

Coverage Is Provided In:

Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:

BKS (20) 58 55 49 60

Policy Period:

From 05/31/2019 To 05/31/2020

12:01 am Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

ASSOCIATION OF FLORIDA COLLEGES
1725 MAHAN DR
TALLAHASSEE, FL 32308

Agent Mailing Address & Phone No.

(850) 894-2333
LEGACY INSURANCE SOLUTIONS LLC
1410 PIEDMONT DR E 2ND FL
TALLAHASSEE, FL 32308-7942

Named Insured Is: OTHER

Named Insured Business Is: NON PROFIT ORG

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.

SUMMARY OF COVERAGE PARTS AND CHARGES - CUSTOM PROTECTOR

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

COVERAGE PART	CHARGES
Commercial Property	\$988.98
Commercial General Liability	\$4,150.00
Employee Benefits Liability	\$80.00
Employment Practices Liability	\$59.00

Total Charges for all of the above coverage parts: \$5,277.98
Certified Acts of Terrorism Coverage: \$21.00 (Included)

Note: This is not a bill

IMPORTANT MESSAGES

- This policy is auditable. Please refer to the conditions of the policy for details or contact your agent.
- Notice: The Employment-Related Practices Exclusion CG 21 47 is added to this policy to clarify there is no coverage for liability arising out of employment-related practices. Please read this endorsement carefully.

• COINSURANCE CONTRACT: THE RATE CHARGED IN THIS POLICY IS BASED UPON THE USE OF THE CO-INSURANCE CLAUSE ATTACHED TO THIS POLICY WITH THE CONSENT OF THE INSURED

Issue Date 04/01/19


Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

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From 05/31/2019 To 05/31/2020**12:01 am Standard Time
at Insured Mailing Location****Common Policy Declarations****Named Insured**ASSOCIATION OF FLORIDA COLLEGES
1725 MAHAN DR
TALLAHASSEE, FL 32308**Agent**(850) 894-2333
LEGACY INSURANCE SOLUTIONS LLC
1410 PIEDMONT DR E 2ND FL
TALLAHASSEE, FL 32308-7942**SUMMARY OF LOCATIONS**

This policy provides coverage for the following under one or more coverage parts. Please refer to the individual Coverage Declarations Schedules, or, the individual Coverage Forms for locations or territory definition for that specific Coverage Part.

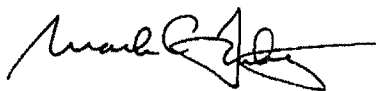
0001 1725 Mahan Dr, Tallahassee, FL 32308-5201

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
CG 00 01 04 13	Commercial General Liability Coverage Form - Occurrence
CG 02 20 03 12	Florida Changes - Cancellation And Nonrenewal
CG 21 06 05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception
CG 21 38 11 85	Exclusion-Personal and Advertising Injury
CG 21 47 12 07	Employment-Related Practices Exclusion
CG 21 67 12 04	Fungi or Bacteria Exclusion
CG 21 70 01 15	Cap on Losses from Certified Acts of Terrorism
CG 24 26 04 13	Amendment of Insured Contract Definition
CG 80 08 10 09	Employee Benefits Liability Coverage Form
CG 85 00 04 12	Florida Changes - Non-Cumulation Of Liability Limits Same Occurrence
CG 88 10 04 13	Commercial General Liability Extension
CG 88 60 12 08	Each Location General Aggregate Limit
CG 88 77 12 08	Medical Expense At Your Request Endorsement
CG 88 86 12 08	Exclusion - Asbestos Liability
CG 89 02 12 08	Employment Practices Liability Coverage Form

In witness whereof, we have caused this policy to be signed by our authorized officers.



Mark Touhey
Secretary



Paul Condrin
President

To report a claim, call your Agent or 1-800-362-0000
DS 70 21 11 16

Coverage Is Provided In:
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:
BKS (20) 58 55 49 60

Policy Period:
From 05/31/2019 To 05/31/2020
12:01 am Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured	Agent
ASSOCIATION OF FLORIDA COLLEGES 1725 MAHAN DR TALLAHASSEE, FL 32308	(850) 894-2333 LEGACY INSURANCE SOLUTIONS LLC 1410 PIEDMONT DR E 2ND FL TALLAHASSEE, FL 32308-7942

POLICY FORMS AND ENDORSEMENTS - CONTINUED

This section lists all of the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
CP 00 10 06 07	Building and Personal Property Coverage Form
CP 00 30 06 07	Business Income (and Extra Expense) Coverage Form
CP 00 90 07 88	Commercial Property Conditions
CP 01 25 02 12	Florida Changes
CP 01 40 07 06	Exclusion of Loss Due to Virus or Bacteria
CP 03 21 06 07	Windstorm or Hail Percentage Deductible
CP 10 30 06 07	Causes of Loss - Special Form
CP 10 32 08 08	Water Exclusion Endorsement
CP 12 18 06 07	Loss Payable Provisions
CP 72 93 06 03	Fungus, Wet Rot, Dry Rot and Bacteria Exclusion - Florida
CP 88 04 03 10	Removal Permit
CP 88 44 02 15	Equipment Breakdown Coverage Endorsement
CP 90 40 01 15	Office/Lessors Custom Protector Endorsement
CP 90 59 12 12	Identity Theft Administrative Services and Expense Coverage
CP 91 42 12 14	Custom Protector Plus Endorsement
IL 00 17 11 98	Common Policy Conditions
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL 01 75 09 07	Florida Changes - Legal Action Against Us
IL 02 55 03 16	Florida Changes-Cancellation and Nonrenewal
IL 04 01 02 12	Florida - Sinkhole Loss Coverage
IL 09 35 07 02	Exclusion of Certain Computer-Related Losses
IL 09 52 01 15	Cap On Losses From Certified Acts Of Terrorism
IL 88 36 01 15	Cap On Losses From Certified Acts Of Terrorism
IL 88 38 01 15	Exclusion of Punitive Damages Related to a Certified Act of Terrorism

To report a claim, call your Agent or 1-800-362-0000

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Coverage Is Provided In:

Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

**Commercial Property
Declarations**

Policy Number:

BKS (20) 58 55 49 60

Policy Period:

From 05/31/2019 To 05/31/2020*12:01 am Standard Time
at Insured Mailing Location***Named Insured****Agent**

ASSOCIATION OF FLORIDA COLLEGES

(850) 894-2333

LEGACY INSURANCE SOLUTIONS LLC

SUMMARY OF CHARGES

Explanation of Charges	DESCRIPTION	PREMIUM
	Property Schedule Totals	\$980.00
	FL Emergency Management Preparedness & Assistance Trust Fund Surcharge	\$4.00
	FL Fire College Trust Fund	\$.98
	Certified Acts of Terrorism Coverage	\$4.00

Total Advance Charges: \$988.98*Note: This is not a bill***To report a claim, call your Agent or 1-800-362-0000**

DS 70 22 01 08

Coverage Is Provided In:
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

**Commercial Property
Declarations Schedule**

Policy Number:
BKS (20) 58 55 49 60
Policy Period:
From 05/31/2019 To 05/31/2020
12:01 am Standard Time
at Insured Mailing Location

Named Insured	Agent
ASSOCIATION OF FLORIDA COLLEGES	(850) 894-2333 LEGACY INSURANCE SOLUTIONS LLC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Insurance at the described premises applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

0001 1725 Mahan Dr, Tallahassee, FL 32308-5201

Property Characteristics	Description:
	Construction: Non-Combustible

Your Business Personal Property Coverage	Occupancy: Professional And Trade Associations - No Building Or Premises Owned Or Leased Except As Offices - Not For Profit
	Description
	Limit of Insurance - Replacement Cost \$35,622
	Coinsurance 90%
	Covered Causes of Loss
	Special Form - Including Theft
	Sinkhole Loss INCLUDED
	Deductible - All Covered Causes of Loss Unless Otherwise Stated \$1,000
	Deductible - Windstorm or Hail 5%
	Premium \$413.00

To report a claim, call your Agent or 1-800-362-0000

Coverage Is Provided In:

Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:

BKS (20) 58 55 49 60

Policy Period:

From 05/31/2019 To 05/31/202012:01 am Standard Time
at Insured Mailing Location**Commercial Property
Declarations Schedule**

Named Insured	Agent
ASSOCIATION OF FLORIDA COLLEGES	(850) 894-2333 LEGACY INSURANCE SOLUTIONS LLC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION*Continuation of 1725 Mahan Dr, Tallahassee, FL 32308-5201*

Business Income and Extra Expense Coverage	Description	
	Limit of Insurance - Including Rental Value	\$87,393
	Coinsurance	90%
	Covered Causes of Loss	
	Special Form - Including Theft	
	Sinkhole Loss	INCLUDED
	Premium	\$468.00

Equipment Breakdown Coverage	This Equipment Breakdown insurance applies to the coverages shown for this location. The Equipment Breakdown limit(s) of insurance and deductible are included in, and not in addition to, the limits and deductible shown for the Building, Your Business Personal Property, Your Business Personal Property of Others, Tenants Improvements and Betterments, Business Income and Extra Expense, Business Income Without Extra Expense, and Extra Expense coverages.	
	Premium	\$15.00

SUMMARY OF OTHER PROPERTY COVERAGES

Identity Theft Administrative Services And Expense Coverage	Description	
	Limit of Insurance	See Endorsement CP9059
	Premium	\$14.00
Property Extension Endorsement	Description	
	Custom Protector Plus Endorsement	\$11.00
	Premium	\$11.00

To report a claim, call your Agent or 1-800-362-0000

Coverage Is Provided In:
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

**Commercial Property
Declarations Schedule**

Policy Number:
BKS (20) 58 55 49 60
Policy Period:
From 05/31/2019 To 05/31/2020
*12:01 am Standard Time
at Insured Mailing Location*

Named Insured	Agent
ASSOCIATION OF FLORIDA COLLEGES	(850) 894-2333 LEGACY INSURANCE SOLUTIONS LLC

SUMMARY OF OTHER PROPERTY COVERAGES - continued

Property Extension Endorsement	Description		<i>Premium</i>	<i>\$59.00</i>
	Office/Lessors Custom Protector Endorsement	\$59.00		
Commercial Property Schedule Total:			\$980.00	

To report a claim, call your Agent or 1-800-362-0000

Coverage Is Provided In:
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

**Commercial General Liability
Declarations**

Basis: Occurrence

Policy Number:
BKS (20) 58 55 49 60
Policy Period:
From 05/31/2019 To 05/31/2020
12:01 am Standard Time
at Insured Mailing Location

Named Insured	Agent
ASSOCIATION OF FLORIDA COLLEGES	(850) 894-2333 LEGACY INSURANCE SOLUTIONS LLC

SUMMARY OF LIMITS AND CHARGES

Commercial General Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	1,000,000
	Damage To Premises Rented To You Limit (Any One Premises)	1,000,000
	Medical Expense Limit (Any One Person)	15,000
	Personal and Advertising Injury Limit	excluded
	General Aggregate Limit (Other than Products - Completed Operations)	2,000,000
	Products - Completed Operations Aggregate Limit	2,000,000

Explanation of Charges	DESCRIPTION	PREMIUM
	General Liability Schedule Totals	4,133.00
	Certified Acts of Terrorism Coverage	17.00

Total Advance Charges: \$4,150.00

Note: This is not a bill

To report a claim, call your Agent or 1-800-362-0000

**Commercial General Liability
Declarations Schedule**

Policy Number:
BKS (20) 58 55 49 60
Policy Period:
From 05/31/2019 To 05/31/2020
12:01 am Standard Time
at Insured Mailing Location

Named Insured	Agent
ASSOCIATION OF FLORIDA COLLEGES	(850) 894-2333 LEGACY INSURANCE SOLUTIONS LLC

SUMMARY OF CLASSIFICATIONS - BY LOCATION

0001 1725 Mahan Dr, Tallahassee, FL 32308-5201
Insured: ASSOCIATION OF FLORIDA COLLEGES

CLASSIFICATION - 46882
Professional And Trade Associations - No Building Or
Premises Owned Or Leased Except As Offices - Not For Profit
Products-Completed Operations Are Subject To The General
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER EACH	PREMIUM
Premise/Operations	7,600 Number of Members	.447	\$3,397.00
<i>Total:</i>			<i>Included</i>

CLASSIFICATION - 61216
Buildings Or Premises - Bank Or Office - Mercantile Or
Manufacturing (Lessor's Risk Only) - Not For Profit
Products-Completed Operations Are Subject To The General
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER 1,000	PREMIUM
Premise/Operations	6,000 Square Feet Of Area	122.744	\$736.00
<i>Total:</i>			<i>Included</i>

Commercial General Liability Schedule Total **\$4,133.00**

To report a claim, call your Agent or 1-800-362-0000

Coverage Is Provided In:
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

**Employee Benefits Liability
Declarations**

Basis: Claims Made

This insurance does not apply to any negligent act, error, or omission that occurs before the retroactive date **05/31/2009**, if any shown. Read your coverage form carefully.

Policy Number:
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Policy Period:
From 05/31/2019 To 05/31/2020
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at Insured Mailing Location

Named Insured

Agent

ASSOCIATION OF FLORIDA COLLEGES

(850) 894-2333
LEGACY INSURANCE SOLUTIONS LLC

SUMMARY OF LIMITS AND CHARGES

Employees Benefits Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Employee Limit	1,000,000
	Aggregate Limit	2,000,000
	This Coverage is subject to a \$1,000. per claim deductible	

Explanation of Charges	DESCRIPTION	PREMIUM
	Employee Benefits	80.00
	Certified Acts of Terrorism Coverage	.00

Total Advance Charges: \$80.00
Note: This is not a bill

To report a claim, call your Agent or 1-800-362-0000

Coverage Is Provided In:
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

**Employee Benefits Liability
Declarations Schedule**

Policy Number:
BKS (20) 58 55 49 60
Policy Period:
From 05/31/2019 To 05/31/2020
12:01 am Standard Time
at Insured Mailing Location

Named Insured

Agent

ASSOCIATION OF FLORIDA COLLEGES

(850) 894-2333
LEGACY INSURANCE SOLUTIONS LLC

SUMMARY OF CLASSIFICATIONS

Insured: ASSOCIATION OF FLORIDA COLLEGES

CLASSIFICATION - 73124
Employee Benefits Liability - Claims Made

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER EACH	PREMIUM
Employee Benefits Liability	5 Employee(s)	.375	\$2.00
Minimum Premium Adjustment			\$78.00
<i>Total:</i>			<i>Included</i>

Employee Benefits Liability Schedule Total **\$80.00**

To report a claim, call your Agent or 1-800-362-0000

Coverage Is Provided In:
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

**Employment Practices Liability
Declarations**

Basis: Claims Made and Reported Coverage

Policy Number:
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THIS INSURANCE PROVIDES CLAIMS MADE COVERAGE. ANY DEFENSE EXPENSES PAID UNDER THIS COVERAGE PART WILL REDUCE THE AVAILABLE LIMITS OF INSURANCE AND MAY EXHAUST THEM COMPLETELY. DEFENSE EXPENSES MEANS REASONABLE AND NECESSARY FEES, COSTS AND EXPENSES RESULTING SOLELY FROM THE INVESTIGATION, LEGAL DEFENSE AND LEGAL APPEAL OF A CLAIM AGAINST THE INSURED, BUT EXCLUDING SALARIES OF OFFICERS AND EMPLOYEES OF THE INSURER. READ YOUR COVERAGE FORM CAREFULLY.

Named Insured	Agent
ASSOCIATION OF FLORIDA COLLEGES	(850) 894-2333 LEGACY INSURANCE SOLUTIONS LLC

SUMMARY OF LIMITS AND CHARGES

Employment Practices Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Claim Limit	10,000
	Aggregate Limit	10,000
	This Coverage is subject to a \$5,000. Per Claim Deductible	
	Coinsurance Participation 0 %	
	Subject to a Maximum of: \$0 Each Claim	
	Retroactive Date: 05/31/2009	

Explanation of Charges	DESCRIPTION	PREMIUM
	Employment Practices Liability	59.00

Total Advance Charges: \$59.00
Note: This is not a bill

To report a claim, call your Agent or 1-800-362-0000

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**Employment Practices Liability
Declarations Schedule**

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Named Insured	Agent
ASSOCIATION OF FLORIDA COLLEGES	(850) 894-2333 LEGACY INSURANCE SOLUTIONS LLC

SUMMARY OF CLASSIFICATIONS

0001 1725 Mahan Dr, Tallahassee, FL 32308-5201
Insured: ASSOCIATION OF FLORIDA COLLEGES

CLASSIFICATION -
Employment Practices Liability - Claims Made

COVERAGE DESCRIPTION	PREMIUM BASED ON	PREMIUM
Employment Practices Liability	5 Employee(s)	\$59.00
<i>Total:</i>		\$59.00

Employment Practices Liability Schedule Total \$59.00

To report a claim, call your Agent or 1-800-362-0000