

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 DV

SPECTRUM POLICY DECLARATIONS

ORIGINAL

Named Insured and Mailing Address: FLORIDA ASSOCIATION OF STUDENT
(No., Street, Town, State, Zip Code) FINANCIAL AID ADMIN.
2400 FEATHER SOUND DR
CLEARWATER FL 33762

Policy Period: From 08/28/16 To 08/28/17 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/PHS
Code: 620097

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: \$425 MP

FLORIDA FC SURCHARGE: \$.43
FL EMERG MGMT SURCH: \$ 4.00
FL FIGA REG 2011: \$.37

Countersigned by *Susan S. Castaneda*
Authorized Representative

06/28/16
Date

05507

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