



IMPORTANT NOTICE FOR FLORIDA POLICYHOLDERS

If you would like to present inquiries or obtain information about coverage or obtain assistance in resolving a complaint, please contact YOUR HARTFORD AGENT, or you may contact The Hartford at the number stated below.

SERVICING OFFICE:

THE HARTFORD
8711 UNIVERSITY EAST DRIVE
CHARLOTTE NC 28213
(877) 853-2582

THE HARTFORD COMPANY:

SENTINEL INSURANCE COMPANY, LIMITED

Written correspondence is preferable so that a record of your inquiry is maintained.

PLEASE BE SURE TO INCLUDE YOUR POLICY NUMBER IN ANY CORRESPONDENCE.

17 This **Spectrum Policy** consists of the Declarations, Coverage Forms, Common Policy Conditions and any
66 other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock
IV insurance company of The Hartford Insurance Group shown below.
SBM

INSURER: SENTINEL INSURANCE COMPANY, LIMITED
ONE HARTFORD PLAZA, HARTFORD, CT 06155
COMPANY CODE: A

Policy Number: 42 SBM IV6617 SA



SPECTRUM POLICY DECLARATIONS

Named Insured and Mailing Address: FLORIDA ASSOCIATION OF STUDENT
(No., Street, Town, State, Zip Code) FINANCIAL AID ADMIN.
4905 34TH ST S # 334
SAINT PETERSBURG FL 33711

Policy Period: From 08/28/22 To 08/28/23 1 YEAR
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

Name of Agent/Broker: RUST INSURANCE AGENCY LLC
Code: 620100

Previous Policy Number: 42 SBM IV6617

Named Insured is: CORPORATION

Audit Period: NON-AUDITABLE

Type of Property Coverage: NONE

Insurance Provided: In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

TOTAL ANNUAL PREMIUM IS: \$1,282

FLORIDA FC SURCHARGE: \$ 1.28
FL EMERG MGMT SURCH: \$ 4.00
2022 FIGA SURCH: \$ 8.97

Countersigned by *Suean L. Castaneda*
Authorized Representative

06/28/22
Date

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 42 SBM IV6617

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001 **Building:** 001

2400 FEATHER SOUND DR
CLEARWATER FL 33762

Description of Business:

Association - Civic Non Profit

Deductible: NO COVERAGE

BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE

BUILDING

NO COVERAGE

BUSINESS PERSONAL PROPERTY

REPLACEMENT COST

NO COVERAGE

PERSONAL PROPERTY OF OTHERS

REPLACEMENT COST

NO COVERAGE

MONEY AND SECURITIES

INSIDE THE PREMISES

NO COVERAGE

OUTSIDE THE PREMISES

NO COVERAGE

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 42 SBM IV6617

| BUSINESS LIABILITY | LIMITS OF INSURANCE |
|---|----------------------------|
| LIABILITY AND MEDICAL EXPENSES | \$1,000,000 |
| MEDICAL EXPENSES - ANY ONE PERSON | \$ 10,000 |
| PERSONAL AND ADVERTISING INJURY | \$1,000,000 |
| DAMAGES TO PREMISES RENTED TO YOU ANY ONE PREMISES | \$1,000,000 |
| AGGREGATE LIMITS | |
| PRODUCTS-COMPLETED OPERATIONS | \$2,000,000 |
| GENERAL AGGREGATE | \$2,000,000 |
| EMPLOYMENT PRACTICES LIABILITY COVERAGE: FORM SS 09 01 | |
| EACH CLAIM LIMIT | \$ 10,000 |
| DEDUCTIBLE - EACH CLAIM LIMIT NOT APPLICABLE | |
| AGGREGATE LIMIT | \$ 10,000 |
| RETROACTIVE DATE: 08282012 | |

This **Employment Practices Liability Coverage** contains claims made coverage. Except as may be otherwise provided herein, specified coverages of this insurance are limited generally to liability for injuries for which claims are first made against the insured while the insurance is in force. Please read and review the insurance carefully and discuss the coverage with your Hartford Agent or Broker.

The Limits of Insurance stated in this Declarations will be reduced, and may be completely exhausted, by the payment of "defense expense" and, in such event, The Company will not be obligated to pay any further "defense expense" or sums which the insured is or may become legally obligated to pay as "damages".

DESCRIPTION OF SPECIAL EVENT:
FAFSA ANNUAL CONFERENCE
MAY

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 42 SBM IV6617

| BUSINESS LIABILITY OPTIONAL COVERAGES (Continued) | LIMITS OF INSURANCE |
|--|----------------------------|
|--|----------------------------|

**BUSINESS LIABILITY OPTIONAL
COVERAGES**

| | |
|---------------------------------------|--------------------|
| HIRED/NON-OWNED AUTO LIABILITY | \$1,000,000 |
|---------------------------------------|--------------------|

**UNMANNED AIRCRAFT LIABILITY
IS EXCLUDED
SEE FORM: SS 42 06**

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 42 SBM IV6617

Form Numbers of Forms and Endorsements that apply:

| | | | |
|----------------|----------------|----------------|----------------|
| SS 00 01 03 14 | SS 00 05 10 08 | SS 00 08 04 05 | SS 00 60 09 15 |
| SS 00 64 09 16 | SS 01 58 09 16 | SS 42 06 03 17 | SS 04 38 09 09 |
| SS 40 23 03 00 | SS 41 63 06 11 | SS 05 47 09 15 | SS 05 64 12 10 |
| SS 50 57 04 05 | IH 12 05 02 21 | SS 09 01 12 14 | SS 09 67 09 14 |
| SS 09 71 12 14 | SS 09 85 12 14 | IH 99 40 04 09 | SS 83 76 12 20 |
| SS 89 93 07 16 | | | |