

APPROVED

Jm
By John Mealer at 9:59 am, Dec 10, 2018

Insured's Name Oasis of Hope Community Development Inc

Policy # CPS2859654

UMR # _____

(Lloyd's Policies Only)

Policy Dates From 09/17/2018 To 09/17/2019

Surplus Lines Agents Name David O'Keeffe

Surplus Lines Agents Address 1815 Griffin Rd, Suite 300 Dania Beach FL 33004

Surplus Lines Agents License # P082520

Producing Agent's Name ALL COUNTY INSURANCE - ANTONIO ABBONDANZIO

Producing Agent's Physical Address P O BOX 15268 , West Palm Beach, FL 33416

"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 Premium \$7,320.00

Policy Fee \$35.00

Inspection Fee \$0.00

Provider Fee \$0.00

Tax \$367.75

Service Fee \$7.36

FHCF Assessment \$0.00

Citizen's Assessment \$0.00

EMPA Surcharge \$4.00

Surplus Lines Agent's
Countersignature


David O'Keeffe Lic# P082520

☒ **"THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."**

☒ **"THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."**



Underwritten by: Scottsdale Insurance Company
Home Office: One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 853258
1-800-423-7675 • A Stock Company

In Witness Whereof, the Company has caused this policy to be executed and attested.

A handwritten signature in black ink, appearing to read 'Robert W. [unclear]'.

Secretary

A handwritten signature in black ink, appearing to be a stylized name.

President

The information contained herein replaces any similar information contained elsewhere in the policy.

COMMON POLICY DECLARATIONS

Renewal of
CPS2895541

Underwritten by: Scottsdale Insurance Company
Home Office:
One Nationwide Plaza ■ Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive ■ Scottsdale, Arizona 85258
1-800-423-7675 ■ A STOCK COMPANY

Policy Number
CPS2859654

ITEM 1. Named Insured and Mailing Address

Oasis of Hope Community Development
Inc
351 S Cypress Rd #301,
Pompano Beach, FL 33060

Agent Name and Address

David T. O'Keeffe
Hull & Company, LLC
1815 Griffin Road, Ste 300,
Dania Beach FL 33004

Agent No.: 09001 Program No.: JO

ITEM 2. Policy Period From: 09/17/2018 To: 09/17/2019 Term: 365 DAYS

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

Business Description: Dwellings

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. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium Summary
Commercial General Liability Coverage Part	\$ 1,246
Commercial Property Coverage Part	\$ 6,074
Commercial Crime And Fidelity Coverage Part	\$ NOT COVERED
Commercial Inland Marine Coverage Part	\$ NOT COVERED
Commercial Auto Coverage Part	\$ NOT COVERED
Professional Liability Coverage Part	\$ NOT COVERED
	\$
	\$
Total Policy Premium:	\$ 7,320.00
Policy Fee	\$ 35.00
FL SL Tax (5%)	\$ 367.75
Stamping Fee (0.1%)	\$ 7.36
EMPA Fee	\$ 4.00
	\$
	\$
Policy Total:	\$ 7,734.11

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

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

A000157
ANTHONY CAMPBELL ENTERPRISES INC - ANTONIO ABBONDANZIO
P O BOX 15268
West Palm Beach, FL 33416 OIP CO/BM 11/2/18


David O'Keeffe Lic# P082520

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH
THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORM(S)
AND ENDORSEMENT(S), IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. CPS2859654

Effective Date: 09/17/2018

12:01 A.M., Standard Time

Named Insured Oasis of Hope Community Development

Agent No. 09001

UTS-COVPG 1-16	Cover Page
OPS-D-1 1-17	Common Policy Declarations
UTS-SP-2 12-95	Schedule of Forms and Endorsements

COMMON FORMS

UTS-SP-3 8-96	Locations Schedule
IL 00 17 11-98	Common Policy Conditions
IL 09 53 1-15	Excl-Certified Acts Terrorism
UTS-9g 5-96	Service Of Suit Clause
UTS-85g 2-98	Animal Exclusion
UTS-119g 6-14	Minimum Earned Cancellation Premium

GENERAL LIABILITY FORMS

CLS-SD-1L 8-01	GL Supplemental Dec
CLS-SP-1L 10-93	GL Ext Supplemental Dec
CG 00 01 4-13	General Liab Coverage
CG 20 12 4-13	AI-Political Sub-Permits
CG 21 16 4-13	Excl-Designated Professional Services
CG 21 39 10-93	Contractual Liability Limitation
CG 21 73 1-15	Exclusion-Certified Acts Of Terrorism
CG 24 26 4-13	Amend Of Insured Contract Definition
GLS-44s 9-16	Sexual-Physical Abuse Liab Cov
GLS-45s 8-04	Sexual-Physical Abuse Excl
GLS-175s 1-15	Limitation Of Coverage To Designated Premises
GLS-285s 4-18	Assault/Battery Ltd Liab Cov (Designated Premises)
GLS-289s 11-07	Known Injury/Dmg Excl-Personal/Advertise Injury
UTS-128s 8-15	Optional Provisions Endorsement
UTS-246s 9-16	Amendatory Endorsements-Without Med Pay Excl

PROPERTY FORMS

CPS-SD-1 2-16	Property Supplemental Dec
CPS-SP-5L 6-92	Mortgage Holders Schedule
CFS-20s 10-17	Commercial Property Extension
CP 00 10 10-12	Building & Personal Prop Cov
CP 00 90 7-88	Property Conditions
CP 01 40 7-06	Excl Of Loss Due To Virus Or Bacteria
CP 04 11 9-17	Protective Safeguards
CP 10 30 9-17	Causes Of Loss-Special Form
FS-18 5-18	Total Or Constructive Loss Clause
UTS-183g 12-16	Windstorm Or Hail Deductible
UTS-365s 2-09	Amend Of Nonpayment Cancel Condition

STATE FORMS

CFS-68s-FL 1-12	FL-Changes
CFS-103-FL 1-16	FL-Sewer Or Drain Definition Endorsement
IL 04 01 2-12	FL-Sinkhole Loss Coverage
UTS-29-FL 6-97	FL-Cancel-Nonrenew

POLICYHOLDER NOTICES

NOTX0178CW 3-16	Claim Reporting Information
NOTX0423CW 2-15	Notice Of Terrorism Ins Cov
UTS-278g 9-06	Company Telephone Number
NOTS0381FL 7-09	FL-Policyholder Notice



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOCATIONS

Policy No. CPS2859654

Effective Date 09/17/2018

12:01 A.M. Standard Time

Named Insured Oasis of Hope Community Development

Agent No. 09001

Prem. No.	Bldg. No.	Designated Premises (Address, City, State, Zip Code)	Occupancy
1	1-2	1305-1309 NW 2nd Ave, Pompano Beach, FL 33060	Dwellings - LRO - four-family
2	1	351 S Cypress Rd Suite 301, Pompano Beach, FL 33060	Buildings-office

Insured's Name Oasis of Hope Community Development Inc Policy # CPS2859654
UMR # _____
(Lloyd's Policies Only)

Policy Dates From 09/17/2018 To 09/17/2019

Surplus Lines Agents Name David O'Keeffe
Surplus Lines Agents Address 1815 Griffin Rd, Suite 300 Dania Beach FL 33004
Surplus Lines Agents License # P082520
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1-800-423-7675 ■ A Stock Company

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Agent No.: 09001 Program No.: JO

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SCOTTSDALE INSURANCE COMPANY®
SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. CPS2859654 Effective Date: 09/17/2018

12:01 A.M., Standard Time

Named Insured Oasis of Hope Community Development Agent No. 09001

UTS-COVPG 1-16
OPS-D-1 1-17
UTS-SP-2 12-95

Cover Page
Common Policy Declarations
Schedule Of Forms and Endorsements

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GLS-44s 9-16
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CP 00 90 7-88
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CP 10 30 9-17
FS-18 5-18
UTS-183g 12-16
UTS-365s 2-09

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Mortgage Holders Schedule
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