland Park Blvd.**

**Ft. Lauderdale FL 33311**

Countersigned: **Brandon, FL**  
**05/10/16 LZ**

  
Countersigned By Authorized Representative

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.

**CO 00 10 12 07**

**INSURED**