

HORIZONS

DECORATING AGREEMENT

This Agreement is for Decorating and Light project only.

In order to receive approval, kindly submit the following to our office. Once a package is complete, then it will be sent to the Board for consideration for approval.

There is to be NO Alteration work scheduled or approved between November 1 through April 30th.

1) Definitions:

Decoration:

Projects limited to minor plaster, painting, wallpaper, blinds/curtains, nonstructural repairs, closet installations, shower doors, minor door or trim work, hardware, minor electrical, minor plumbing, appliance replacement and other non-permitted work at the Boards or managements discretion. (This Application)

Alteration:

Anything not listed above, any work that requires a permit per Lee County, flooring replacement (discretionary), any wall removal or modification, plumbing or electrical modifications, any work impacting common elements (walls, slab, ceilings, exterior), any work that under the sole discretion of management or the Board is deemed to be more than Decoration work.

Exceptions:

Emergency repairs or replacements of hot water heaters, water treatment systems, HVAC units and/or their elements, hurricane shutters, and any other emergency work that is determined by management or the Board to be necessary for the health, security or welfare of the building or Association.

2) The following items must be submitted for ALL Applications:

- a) A signed, completed Decoration Agreement and package (as determined by the above definitions)
- b) A summary description, in writing of your proposed work
- c) All Contractor proposals or agreements
- d) General contractor or vendor license copy must be on file.
- e) Current signed general contractor / vendor Indemnification Letter must be on file (Exhibit 1)
- f) All insurance forms for each contractor and any subcontractors as specified in the Alteration Agreement (Sample COI Exhibit 2).
 - i) Contractor Liability & Workmen's Compensation insurances with minimums as stated in the Alteration Agreement
- g) A check made payable to *Horizons at Bonita Bay Condominium Association* in the amount of \$2,500.00 for the security deposit. This will be returned when the project is completed and any damages, if any, have been adequately addressed.

3) General Design Policies and Prohibitions:

1) Usage:

- a) No "wet areas" over "dry areas" (i.e. no bathrooms over libraries). All baths and kitchens and laundry areas shall have proper and adequate waterproofing membranes installed. Architect shall provide adequate specifications for Board approval.
- b) Same room use over same room use (i.e. bedroom over bedroom).
- c) No noisy use over quiet use (i.e. no fitness rooms over bedrooms).

2) Floors and Ceilings:

- a) No channeling of floor or ceiling slabs unless x-rayed and approved. This should be scheduled at least 1 week in advance.
- b) The architect and unit owner understand that any floor installations shall meet or exceed the Code from a sound transmission and impact noise rating standpoint. All wood floors shall have a caulk or building approved Soundproofing installed underneath (Proflex 90 MSC or better only). Architect to provide specifications for Board Approval.

3) General Construction requisites:

- a) Cement board type product (not moisture resistant "Greenboard") must be used throughout all bathrooms indicating wall removal and replacement.
- b) The installation of a whirlpool, Jacuzzi, any motorized bathtub, or similar devices is permitted strictly at the Unit Owner's risk and with the expressed understanding that if the Condominium, in its sole and unilateral discretion, deems that the installation creates a nuisance, or other adverse effect to another unit owner(s), the Unit Owner hereby agrees to cease using the device by removing the motor.
- c) Walls surrounding a steam shower installations must provide for a vapor barrier.
- d) Contractor must install moisture resistant "Greenboard," (double layer, if necessary, to match existing thickness) whenever replacing wallboard surrounding the chilled/hot supply & return HVAC water lines.

4) Plumbing requisites:

- a) Washing machine hook-up installations must include: (a) Stainless steel braided water supply hoses; (b) an automatic water shut-off valve in the event of hose failure; (c) Check valves to prevent hot & cold water crossover (d) A waterproof pan with a curb and drain under the unit(s).
- b) Steam generators must be located within a waterproof pan with curb and drain.
- c) Whenever installing new shower body, contractor must install two (one hot + one cold) brass check valves.
- d) Any branch lines touched must be replaced back to the riser and a ball valve shut-off must be installed for each branch.

Additional requirements will be determined by the managing agent and/or the Building Architect/Engineer upon review of your package. As per policy, no package can be submitted to the Board of Directors until it is complete.

WORK RULES

- 1) Before beginning new work in any unit, all craftspeople must check-in and review work plans with the building Management.
- 2) Work is allowed only from 8 a.m. to 4:00 p.m. All workers must be out of the building by 4:00 p.m.
- 3) No work is permitted on weekends, federal, state and union holidays or important religious holidays. Check with the Management/Superintendent for specific dates.
- 4) Park only in the designated contractor parking spaces for loading, unloading, and docking purposes. Work vehicles are not permitted into the garage areas.
- 5) All deliveries and trades personnel must go to the south lower garage entrance (located on the left side of the building).
- 6) All trade personnel must sign in at the office and sign out at the end of the day. To receive a key FOB, you must leave your driver's license with the office. Your driver's license will be returned once key FOB is returned
- 7) Use service elevators or stairwells. Place protective coverings over hallways, lobbies, elevator interiors, etc. Place weight-absorbing tiles on pavers or roadways when heavy equipment is being used. You will be liable for any damages.
- 8) All trade personnel must let the office know 24 hours ahead if you need the service elevator padded
- 9) Any cabinetwork that is to be fixed to the walls or is immovable must provide for immediate access to common heating, plumbing electrical and telephone lines. Specific details must be reviewed with the Management.
- 10) Doors cannot be propped open.
- 11) Do not use residential trash chutes, all construction debris must be hauled away daily. No debris or liquids are to be placed in association dumpsters. Do not pour grout, paint, or anything down any drain.
- 12) During heavy construction, the front door should be taped and a sticky mat used at the door. A further requisite of a zip-curtain and hallway protection may be required. This requirement helps prevent dust from entering common foyers and elevators.
- 13) Refuse must be removed in sturdy metal or plastic bins; use of building carts is prohibited. Removal times must be approved by the management. No refuse may be staged or left in halls, basement, parking areas or common areas under any circumstances.
- 14) Management has the authority to order work suspended, in part or entirely, if he has reason to believe that any aspect of work being done is unauthorized or unsafe manner, or if he believes that there is a failure to cooperate with house work rules. The suspension shall continue until all responsible parties can agree to an acceptable solution.

DECORATION AGREEMENT

Date: _____

*Horizons at Bonita Bay Condominium Association
4731 Bonita Bay Blvd
Bonita Springs, Florida 34134*

Pursuant to this Agreement, and the Horizons at Bonita Bay Condominium Association (The Corporation)'s governing Documents and Rules and Regulations:

I/We, _____, the Unit Owner of Unit _____ hereby requests permission to make the Decorations described in the attached submitted specifications (herein collectively referred to as the "Work") in the Unit, which Work shall be completed by _____ (the "Completion Date"), which may be less, but no more than 3 months from the date of Approval, and agrees to the following terms and conditions:

1) Unit Owners Submissions:

- a) A signed, completed Decoration package (as determined by the above definitions – Do not fill out the attached Alteration Agreement portion of provide the submittals therein)
- b) A summary description, in writing of your proposed work
- c) All Contractor proposals or agreements
- d) General contractor or vendor license copy must be on file.
- e) Current signed general contractor / vendor Indemnification Letter must be on file (Exhibit 1)
- f) All insurance forms for each contractor and any subcontractors as specified in the Alteration Agreement (Sample COI Exhibit 2).

2) Indemnification by Owners:

- a) Unit Owner hereby indemnifies and holds harmless the Corporation, the Managing Agent(s), and other Members and residents of the Building against any damages suffered to persons or property as a result of the Work, whether or not cause by negligence and for any and all liabilities arising there from or incurred in connection therewith. Unit Owner shall reimburse the Corporation, the Corporation's Managing Agent, and other Members, Unit Owners and residents of the Building for any losses, cost, fines, fees and expenses (including, without limitation, reasonable attorneys, fees and disbursement) incurred as a result of the Work.

3) Agreement to all rules and regulations:

- a) By virtue of the signatures below, I/we are agreeing that all the provisions and requisites of this Agreement will be fulfilled and that I/we agree to abide by all the rules herein and further agree to assume the responsibility of ensuring compliance from any vendors that I may engage for services. The Board shall have all remedies permitted by law when Unit Owners fail to comply. Such include but shall not be limited to: removal of nonconforming alterations, daily fines to the maximum amount permitted by law; and/or injunctive

relief; and/or denying contractors, material suppliers, and other similar persons access to the building or Condominium Property.

Decoration Agreement Signature Page

Authorized Owners Signature

Printed Name

Date

(Internal Use / Do not fill out)

| |
|--|
| <p>Manager Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Manager Approval: _____ Date: _____</p> <p>Board: <input type="radio"/> Approval <input type="radio"/> Disapproval <input type="radio"/> More Info Required</p> <p>Comment: _____</p> <p>_____</p> <p>_____</p> <p>Board Approval: _____ Date: _____</p> |
|--|



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | | | | | | | | | | | | | |
|--|---|-------------------------------|--------|--|--|------------|--|------------|--|------------|--|------------|--|------------|--|
| PRODUCER INSURANCE AGENT INFORMATION | CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ ADDRESS: _____ | | | | | | | | | | | | | | |
| INSURED CONTRACTOR INFORMATION FOR GENERAL CONTRACTORS ONLY SUBS AND VENDORS USE VENDOR FORM | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: right; border-bottom: 1px solid black;">NAIC #</td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER A: INSURANCE CARRIER INFORMATION</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER B:</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER C:</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER D:</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER E:</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: INSURANCE CARRIER INFORMATION | | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: INSURANCE CARRIER INFORMATION | | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--------------------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | X | X | | | MED EXP (Any one person) \$ 5,000 |
| | OTHER: _____ | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| B | AUTOMOBILE LIABILITY | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | PRODUCTS - COMPI/OP AGG \$ 2,000,000 |
| | <input type="checkbox"/> ALL OWNED AUTOS | SCHEDULED AUTOS | X | X | | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | X | X | | | BODILY INJURY (Per accident) \$ |
| | DED RETENTIONS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | \$ |
| | <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | X | | PER STATUTE OTHER \$ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. EACH ACCIDENT \$ 100,000 |
| | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 500,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ 100,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

COVERED LOCATION: 4731 Bonita Bay Boulevard, Bonita Springs, Florida 34134

Horizons at Bonita Bay Condominium Association, Inc. its Agents, employees and Directors ARE LISTED ON THE CAPTIONED POLICIES AS AN ADDITIONAL INSURED (ISO CG 20 38 04 13 OR EQUIVALENT), WHERE APPLICABLE. THE CONTRACTORS INSURANCE WILL BE PRIMARY AND NON-CONTRIBUTORY TO ANY INSURANCE CARRIED BY THE ADDITIONAL INSURED. WAIVER OF SUBROGATION ENDORSEMENT IS INCLUDED ON ALL POLICIES

| | |
|---|--|
| CERTIFICATE HOLDER Horizons at Bonita Bay Condominium Association, Inc. 4731 Bonita Bay Boulevard Bonita Springs, Florida 34134 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---|--|

Hold Harmless/Indemnification/Additional Insured Agreement

This Indemnification, Hold Harmless and General Release Agreement ("Agreement") is made and entered into on this _____ day of _____, 2026, by and between HORIZONS AT BONITA BAY CONDOMINIUM ASSOCIATION, INC., a Florida not-for-profit corporation whose address is 4731 Bonita Bay Boulevard, Bonita Springs, Florida 34134 (the "Association"), and _____, whose address is _____ (the "Contractor"). For purposes of this Agreement, Association and Contractor shall collectively be referred to as the "Parties" or singularly referred to as the "party".

There

is a contractual agreement between the parties setting forth the scope of services which are incorporated by reference herein and attached hereto as Exhibit "B"

is not a contractual agreement between the parties. Contractor desires to provide the following services to the Association (the "Services):

WITNESSETH:

That for and in consideration of the mutual promises and covenants herein contained, the Contractor and Association agree as follows:

This agreement will follow the same provisions set forth in all other applicable agreements. To the extent such provisions differ or conflict, the provisions of this agreement shall take precedent and supersede and replace all other previous agreements or commitments between the Contractor and Association.

To the fullest extent permitted by law, the Contractor agrees for itself and its parent, subsidiary and affiliated companies and their respective principals, agents, officers, directors, employees, assigns and insurers to indemnify, defend and hold harmless Association, Association's principals, and affiliated companies and their respective agents, officers, directors, employees and assigns ("Indemnities") from and against any and all liabilities, claims, losses, damages, penalties, costs or expenses (including but not limited to court costs and reasonable attorney's fees) for damage to property of whatsoever kind or nature or injury to persons (including, but not limited to death) arising out of, related to, due to or claimed to have arisen out of or been due to design, manufacture, delivery, installation, use, maintenance, repair, or operation of any part of all of the goods, material, and equipment, if any, supplied by Contractor, or the performance of the Contractor, its agents, independent contractors, Subcontractors, vendors, and each of their agents, officers, or employers, or any other of their operation, no matter by whom performed for or on behalf of Contractor.

In the event and to the extent that a claim is made by an employee of Contractor against an Indemnitee hereunder, the intent of this Agreement is that Contractor shall and hereby agrees to indemnify, defend and hold harmless Association, Association's principals, and affiliated companies and each of their agents, officers, directors, employees and assigns to the same extent as if the claim was made by a non-employee of Contractor. Accordingly, in addition to the above provisions, and in order to render the parties' intent and this Indemnity agreement fully enforceable, Contractor, in an indemnification claim hereunder, hereby expressly and without reservation waives any defense or immunity it may have under any applicable Worker's Compensation Laws or any other statute or judicial decision disallowing or limiting such indemnification and consents to a cause of action for indemnity. Said waiver and consent to indemnification is made irrespective of and specifically waiving any defense or immunity under any statute or judicial decision disallowing or limiting such indemnification.

The Contractor shall be responsible for all costs, liens, and penalties caused by its failure to comply with all laws, codes, permit requirements, rules, orders, judgements, ordinances or provisions or any federal, state or local government authority in respect to work performed.

The Contractor shall provide to the Association defense and indemnification and status as an Additional Insured (ISO CG 20 10 & CG 20 26 or equivalent) on General Liability, Automobile Liability, Excess Liability and Worker's Compensation Insurance which shall be primary and non-contributory to any insurance available to the Association and must not contain any Labor Law or Third-Party Action Over

exclusions. Contractor and its insurer shall waive all rights of subrogation against the Association and any other indemnified party. If Contractor engages a Sub-Contractor, it is the affirmative duty of the Contractor to ensure that any Sub-Contractor complies with the insurance and indemnification requirements of this Agreement.

The Contractor shall, at its own expense, obtain and maintain the insurance set forth in the schedule below for a period of at least (2) year(s) after the acceptance of the work or substantial completion of the project.

| Contractor's Minimum Limits of Liability Schedule | |
|--|---|
| General Liability: | \$1,000,000 Each Occurrence \$2,000,000 General Aggregate \$2,000,000 Products Completed Operations Aggregate |
| Automobile Liability | \$1,000,000 Combined Single Limit |
| Excess Liability: | \$5,000,000 General Aggregate |

The Contractor shall be responsible and liable for all costs, disbursements and expenses including attorney fees, incurred by the "Association" as a result of the "Association" having to defend or take part in any action or proceeding which arises directly or indirectly from the acts or omissions of the Contractor.

The undersigned represents that he/she has the authority to bind the party indemnifying to this agreement and

In witness of the above, the Contractor and Association have signed this Agreement the date first written below.

Name of Company _____

By: _____

Its: Position of Authority _____

Dated: _____

**HORIZONS AT BONITA BAY
CONDOMINIUM ASSOCIATION, INC.:**

By: _____

Its: _____-President, Board of Directors

Dated: _____

**HORIZONS AT BONITA BAY
CONDOMINIUM ASSOCIATION, INC.:**

By: _____

Its: Anthony Reinglas -Resident Manager

Dated: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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| | | |
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| PRODUCER INSURANCE AGENT INFORMATION | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURED SUBCONTRACTOR or VENDOR INFORMATION Subs and vendors use Vendor form | INSURER A: | INSURANCE CARRIER INFORMATION |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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| | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY | | | | | MED EXP (Any one person) \$ 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | X | X | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | OTHER: | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY | | | | | PRODUCTS - COM/POP AGG \$ 2,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | |
| | ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS | X | X | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | BODILY INJURY (Per person) \$ |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | | | | BODILY INJURY (Per accident) \$ |
| | EXCESS LIAB CLAIMS-MADE | X | X | | | PROPERTY DAMAGE (Per accident) \$ |
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| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | X | | E.L. EACH ACCIDENT \$ 100,000 |
| | if yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - EA EMPLOYEE \$ 500,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ 100,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

COVERED LOCATION: 4731 Bonita Bay Boulevard, Bonita Springs, Florida 34134

Horizons at Bonita Bay Condominium Association, Inc., its Agents, Members and Directors are named as additional insured including completed operations on a primary and non-contributory basis with waiver of subrogation on the General Liability, Auto Liability, and Excess Liability policies INSURANCE WILL BE PRIMARY AND NON-CONTRIBUTORY TO ANY INSURANCE CARRIED BY THE ADDITIONAL INSURED. WAIVER OF SUBROGATION ENDORSEMENT IS INCLUDED ON ALL POLICIES

CERTIFICATE HOLDER**CANCELLATION**

Horizons at Bonita Bay Condominium Association, Inc.
4731 Bonita Bay Boulevard
Bonita Springs, Florida 34134

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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