



**Report Claims Immediately by Calling\***  
**1-800-238-6225**

*Speak directly with a claim professional  
24 hours a day, 365 days a year*

\*Unless Your Policy Requires **Written** Notice or Reporting

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## **CONDOMINIUM PAC**

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CONDO - 1-4 UNITS PER FIRE DIVISION



**A Custom Insurance Policy Prepared for:**

EDEN VILLAS GARDEN COURT  
TOWNHOUSES ASSOCIATION, INC.  
PO BOX 403  
CLAY AL 35048

**Presented by: BEST INS GROUP INC**

Dear Valued Policyholder:

We are excited to inform you about changes to your policy on renewal. We are implementing a new proprietary Condominium and Community Associations Directors and Officers Liability Coverage Form that will modernize and further simplify our approach to that coverage.

This transition will improve consistency in our approach to Directors and Officers Liability Coverage.

In order to make this transition to our new proprietary Condominium and Community Associations Directors and Officers Liability Coverage Form as easy as possible for you, we will adjust any claims for Directors and Officers Liability Coverage under your new policy based upon the terms and conditions of either your expiring policy or your new policy, **whichever are broader**. However, this approach to adjustment of claims for Directors and Officers Liability Coverage is **subject to the following exceptions**:

- Any difference in the identity of named insureds.
- Any reduction in the amount of the limits of insurance shown in the Condominium and Community Associations Directors and Officers Liability Coverage Declarations for your new policy from the amount shown for substantially similar coverage in any Declarations or endorsement for your expiring policy.

We will apply this approach to claims adjusted under your first new Travelers policy. Any claim adjusted under a subsequent Travelers policy will be adjusted based only upon the terms and conditions of that policy.

Please review your expiring and new Travelers policies carefully, retain your expiring policy, and contact your agent or broker if you have any questions about this letter. We appreciate your business and thank you for choosing to insure with us.



*We believe your best policy is a good agent*

# YOUR ACCOUNT SERVICE GUIDE

## COMMERCIAL LINES TEAM #1

### **COMMERCIAL LINES AGENT**

*Quoting & Sales of Insurance Coverage*

**Brian Smith**

*bsmith@bestinsgrp.com 205-655-2128 ext.108*

### **COMMERCIAL ACCOUNT MANAGER**

*Handling Service & Endorsement Requests*

**Kristin Thrasher**

*kthrasher@bestinsgrp.com 205-655-2128 ext.103*

### **CERTIFICATES & EVIDENCE OF INSURANCE**

*Certificates of Insurance*

**Deborah Connell**

*certificates@bestinsgrp.com 205-655-2128 ext.109*

### **CLAIMS COORDINATOR**

*Reporting Claims & Following Status Until Closed*

**Deborah Connell**

*dconnell@bestinsgrp.com 205-655-2128 ext.109*

**BIG** BEST INSURANCE  
GROUP SINCE 1952

MON - FRI  
8:00 AM - 4:45PM

BEST INSURANCE GROUP, INC.  
P.O. BOX 67  
TRUSSVILLE, ALABAMA 35173

205-655-2128 PHONE  
205-655-4895 FAX





One Tower Square, Hartford, Connecticut 06183

**COMMON POLICY DECLARATIONS**

CONDOMINIUM PAC

BUSINESS: CONDO - 1-4 UNI

POLICY NO.: 680-3N077625-25-42

ISSUE DATE: 03/31/2025

**INSURING COMPANY:**

TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

**1. NAMED INSURED AND MAILING ADDRESS:**

EDEN VILLAS GARDEN COURT  
TOWNHOUSES ASSOCIATION, INC.  
PO BOX 403  
CLAY AL 35048

**2. POLICY PERIOD:** From 04/01/2025 to 04/01/2026 12:01 A.M. Standard Time at your mailing address.

**3. DESCRIPTION OF PREMISES:**

PREM. LOC.	BLDG. NO.	OCCUPANCY	ADDRESS
001	ALL	TOWN HOMES	(same as Mailing Address unless specified otherwise) 1899 WOODVINE LN BIRMINGHAM AL 35215

**4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES**

COVERAGE PARTS and SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	ACJ
Directors & Officers Coverage Supplement	ACJ

**5.** The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

**6. SUPPLEMENTAL POLICIES:** Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY
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DIRECT BILL

**7. PREMIUM SUMMARY:**

Provisional Premium	\$	66,433.00
Due at Inception	\$	
Due at Each	\$	

NAME AND ADDRESS OF AGENT OR BROKER

COUNTERSIGNED BY:

BEST INS GROUP INC XG974  
PO BOX 67

Authorized Representative

TRUSSVILLE AL 351730067

IL TO 19 02 05 (Page 1 of 01)

DATE: 03/31/2025

Office: BIRMINGHAM AL DOWN



One Tower Square, Hartford, Connecticut 06183

**BUSINESSOWNERS COVERAGE PART DECLARATIONS**

CONDOMINIUM PAC

**POLICY NO.:** 680-3N077625-25-42

**ISSUE DATE:** 03/31/2025

**INSURING COMPANY:**

TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

**POLICY PERIOD:**

From 04-01-25 to 04-01-26 12:01 A.M. Standard Time at your mailing address

**FORM OF BUSINESS:** CORPORATION

**COVERAGES AND LIMITS OF INSURANCE:** Insurance applies only to an item for which a "limit" or the word "included" is shown.

**COMMERCIAL GENERAL LIABILITY COVERAGE**

OCCURRENCE FORM	LIMITS OF INSURANCE	
General Aggregate (except Products-Completed Operations Limit)	\$	2,000,000
Products-completed Operations Aggregate Limit	\$	2,000,000
Personal and Advertising Injury Limit	\$	1,000,000
Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented to You	\$	300,000
Medical Payments Limit (any one person)	\$	5,000

**BUSINESSOWNERS PROPERTY COVERAGE**

**DEDUCTIBLE AMOUNT:** Businessowners Property Coverage: \$ 10,000 per occurrence.  
Building Glass: \$ 10,000 per occurrence.

**BUSINESS INCOME/EXTRA EXPENSE LIMIT:** Actual loss for 12 consecutive months

**Period of Restoration-Time Period:** Immediately

**ADDITIONAL COVERAGE:**

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

**SPECIAL PROVISIONS:**

**COMMERCIAL GENERAL LIABILITY COVERAGE  
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 001

BUILDING NO.: ALL

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 20,293,899 Blanket Limit	RC*	90%	0.0%
*Replacement Cost				

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.



One Tower Square, Hartford, Connecticut 06183

CONDOMINIUM AND COMMUNITY ASSOCIATIONS  
DIRECTORS AND OFFICERS LIABILITY  
COVERAGE PART DECLARATIONS

POLICY NUMBER: 680-3N077625-25-42  
ISSUE DATE: 03/31/2025

**THIS INSURANCE APPLIES ON A CLAIMS-MADE BASIS.  
DEFENSE EXPENSES ARE PAYABLE WITHIN, AND ARE NOT IN  
ADDITION TO, THE LIMITS OF INSURANCE. PAYMENT OF DEFENSE  
EXPENSES WILL REDUCE, AND MAY COMPLETELY EXHAUST, THE  
LIMITS OF INSURANCE.  
PLEASE READ THE ENTIRE POLICY CAREFULLY.**

NAMED INSURED: EDEN VILLAS GARDEN COURT  
TOWNHOUSES ASSOCIATION, INC.

INSURING COMPANY: TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

COVERAGE PERIOD: From 04-01-2025 to 04-01-2026 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

RETROACTIVE DATE: UNLIMITED

The Condominium and Community Associations Liability Coverage Part consists of this Declarations, the Condominium and Community Associations Directors and Officers Liability Coverage Form and the endorsements shown below in Item 2.

**1. LIMITS OF INSURANCE:**

	Limits Of Insurance
Each Claim Limit	\$ 1,000,000
Aggregate Limit	\$ 1,000,000

**2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART ARE ATTACHED AS A SEPARATE LISTING.**