



Policy Number	SPECIAL CAUSE OF LOSS POLICY	ICAT SCOL 50(b) (11 14)
09-7590096236-S-02	DECLARATIONS PAGE	06/18/2018
Policy Period	Term	Policy Inception Date

From: 06/01/2018 12:01 am Local Time\* To: 06/01/2019 12:01 am Local Time\* 12 Months 0 Days 06/01/2018

\* At the Named Insured Mailing Address shown below.

**BROKER** 60295200  
CRC INSURANCE SERVICES BOCA FL  
7700 WEST CAMINO REAL  
SUITE 201  
BOCA RATON, FL 33433  
(561) 395-0711

**NAMED INSURED**  
ST AUGUSTINE OCEAN & RACQUET CLUB COA  
461 A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32080

**COMMON POLICY CONDITIONS**

In return for the payment of the premium and fees, and subject to all the terms of this Policy,  
We agree with You to provide the insurance as stated in this Policy.

**This Policy is comprised of the following Forms and Endorsements:**

FLNotices (10 09)	CP 10 32 08 08	ICAT SCOL 200 (09 15)	ICAT SCOL 600FL (12 13)
ICAT JACKET (11 14)	CP 14 10 06 95	ICAT SCOL 210(c) (12 13)	ICAT SCOL 602(a) (04 08)
ICAT SCOL 50(b) (11 14)	ICAT SCOL 125 (11 11)	ICAT SCOL 220 (07 09)	ICAT SCOL 603 (04 08)
ICAT 50 SCH (02 14)	ICAT SCOL 127 (03 17)	ICAT SCOL 221 (07 09)	NMA0464 (01 38)
LMA5096 (03 08)	ICAT SCOL 130 (12 11)	ICAT SCOL 230 (07 09)	ICAT TRIA 1 (12 14)
ICAT 51 SUBNOT (12 14)	ICAT SCOL 134 (03 17)	ICAT SCOL 232 (07 09)	ICAT TRIA 3 (01 15)
ICAT 50 SOV (10 10)	ICAT SCOL 140 (12 11)	ICAT SCOL 233 (07 09)	IL 00 03 08 02
CP 00 17 06 07	ICAT SCOL 141 (12 11)	ICAT SCOL 234 (07 09)	IL 09 35 07 02
CP 00 90 07 88	ICAT SCOL 143 (05 11)	ICAT SCOL 238 (10 15)	ICAT SS (10 15)
CP 04 05 04 02	ICAT SCOL 147 (10 15)	ICAT SCOL 425 (09 15)	QBIL-0170 (04 16)
CP 10 30 06 07	ICAT SCOL 150 (06 16)	ICAT SCOL 433 (11 16)	QBIL-0217 (04 15)

**See Schedule A attached to this Declarations Page for Coverages, Deductibles and Limits of Insurance.**

**TO FILE A CLAIM 24 HOURS/DAY, PLEASE FAX TO 1-866-325-2142 OR CALL 1-866-789-4228.**

Your Term Premium and Fees are:

Term Premium:	\$ 88,338.00
Premium for Terrorism Coverage as it relates to an otherwise covered cause of loss:	Not Purchased
Inspection Fee:	Waived
Policy Fee:	\$ 250.00
Total:	\$ 88,588.00

THIS DECLARATIONS PAGE TOGETHER WITH THE SPECIAL CAUSE OF LOSS  
COMMERCIAL PROPERTY POLICY FORM CP 10 30 06 07 AND ENDORSEMENTS,  
IF ANY, ATTACHED HERETO COMPLETE THIS CONTRACT OF INSURANCE.