

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

PRODUCER Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive Suite 1100 Miami FL 33131 USA FAX - (847) 953-5390		PHONE (A/C, NO, Ext): (866) 283-7122	COMPANY Lexington Insurance Company	
CODE:	SUB CODE:			
AGENCY CUSTOMER ID # 10513695		LOAN NUMBER	POLICY NUMBER 5232315	
INSURED Specialty Risk Management Services LLC* 9736 Commerce Center Court Ft. Myers FL 33908 USA		EFFECTIVE DATE 05/09/08	EXPIRATION DATE 05/09/09	CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>
THIS REPLACES PRIOR EVIDENCE DATED				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 Insured Location:
 Sorrento at the Colony Condominium Association Inc.
 23650 Via Veneto
 Bonita Springs, FL 34134

COVERAGE INFORMATION

COVERAGES/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Commercial Property Coverage	\$ 25,000,000	
Blkt Real & Personal	Included	
Flood	Included	
wind/Hail	Included	

REMARKS (Including Special Conditions)

*NAMED INSURED CLAUSE: SPECIALTY RISK MANAGEMENT SERVICES LLC AND ANY ENTITY FOR WHICH THEY HAVE INSTRUCTIONS TO PROVIDE INSURANCE, AS THEIR RESPECTIVE RIGHTS AND INTERESTS MAY APPEAR, HEREINAFTER REFERRED TO AS "THE INSURED".

ALL RISK OF DIRECT PHYSICAL LOSS, INCLUDING WINDSTORM AND FLOOD SUBJECT TO THE POLICY TERMS AND CONDITIONS. REPLACEMENT COST INCLUDED. PROGRAM LOSS LIMIT: \$300,000,000 PER OCCURRENCE.

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST NAME AND ADDRESS Sorrento at the Colony Condominium Association Inc. 23650 Via Veneto Bonita Springs FL 34134 USA		MORTGAGEE LOSS PAYEE	ADDITIONAL INSURED
		LOAN #	
		AUTHORIZED REPRESENTATIVE <i>Aon Risk Services, Inc. of Florida</i>	

Holder Identifier : Certificate No : 570028365301

