

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 08/28/20 To 08/28/21 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

Countersigned by *Susan L. Castaneda*
Authorized Representative

06/30/20
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

DESCRIPTION OF SPECIAL EVENT:
FAFSA ANNUAL CONFERENCE
MAY

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 42 SBM IV6617

BUSINESS LIABILITY OPTIONAL COVERAGES LIMITS OF INSURANCE
(Continued)

**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	SS 50 19 01 15	IH 99 40 04 09	SS 83 76 01 15
SS 89 93 07 16			