



**COMMERCIAL INSURANCE**

**COMMON POLICY DECLARATIONS**

Policy Number CPO 0289310-02 Renewal of Number CPO 0289310-01

Named Insured and Mailing Address  
CITIZENS PROPERTY INSURANCE CORPORATION  
2101 MARYLAND CIR  
TALLAHASSEE FL 32303-1001

Producer and Mailing Address  
ARTHUR J. GALLAGHER RISK MANAG  
200 S ORANGE AVE STE 1350  
ORLANDO FL 32801-3439

Producer Code 84384-000

Policy Period: Coverage begins 01-01-2020 at 12:01 A.M.; Coverage ends 01-01-2021 at 12:01 A.M.

The name insured is  Individual  Partnership  Corporation  
 Other:

This insurance is provided by one or more of the stock insurance companies which are members of the Zurich-American Insurance Group. The company that provides coverage is designated on each Coverage Part Common Declarations. The company or companies providing this insurance may be referred to in this policy as "The Company", we, us, or our. The address of the companies of the Zurich-American Insurance Group are provided on the next page.

<b>THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE(S):</b>		
PROPERTY PORTFOLIO PROTECTION issued by ZURICH AMERICAN INSURANCE COMPANY	PREMIUM \$	39,075.00
GENERAL LIABILITY COVERAGE issued by ZURICH AMERICAN INSURANCE COMPANY	PREMIUM \$	20,545.00
BUSINESS AUTOMOBILE issued by ZURICH AMERICAN INSURANCE COMPANY	PREMIUM \$	120,257.00
STATE FIRE MARSHALL REG ASSESS SURCHG	\$	56.27
FL-DEPT OF REVENUE SURCHARGE	\$	4.00
<b>THIS PREMIUM MAY BE SUBJECT TO AUDIT.</b> This premium does not include Taxes and Surcharges.	<b>TOTAL \$</b>	<b>179,877.00</b>
<b>Taxes and Surcharges</b>	<b>TOTAL \$</b>	<b>60.27</b>
The Form(s) and Endorsement(s) made a part of this policy at the time of issue are listed on the <b>SCHEDULE of FORMS and ENDORSEMENTS.</b>		
Countersigned this      day of		Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART FORM(S), FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

**Policy Number**  
**CPO 0289310-02**

**SCHEDULE OF FORMS AND ENDORSEMENTS**

**Zurich American Insurance Company**

Named Insured CITIZENS PROPERTY INSURANCE

Effective Date: 01-01-20

12:01 A.M., Standard Time

Agent Name ARTHUR J. GALLAGHER RISK MANAG

Agent No. 84384-000

COMMON POLICY FORMS AND ENDORSEMENTS

U-GU-692-D CW	01-20	DISCL OF PREM. RELATING TO DISP. OF TRIA
U-GU-767-B CW	01-15	CAP ON LOSS FROM CERTIFIED ACTS OF TERR
U-GU-D-310-A	01-93	COMMON POLICY DECLARATIONS
U-GU-619-A CW	10-02	SCHEDULE OF FORMS AND ENDORSEMENTS
U-GU-319-F	01-09	IMPORTANT NOTICE - IN WITNESS CLAUSE
U-GU-618-A CW	10-02	SCHEDULE OF LOCATIONS
IL 00 17	11-98	COMMON POLICY CONDITIONS
IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
IL 01 75	09-07	FLORIDA CHANGES-LEGAL ACTION AGAINST US
IL 02 55	03-16	FLORIDA CHANGES-CANC & NONRENEWAL
IL 00 03	09-08	CALCULATION OF PREMIUM
U-GU-1191-A CW	03-15	SANCTIONS EXCLUSION ENDORSEMENT
U-GU-1145-A FL	09-12	NOTICE OF DEDUC APPLICABLE TO HURRICANES

PROPERTY PORTFOLIO PROTECTION FORMS AND ENDORSEMENTS

PPP-0253	09-18	WATER DAMAGE DEDUCTIBLE
PPP-0001	06-06	COMMERCIAL PROP CVG PART DECLARATIONS
PPP-0101	04-19	COMMERCIAL PROP CVG PART GEN PROVISIONS
PPP-0102	08-16	COMMERCIAL PROPERTY CONDITIONS
PPP-0103	08-16	COMMERCIAL PROPERTY DEFINITIONS
PPP-0110	08-16	REAL AND PERSONAL PROPERTY COVERAGE FORM
PPP-0111	03-14	ADDITIONAL COVERAGES FORM
PPP-0112	08-16	ACCOUNTS RECEIVABLE CVG (REVENUE LOSS)
PPP-0114	08-16	FINE ARTS COVERAGE FORM
PPP-0116	08-16	ORIGINAL INFORMATION PROPERTY CVG FORM
PPP-0117	03-14	TRANSIT COVERAGE FORM
PPP-0130	08-16	BUS INC COVG FORM (EXCL EXTRA EXPENSE)
PPP-0132	08-16	EXTRA EXPENSE COVERAGE FORM
PPP-0208	06-06	FLOOD EXCLUSION -- AMENDED DEFINITION
PPP-0217	04-19	NAMED STORM -- DD & TE DEDUCTIBLE
PPP-0302	03-14	DEP PREM BI CVG -- UNSCHEDULED LOCS
PPP-0308	06-06	ENABLING ENDORSEMENT
PPP-0310	08-16	FLOOD COVERAGE
PPP-0320	04-19	OFF-PREM SERVICE INTERRUPTION -- DD
PPP-0402	08-16	FINANCIAL INSTITUTION COVERAGE
PPP-1091	08-16	FLORIDA CHANGES

GENERAL LIABILITY FORMS AND ENDORSEMENTS

U-GL-1517-B CW	04-13	RECORD OR DISTRB OF MATRL OR INFO EXCL
U-GL-849-B CW	08-04	EMPLOYEE BENEFITS LIABILITY-CLAIMS MADE
U-GL-D-1115-B CW	09-04	COMMERCIAL GL COVERAGE PART DECLARATIONS
U-GL-1113-A CW	10-02	COMM GENERAL LIABILITY COVERAGE SCHEDULE
U-GL-D-849-B CW	09-04	EMPLOYEE BENEFITS LIAB DEC - CLAIMS MADE
CG 00 01	04-13	COMMERCIAL GENERAL LIABILITY COV FORM
UGL1171ACW	07-03	FUNGI OR BACTERIA EXCLUSION
U-GL-1330-C CW	04-13	FINANCIAL INSTITUTIONS EXTENSION
U-GL-1178ACW	07-03	ASBESTOS EXCLUSION ENDORSEMENT
CG 02 20	03-12	FL CHANGES - CANCELLATION & NONRENEWAL
UGL850ACW	07-96	DEDUCTIBLE ENDORSEMENT CLAIMS-MADE
CG 20 01	04-13	PRIMARY AND NONCONTRIBUTORY - OTHER INSD
CG 20 11	04-13	ADDL INSD-MANAGERS/LESSORS OF PREMISES

**U-GU-619-A CW (10/02)**

**Policy Number**  
**CPO 0289310-02**

**SCHEDULE OF FORMS AND ENDORSEMENTS**

**Zurich American Insurance Company**

Named Insured CITIZENS PROPERTY INSURANCE

Effective Date: 01-01-20  
12:01 A.M., Standard Time

Agent Name ARTHUR J. GALLAGHER RISK MANAG

Agent No. 84384-000

CG 20 12	04-13	ADDL INS-ST, GOV AGY, SUB, POL SUB-PERM
CG 20 26	04-13	ADDL INSD-DESIGNATED PERSON/ORGANIZATION
CG 21 07	05-14	EXCL-ACC/DISCL OF CONFI OR PERSONAL INFO
CG 21 47	12-07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 52	04-13	EXCLUSION FINANCIAL SERVICES
CG 22 38	07-98	EXCL-FINANCIAL INST (EXCL FIDUC LIAB)
CG 22 48	04-13	EXCL-INSURANCE AND RELATED OPERATIONS
CG 24 04	05-09	WAIVER OF TRANSFER RIGHTS OF RECOVERY

AUTOMOBILE FORMS AND ENDORSEMENTS

U-CA-531-B	02-08	NOTICE REGARDING TERRORISM PREMIUM
U-CA-D-600-C	04-14	BUSINESS AUTO DECLARATIONS
CA 00 01	10-13	BUSINESS AUTO COVERAGE FORM
CA 02 67	06-17	FL CHANGES - CANCELLATION AND NONRENEWAL
CA 01 28	06-17	FLORIDA CHANGES
CA 21 72	06-17	FL UNINSURED MOTORISTS COV - NON STACKED
CA 22 10	02-18	FL PERSONAL INJURY PROTECTION
CA 05 04	08-18	FL PBLIC LIVRY PASS TRANS ON-DEMAND EXCL
CA 20 15	10-13	MOBILE EQUIPMENT
CA 99 03	10-13	AUTO MEDICAL PAYMENTS COVERAGE
CA 99 60	10-13	AUDIO VISUAL & DATA ELEC EQUIP COV
CA 99 28	10-13	STATED AMOUNT INSURANCE



## Important Notice – In Witness Clause

In return for the payment of premium, and subject to the terms of this policy, coverage is provided as stated in this policy.

IN WITNESS WHEREOF, this Company has executed and attested these presents and, where required by law, has caused this policy to be countersigned by its duly Authorized Representative(s).

A handwritten signature in black ink that reads 'Mark G. Kasper'.

President

A handwritten signature in black ink that reads 'Dennis J. Kasper'.

Corporate Secretary

**QUESTIONS ABOUT YOUR INSURANCE?** Your agent or broker is best equipped to provide information about your insurance. Should you require additional information or assistance in resolving a complaint, call or write to the following (please have your policy or claim number ready):

Zurich in North America  
Customer Inquiry Center  
1299 Zurich Way  
Schaumburg, Illinois 60196-1056  
**1-800-382-2150** (Business Hours: 8am - 4pm [CT])  
**Email:** [info.source@zurichna.com](mailto:info.source@zurichna.com)

**Policy Number**  
**CPO 0289310-02**

**SCHEDULE OF LOCATIONS**

**Zurich American Insurance Company**

Named Insured CITIZENS PROPERTY INSURANCE

Effective Date: 01-01-20  
12:01 A.M., Standard Time

Agent Name ARTHUR J. GALLAGHER RISK MANAG

Agent No. 84384-000

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy
001	001	2101 MARYLAND CIR TALLAHASSEE, FL 32303	OFFICE
002	001	5535 SHAD RD STE 36, 37, 38, 50 AND 51 JACKSONVILLE, FL 32257	WAREHOUSE
003	001	3802 COCONUT PALM DR TAMPA, FL 33619	OFFICE
005	001	6425 SOUTHPOINT PKWY JACKSONVILLE, FL 32216	OFFICE
006	001	301 WBAY ST JACKSONVILLE, FL 32202	
007	001	1516 CAPITAL CIR SE STE C6 TALLAHASSEE, FL 32303	STORAGE
009	001	199 AVENUE B NW STE 534 WINTER HAVEN, FL 33881	OFFICE
011	001	541 WATER STREET GARAGE JACKSONVILLE, FL 32202	LOCKED GARAGE
012	001	6800 N DALE MABRY STE 222 TAMPA, FL 33614	



# Commercial Property Coverage Part Declarations

ZURICH AMERICAN INSURANCE COMPANY

**NAMED INSURED:**  
CITIZENS PROPERTY INSURANCE CORPORATION

**POLICY PERIOD:**  
From: 1/1/2020 To: 1/1/2021  
12:01 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS

**POLICY NUMBER:** CPO 0289310-02

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## SUMMARY OF PREMISES

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<b>PREMISES #</b>	<b>PREMISES ADDRESS</b>
1	2101 MARYLAND CIR TALLAHASSEE , FL 32303

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<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>
PERSONAL PROPERTY	\$ 2,123,686
BUSINESS INCOME AND EXTRA EXPENSE	INCLUDED IN BLANKET LIMIT OF INSURANCE
FLOOD (SCHEDULE I)	\$ 1,000,000

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<b>DEDUCTIBLE</b>	<b>AMOUNT</b>
FLOOD	\$ 50,000
NAMED STORM--DIRECT DAMAGE AND TIME ELEMENT	\$ 48,000
WATER DAMAGE	\$ 25,000



# Commercial Property Coverage Part Declarations

ZURICH AMERICAN INSURANCE COMPANY

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From: 1/1/2020 To: 1/1/2021  
12:01 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS

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**SUMMARY OF PREMISES**

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<b>PREMISES #</b>	<b>PREMISES ADDRESS</b>
2	5535 SHAD RD JACKSONVILLE , FL 32257

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<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>
PERSONAL PROPERTY	\$ 666,876
BUSINESS INCOME AND EXTRA EXPENSE	INCLUDED IN BLANKET LIMIT OF INSURANCE
FLOOD (SCHEDULE I)	\$ 767,000
OFF-PREMISES SERVICE INTERRUPTION-- DIRECT DAMAGE	NOT COVERED

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<b>DEDUCTIBLE</b>	<b>AMOUNT</b>
FLOOD	\$ 50,000
NAMED STORM--DIRECT DAMAGE AND TIME ELEMENT	\$ 24,000

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**SPECIAL CONDITIONS**

SUITES 36, 37 & 38



# Commercial Property Coverage Part Declarations

ZURICH AMERICAN INSURANCE COMPANY

**NAMED INSURED:** CITIZENS PROPERTY INSURANCE CORPORATION  
**POLICY PERIOD:** From: 1/1/2020 To: 1/1/2021  
12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS

**POLICY NUMBER:** CPO 0289310-02

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## SUMMARY OF PREMISES

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PREMISES #	PREMISES ADDRESS
3	3802 COCONUT PALM DR TAMPA , FL 33619

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COVERAGE	LIMIT OF INSURANCE
PERSONAL PROPERTY	\$ 1,388,300
BUSINESS INCOME AND EXTRA EXPENSE	INCLUDED IN BLANKET LIMIT OF INSURANCE
FLOOD (SCHEDULE I)	\$ 1,000,000
OFF-PREMISES SERVICE INTERRUPTION-- DIRECT DAMAGE	NOT COVERED

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DEDUCTIBLE	AMOUNT
FLOOD	\$ 50,000
NAMED STORM--DIRECT DAMAGE AND TIME ELEMENT	\$ 45,000
WATER DAMAGE	\$ 25,000





# Commercial Property Coverage Part Declarations

ZURICH AMERICAN INSURANCE COMPANY

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CITIZENS PROPERTY INSURANCE CORPORATION

**POLICY PERIOD:**  
From: 1/1/2020 To: 1/1/2021  
12:01 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS

**POLICY NUMBER:** CPO 0289310-02

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## SUMMARY OF PREMISES

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PREMISES #	PREMISES ADDRESS
5	6425 SOUTHPOINT PKWY JACKSONVILLE , FL 32216

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COVERAGE	LIMIT OF INSURANCE
PERSONAL PROPERTY	\$ 7,745,066
BUSINESS INCOME AND EXTRA EXPENSE	INCLUDED IN BLANKET LIMIT OF INSURANCE
FLOOD (SCHEDULE I)	\$ 1,000,000
OFF-PREMISES SERVICE INTERRUPTION-- DIRECT DAMAGE	NOT COVERED

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DEDUCTIBLE	AMOUNT
FLOOD	\$ 500,000
NAMED STORM--DIRECT DAMAGE AND TIME ELEMENT	\$ 240,000



# Commercial Property Coverage Part Declarations

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12:01 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS

**POLICY NUMBER:** CPO 0289310-02

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## SUMMARY OF PREMISES

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<b>PREMISES #</b>	<b>PREMISES ADDRESS</b>
6	301 W BAY ST JACKSONVILLE , FL 32202

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<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>
PERSONAL PROPERTY	\$ 14,260,245
BUSINESS INCOME AND EXTRA EXPENSE	INCLUDED IN BLANKET LIMIT OF INSURANCE
FLOOD (SCHEDULE I)	\$ 1,000,000
OFF-PREMISES SERVICE INTERRUPTION-- DIRECT DAMAGE	NOT COVERED

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<b>DEDUCTIBLE</b>	<b>AMOUNT</b>
FLOOD	\$ 50,000
NAMED STORM--DIRECT DAMAGE AND TIME ELEMENT	\$ 436,000
WATER DAMAGE	\$ 75,000



# Commercial Property Coverage Part Declarations

ZURICH AMERICAN INSURANCE COMPANY

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CITIZENS PROPERTY INSURANCE CORPORATION

**POLICY PERIOD:**

From: 1/1/2020 To: 1/1/2021  
12:01 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS

**POLICY NUMBER:** CPO 0289310-02

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**SUMMARY OF PREMISES**

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<b>PREMISES #</b>	<b>PREMISES ADDRESS</b>
7	1516 CAPITAL CIRCLE SE TALLAHASSEE , FL 32303

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<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>
PERSONAL PROPERTY	\$ 10,000
BUSINESS INCOME	NOT COVERED
FLOOD (SCHEDULE I)	\$ 10,000
OFF-PREMISES SERVICE INTERRUPTION-- DIRECT DAMAGE	NOT COVERED

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<b>DEDUCTIBLE</b>	<b>AMOUNT</b>
FLOOD	\$ 50,000
NAMED STORM--DIRECT DAMAGE AND TIME ELEMENT	\$ 5,000

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**SPECIAL CONDITIONS**

SUITE C6



# Commercial Property Coverage Part Declarations

ZURICH AMERICAN INSURANCE COMPANY

**NAMED INSURED:**  
CITIZENS PROPERTY INSURANCE CORPORATION

**POLICY PERIOD:**  
From: 1/1/2020 To: 1/1/2021  
12:01 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS

**POLICY NUMBER:** CPO 0289310-02

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## SUMMARY OF PREMISES

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PREMISES #	PREMISES ADDRESS
9	199 AVE B NW WINTER HAVEN, FL 33881

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COVERAGE	LIMIT OF INSURANCE	
PERSONAL PROPERTY	\$	1,695,650
BUSINESS INCOME	NOT COVERED	
FLOOD (SCHEDULE I)	\$	1,000,000
OFF-PREMISES SERVICE INTERRUPTION-- DIRECT DAMAGE	NOT COVERED	

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DEDUCTIBLE	AMOUNT	
FLOOD	\$	50,000
NAMED STORM--DIRECT DAMAGE AND TIME ELEMENT	\$	34,000

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## SPECIAL CONDITIONS

SUITE 534



# Commercial Property Coverage Part Declarations

ZURICH AMERICAN INSURANCE COMPANY

**NAMED INSURED:**  
CITIZENS PROPERTY INSURANCE CORPORATION

**POLICY PERIOD:**  
From: 1/1/2020 To: 1/1/2021  
12:01 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS

**POLICY NUMBER:** CPO 0289310-02

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## SUMMARY OF PREMISES

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<b>PREMISES #</b>	11	<b>PREMISES ADDRESS</b>
		541 WATER STREET GARAGE JACKSONVILLE , FL 32202

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<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>	
PERSONAL PROPERTY	\$	114,007
BUSINESS INCOME	NOT COVERED	
FLOOD (SCHEDULE I)	\$	115,000
OFF-PREMISES SERVICE INTERRUPTION-- DIRECT DAMAGE	NOT COVERED	

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<b>DEDUCTIBLE</b>	<b>AMOUNT</b>	
FLOOD	\$	500,000
NAMED STORM--DIRECT DAMAGE AND TIME ELEMENT	\$	10,000



# Commercial Property Coverage Part Declarations

ZURICH AMERICAN INSURANCE COMPANY

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12:01 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS

**POLICY NUMBER:** CPO 0289310-02

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**SUMMARY OF PREMISES**

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<b>PREMISES #</b>	<b>PREMISES ADDRESS</b>
12	6800 N DALE MABRY TAMPA , FL 33614

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<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>
PERSONAL PROPERTY	\$ 280,000
BUSINESS INCOME AND EXTRA EXPENSE	INCLUDED IN BLANKET LIMIT OF INSURANCE
FLOOD (SCHEDULE I)	\$ 330,000

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<b>DEDUCTIBLE</b>	<b>AMOUNT</b>
FLOOD	\$ 50,000
NAMED STORM--DIRECT DAMAGE AND TIME ELEMENT	\$ 10,000