

INSURANCE PROPOSAL

**Village on the Green
Condominium III Association, Inc.**

Effective Date 03/10/2026



Proposal Provided by Kip Kollmeyer

Mitchell Insurance Services, Inc.

319 5th Street North St. Petersburg, FL 33701 | 727.360.8190

Disclaimer Notice

Please note the following important information regarding this Report:

- This report is based off information provided to us by you the client. Please advise us immediately if there is additional information or information you provided to us is inaccurate so we may inform the insurers.
- This report does not provide confirmation of actual insurance coverage or any commitment by the insurers to provide insurance coverage.
- It is importance that you review and confirm all the recommended policies in this report. That all coverages, conditions, limits, and any other terms that you require are stated. Please advise immediately if they are not.
- This proposal is conditional upon there being no new claims or claims notifications between the date of this report and the effective date.
- The coverage and pricing in this report are valid until the effective date only, after the insurers can withdraw or vary terms, rates and/or conditions.
- Mitchell Insurance Services is not responsible for any consequences that may arise from a delay or failure by you to respond to us by the effective date.

Confidentiality Statement

- All Client information provided to Mitchell Insurance Services will only be shared within our agency and with the appropriate insurance carrier. No information will be shared to any other source without written consent, except as required by law.
- All information provided by Mitchell Insurance Services is considered proprietary information and should not be shared without our written consent.
- The extent of insurance is governed by the complete terms, conditions, and exclusions of the insurance policy. Coverage reviews are intended as an outline of coverage only.

About Our Agency

Mitchell Insurance Services is a family owned and operated independent commercial insurance agency that was founded by Robert C. Mitchell in 1971. Three generations later our agency has acquired over 40 years of commercial insurance industry experience and knowledge.

As a Trusted Choice independent agency and a member of the Community Associations Institute, we are always at the forefront of an ever-changing industry. You can rest assured knowing you are being taken care of with an unparalleled level of expertise and industry knowledge.

Not only do we have strong industry knowledge, but we also have exceptional customer service. With over 40 years of experience, we understand that the customer not only needs great coverage, but an insurance agency that is always there when you need them. This is why we offer remarkable service that is unmatched by our competitors.

A look at just a few of our services:

- Association Disaster Planning
- On-site Risk Management
- Board Member Education
- 24-hour Claims Service
- Expedited Certificate of Insurance Request
- No Automated Answering Systems



Meet the Team

Primary Agent: Kip Kollmeyer

- University of South Florida Graduate, 2010
- Commercial Risk Advisor, over 10 Years' Experience
- Community Association Insurance Specialist
- kip@mitchellinsurancefl.com

Owner & Secondary Agent: Robert Mitchell

- Florida State University Undergrad, 2008, and Master of Science, Risk Management & Insurance, 2016
- Certified Risk Manager, 2016 & Certified Insurance Councilor, 2015
- Flood Insurance and Community Association Insurance Specialist
- Robert@mitchellinsurancefl.com

Agents: Michael Moretti and Colby Tuthill

- Knowledgeable agents capable of helping in my potential absence
- michael@mitchellinsurancefl.com
- colby@mitchellinsurancefl.com

Customer Service Team

Sara Krupp: sara@mitchellinsurancefl.com

General Inquiries: info@mitchellinsurancefl.com

Roxana Agudelo: roxana@mitchellinsurancefl.com

Dean Rousell: dean@mitchellinsurancefl.com

2026 Marketing Summary

Insured: Village on the Green Condominium III Association Inc	Broker: Mitchell Insurance Services
Effective: 03/10/2026	Affiliate: Kip Kollmeyer
Carrier	Status
Ace American Insurance	Declined – Cannot Compete with Pricing/Terms
James River Insurance	Declined – Cannot Compete with Pricing/Terms
AmRisc – American Coastal (Incumbent)	Renewal Terms Received
Avondale Insurance Associates	Declined – Cannot Compete with Pricing/Terms
Arch Specialty	Declined – Cannot Compete with Pricing/Terms
Catalytic Risk Managers & Insurance Agency	Declined – Cannot compete with Pricing/Terms
Endurance American Specialty Ins Co	Declined – Cannot Compete with Pricing/Terms
Frontline Insurance Company	Declined – Not fully updated
Great American Insurance Company	Ineligible Submission – State of Florida
Heritage Insurance	DECLINED – Not Fully Updated
ICAT Managers	Declined – Cannot compete with Pricing/Terms
PREXA	Ineligible Submission – State of Florida
Sigma Underwriting Managers	Declined – Primary \$5M Limit Not Competitive
WKF&C Underwriting Managers	Declined – Cannot compete with Pricing/Terms
JEM Underwriting	PENDING
Citizens Insurance	Indicated \$235,000+ for Basic Perils + Wind/Hail
Trisura Specialty (DIC Consideration)	NA
CAIRE (Fortegra Specialty)	DECLINED – ROOF AGE

Mitchell Insurance Difference

Risk Management

Mitchell Insurance Services, Inc. believes in preventing losses before they occur and mitigating the total cost of a loss after they have occurred. We do this by implementing the Risk Management system in which we identify, analyze, control, transfer, and finance all potential risk exposures that an Association may face. As part of our insurance program, we complete a comprehensive risk analysis report which will be used to promote the prevention of loss before it occurs.

- Has your current Agent performed a Comprehensive Risk Analysis?
- What recommendations has your Agent provided to prevent future losses?
- Have there been any loss control measures implemented?

Catastrophic Event Planning

Hurricanes are an inevitable truth that all people who live in Florida must deal with. It is not a matter of if, but when a hurricane will strike the state again. When that day comes, we must be ready. Our agency provides a Catastrophic Event Plan that will be developed and customized for your Association. We will place all key information into a single document that will allow the Association to respond with extreme efficiency in the event of a storm.

- Have you formed a relationship with a disaster restoration company to be on their first response list?
- Do you have a list of association members, and their contact information?
- Do you have vendor lists and contact information? (I.E. Insurance, Contractors)
- Are you aware of evacuation routes, and evacuation zones the Association is in?
- Does the Association have a post event management kit?
- Do you know all the necessary emergency numbers?

Commercial Property Insurance

Insurance Company: American Coastal Insurance Company
A Rated, Florida Admitted Carrier

Proposed Effective Date: 03/10/2026

Location Premises: 2545 Laurelwood Drive (et al), Clearwater, FL 33763

Total TIV: \$28,104,692 (Per 2024 Appraisal On File – 23% Increase from 2021 report)

Description of Coverage: Special Form Property Coverage
Ordinance or Law Coverage Included (Combined A/B/C to \$500K)
Equipment Breakdown Included (\$10,000,000 Limit)
CGCC Only (Replaced Sinkhole in 2023)

Deductibles: 5% Hurricane, Per Occurrence
\$10,000 All Other Perils

Co-Insurance: Agreed Value Applies (Waives Co-Insurance)

Exclusions: Flood, Earthquake, Terrorism, Sinkhole (Replaced by CGCC in 2023)

Additional Notes: Mold/Sewer Backup through Superior/CUMIS
\$50,000 Aggregate Limit
\$25,000 Per Occurrence Limit
\$10,000 Deductible, Each Occurrence

****Subject to Favorable Inspection****

Commercial General Liability

Insurance Company: Superior Specialty Insurance Company
A.M. Best A (Excellent), X Rated Company

Proposed Effective Date: 03/10/2026

Deductible: \$0.00

Description of General Liability Coverage:

Occurrence Form	Limits
General Aggregate	\$2,000,000
Each Occurrence	\$1,000,000
Personal Injury and Advertising	\$1,000,000
Fire Damage Liability (Any one person)	\$ 50,000
Medical Expenses (Any one person)	\$ 5,000
Hired and Non-Owned Auto Liability	\$1,000,000
Products and Completed Operations	\$2,000,000

Rating Basis

Code	Classification	Exposure
62003	Residential Condominiums	151Units

General Liability Coverage Extensions: Association Owned Units, Association Members Added as Additional Insured, Additional Insured Property Manager, Unintentional Failure to Disclose Hazards, Revised Notice of Occurrence Duties

Standard Exclusions: Including but not limited to Standard to ISO Form Expected or Intended Injury, Contractual Liability, Workers Compensation, Employers Liability, Pollution, Pollution Related, Aircraft, Auto or Watercraft, Mobile Equipment, War, Damage to Property you own, or in your care, custody or control, Damage to your products, Damage to your work, Damage to impaired Property or Property not physically injured, Recall of Products, Electronic Data, Recording and Distribution of Material or Information in Violation of Law, Knowingly Violation of Rights of Another, Material Published with Falsity, Material Published prior to policy period, Criminal Acts, Breach of Contract, Failure to Conform to Statements, Wrong Description of Prices, Infringement of Copyright, Patent, Trademark, or Trade Secret, Insureds in Media and Internet Business, Electronic Chatrooms, Unauthorized use of another’s name or product, War, Rebellion, Liquor License not in Effect.

Directors and Officers Liability

Insurance Company: StarNet Insurance Company
A.M. Best A+ (Superior), XV Rated Company

Proposed Effective Date: 03/10/2026

Deductible: \$1,000.00

Claims Made form: **\$1,000,000 Each Claim**
\$1,000,000 General Aggregate
Defense Cost outside the Policy Limit

Comments:

- *Covered Employees: Management Company, Directors and Trustees, Non-Compensated officers
- *Non-monetary and monetary damages are included
- *No Insured vs. Insured Exclusion
- *Duty to defend form
- *Spouse, committee members, volunteers, estates, leased employees or employees included
- *Full prior acts coverage included (subject to warranties)

Crime Insurance

Insurance Company: Superior Specialty Insurance Company
A.M. Best A (Excellent), X Rated Company

Proposed Effective Date: 03/10/2026

Employee Theft Coverage Form: Discovery Form

Crime Coverage Options	Limit	Deductible
Employee Theft	\$600,000	\$2,000.00
Money & Securities	Included	\$2,000.00
Forgery & Alteration	Included	\$2,000.00
Money Order & Counterfeit Currency	Included	\$2,000.00
Funds Transfer Fraud	Included	\$2,000.00
Computer Fraud	Included	\$2,000.00

Covered Employees: Management Company
Directors and Trustees
Non-Compensated Officers

Umbrella Liability

Insurance Company: Great Point Insurance Company
A.M. Best A (Excellent), XV

Proposed Effective Date: 03/10/2026

Description of Coverage: Bodily Injury and Property Damage Liability
Each Occurrence
Personal Injury and Advertising Injury Liability
Excess over General Liability
Excess over Directors and Officers Liability

Aggregate Limit: \$10,000,000

*Higher and Lower limits can be available upon request

** Policy is subject to agency fee in lieu of no commission paid by carrier



Workers Compensation Minimum Premium

Insurance Company: Pennsylvania Manufacturers' Association Insurance
A.M. Best A+ (Superior), XV

Proposed Effective Date: 03/10/2026

Coverage: Workers Compensation Insurance and Employer's Liability Insurance, subject to policy terms, conditions, definitions, and exclusions.

Limits: Coverage A – Statutory Benefits
Coverage B – Employer's Liability – \$500K/\$500K/\$500K

WC Premium Schedule, subject to payroll audit:

Class Code	Description	Exposure
9015	Buildings – Operation by Owner	If/Any

Coverage Terms:

- If Volunteer coverage is provided, volunteers must be pre-approved by an official motion of the Association Board
- No outside sporting events sponsored by the association
- Management Company must provide proof of their own coverage if company requests
- All subcontractors must provide proof of WC coverage

Premium Summary

Coverage	Expiring Company	Expiring Premium	Company	Effective Date	Mitchell Insurance Premium
Property	ACIC	\$160,381.00	ACIC	03/10/2026	\$136,546.00
Mold/Sewer Back Up	Superior Specialty	\$4,698.76	Superior Specialty	03/10/2026	\$4,698.76
General Liability	Superior Specialty	\$21,389.55	Superior Specialty	03/10/2026	\$23,669.10
Directors and Officers Liability/EPLI	Great American	\$2,239.51	StarNet	03/10/2026	\$2,485.61
Crime	Superior Specialty	Included with GL	Superior Specialty	03/10/2026	Included with GL
Umbrella	Great Point	\$2,850.00	Great Point	03/10/2026	\$3,495.00
Hired/Non-Owned Auto	Superior Specialty	Included in GL	Superior Specialty	03/10/2026	Included with GL
WC	PMAI	\$503.00	PMAI	03/10/2026	\$492
	Estimated Annual Total	\$192,061.82			\$171,386.47

*Please note this is just an overview of general policy information. This does not bind coverage. Premiums are subject to underwriting approval. **ALL PREMIUMS ARE SUBJECT TO A 25% MINIMUM EARNED PREMIUM**

Premium Financing

If your Association is interested in premium financing, we offer a very competitive financing program that maintains the lowest interest rates available.

Insurer Financial Analysis

Below is an overview of the financial rates of the carriers we have place your coverage with.

Policy	Insurer	AM Best Rating
Commercial Property	American Coastal	Demotech A, Admitted
General Liability	Superior Specialty	A
Umbrella	Midvale	A
Directors & Officers	StarNet Insurance	A+
Workers Compensation	PMAI	A+
Crime	Superior Specialty	A
Flood	Not Applicable	NA

Breakdown of Financial Strength Ratings

Secure
A++, A+ (Superior)
A, A- (Excellent)
B++, B+ (Good)

Vulnerable
B, B- (Fair)
C++, C+ (Marginal)
C, C- (Weak)
D (Poor)
E (Under Regulatory Supervision)
F (In Liquidation)
S (Rating Suspended)

We, Village on the Green Condominium III Association, Inc., hereby accept Mitchell Insurance Services, Inc. insurance proposal and would like to move forward with binding coverage effective 03/10/2026 for the insurance needs for our Association.

Optional Coverages (check box)

Worker's Compensation:

- Please include Worker's Compensation Coverage, premium = \$492.00
- The Association Rejects This Coverage

Additional Coverage Options:

- Please include Excess Liability Coverage, Premium =
- Please QUOTE Legal Defense Liability Coverage
- Please QUOTE Cyber Liability Coverage
- Please QUOTE Environmental Impairment Coverage
- The Association Rejects All Additional Coverages

Patrick K. Leo

Name

Signed by:

Patrick K. Leo

5A60A2469D79466...

Signature

President

Title

3/6/2026

Date



Payment Information

Remittance Address: Mitchell Insurance Services, Inc.
319 5th Street North
St. Petersburg, FL 33701

Premium Due: The premium is due on the policy effective date or the invoicing date.



MITCHELL
INSURANCE SERVICES
— SINCE 1971 —

Definitions & Additional Information

Replacement Cost: one of the two primary valuation methods for establishing the value of insured property for purposes of determining the amount the insurer will pay in the event of loss. It is usually defined in the policy as the cost to replace the damaged property with materials of like kind and quality, without any deduction for depreciation.

Actual Cash Value: one of several possible methods of establishing the value of insured property to determine the amount the insurer will pay in the event of loss. ACV is typically calculated one of three ways: (1) the cost to repair or replace the damaged property, minus depreciation; (2) the damaged property's "fair market value"; or (3) using the "broad evidence rule," which calls for considering all relevant evidence of the value of the damaged property.

Admitted Insurance Company: An admitted insurance company is one that is "admitted" by a particular state to do business as an insurance company. To be an admitted carrier, an insurance company must conform to the regulations of a particular state's Department of Insurance. In addition to meeting minimum regulations for admission, admitted carriers must also file their rates with the state, which the state must approve. One of the benefits of working with an admitted carrier is that the state has the responsibility to pay an insurer's claims, up to state-specified limits, in the event of the company's insolvency.

Non-Admitted Insurance Company: A non-admitted insurance company is one that doesn't operate under an individual state's insurance laws. As a result, a non-admitted insurance company doesn't enjoy the benefit of having its claims resolved in the event of a bankruptcy. However, non-admitted companies also have much more pricing flexibility, as they don't have to submit their rates to the individual states for review. Consequently, non-admitted carriers can insure higher-risk events, such as earthquakes, or specialty risks, such as professional liability insurance, that admitted carriers often can't afford to cover.

Catastrophic Ground Coverage: geological activity that results in the following:

1. The abrupt collapse of the ground cover;
2. A depression in the ground cover clearly visible to the naked eye;
3. Structural damage to the covered building, including the foundation; and
4. The insured structure being condemned and ordered to be vacated by the governmental agency authorized by law to issue such an order for that structure.

Contents coverage applies if there is a loss resulting from a catastrophic ground cover collapse. Damage consisting merely of the settling or cracking of a foundation, structure, or building does not constitute a loss resulting from a catastrophic ground cover collapse.

Sinkhole Coverage: settlement or systematic weakening of the earth supporting the covered building only if the settlement or systematic weakening results from contemporaneous movement or raveling of soils, sediments, or rock materials into subterranean voids created by the effect of water on a limestone or similar rock formation.

A Sinkhole loss means structural damage to the covered building, including the foundation, caused by sinkhole activity. Contents coverage and additional living expenses apply only if there is structural damage to the covered building caused by sinkhole activity.

Ordinance and Law Coverage

1. Coverage A – Coverage for Loss to The Undamaged Portion of the Building

With respect to the building that has sustained covered direct physical damage; we will pay under Coverage A for the loss in value of the undamaged portion of the building as a consequence of enforcement of an ordinance or law that requires demolition of undamaged parts of the same building.

2. Coverage B – Demolition Cost Coverage

With respect to the building that has sustained covered direct physical damage, we will pay the cost to demolish and clear the site of un-damaged parts of the same building, as a consequence of enforcement of an ordinance or law that requires demolition of such undamaged property.

3. Coverage C – Increased Cost Of Construction Coverage

a. With respect to the building that has sustained covered direct physical damage; we will pay the increased cost to:

- (1) Repair or reconstruct damaged portions of that building; and/or (2) Reconstruct or remodel undamaged portions of that building, whether or not demolition is required

One of the more significant issues addressed in the statewide code is the requirement that existing buildings must be rebuilt to the new code if they sustain a certain amount of damage. Since the code is so complex it will not be analyzed here but for the sake of discussion (and as an example) assume that the code required a damaged building to be rebuilt to the current code in the following circumstance:

When repairs and alterations amounting to more than 50% of the value of the existing building are made during any 12-month period, the building or structure shall be made to conform to the requirements for a new building or structure or be entirely demolished.

For example, if Bill owns a \$100,000 structure and it sustains \$50,001 or more in damage during a fire or hurricane, Bill must rebuild his structure to meet the new statewide code. Without O&L coverage Bill is paid only to put the building back like it was, something the code won't allow. He either has to build it back to code or demolish it. If Bill has O&L coverage on his policy there will be coverage to rebuild and comply with the new code, up to the limit of O&L coverage Bill has selected. Other complications come up too, such as if Bill does not rebuild, he does not receive "replacement cost" coverage and is instead paid based on an actual cash value (depreciated) basis. The benefits of O&L coverage are obvious.

Fannie May

Lending Requirements, Published September 29, 2015

Special Endorsements

The requirements for endorsements for condo, co-op, and PUD projects are as follows:

- Inflation Guard Endorsement when it can be obtained.
- Building Ordinance or Law Endorsement, if the enforcement of any building, zoning, or land-use law would result in loss or damage, increased cost of repairs or reconstruction, or additional demolition and removal costs to rebuild after a covered loss event occurs. The endorsement must provide for contingent liability from the operation of building laws, demolition costs, and increased costs of reconstruction. The endorsement is not required if it is not applicable, or the coverage is not obtainable in the insurance market available to the association.
- Boiler and Machinery/Equipment Breakdown Endorsement if the project has central heating or cooling. This endorsement should provide for the insurer's minimum liability per accident to at least equal the lesser of \$2 million or the insurable value of the building(s) housing the boiler or machinery. In lieu of obtaining this as an endorsement to the commercial package policy, the project may purchase separate standalone boiler and machinery coverage.





Peachtree Special Risk Brokers, LLC
 970 Lake Carillon Drive, Suite 106
 St. Petersburg, FL 33716
 (727)299-1140 Fax: (727)299-1141
 Wholesale Insurance Brokers

Peachtree Special Risk Brokers, LLC

TO: Roxana Agudelo
 Mitchell Insurance Services Inc
 6534 Central Ave
 Saint Petersburg, FL 33707

Agency Code: 140356

FROM: Crystal Myers for Jace Tennant
 cmyers@bridgespecialty.com

RE: Village on the Green Condominium III Association, Inc.
 03/10/26

Renewal Date:

Renewal of Policy #: AMC-33651-08

QUOTATION

We are pleased to offer the following quotation. Please review this quotation carefully, as the terms and conditions offered may be different than requested. **PROPERTY DISCLAIMER: Client ultimately selects insured values.** You must contact us in writing to bind coverage, as your office holds no binding authority.

Policy Term: 03/10/2026 - 03/10/2027

Quotation Premium

Excluding TRIA		Including TRIA	
Premium:	\$135,056.00	Premium:	\$135,056.00
EMPA - Payable to Provider	\$4.00	EMPA - Payable to Provider	\$4.00
FIGA	\$1,351.00	FIGA	\$1,351.00
Fire College	\$135.00	Fire College	\$135.00
		TRIA:	\$1,346.00
Total:	\$136,546.00	Total:	\$137,892.00

Commission: 10 %

Minimum Earned Percentage: 10.00 %; *Subject to the Carrier(s) Minimum Earned Premium Clause/Endorsement.

Note: Fees are fully earned

Policy Type: Occurrence

Carrier(s):

American Coastal Insurance Company Admitted
 Please be sure to check the Carrier's current A.M. Best rating to satisfy you and your client's interests.

Locations: Per Schedule on file with the Company.

02/13/26
Page 2 of 2

Endorsements/Exclusions: (Standard Company or ISO Exclusions are applicable including, but not limited to the following terms, conditions and exclusions. The state specific forms vary per state and may not be listed on this proposal. It is your responsibility as agent of the insured to check coverage and terms.)

- Please see attached Company Quotation for Endorsements and Exclusions

Terms and Conditions:

- Please see Company Quotation for binding subjectivities
- Subject to completed, signed and dated Acord and/or Company Specific applications signed by both the insured and the producer with coverage and exposures matching quote bound. If any differences, the binder and/or policy will prevail.
- This policy may include a vacancy clause/exclusion. Please notify us immediately if any of the insured's buildings currently have or plan to have any vacancies or if any buildings are completely unoccupied as coverage may be excluded for these buildings. It is your responsibility as agent of the insured to check coverage and terms and review the policy form/endorsement for accuracy.

Binding Subjectivities:

- Please see attached Company Quotation for terms, conditions and binding subjectivities.

Please Send The Above Items To: Crystal Myers - cmyers@bridgespecialty.com

If PSR has not received a response from you by the expiration date of this quote, we will consider this quotation closed. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of PSR. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Thank you for this opportunity!

Best Regards,

Jace Tennant

NOTICE OF CARRIER FINANCIAL STATUS

Peachtree Special Risk Brokers, LLC, and its parent company, Brown & Brown, Inc. (collectively “Brown & Brown”) do not certify, warrant or guarantee the financial soundness or stability of any insurance carrier or alternative risk transfer entity. We endeavored to place your coverage with an insurance carrier with an AM Best Company financial rating of “A-” or better.* While Brown & Brown cannot certify, warrant or guarantee the financial soundness or stability of a company or otherwise predict whether the financial condition of a company might improve or deteriorate, we are hereby providing you with notice and disclosure of financial condition so that you can make an informed decision regarding the placement of insurance coverage. Accordingly, this will serve as notice of the following with regard to the placement of the insurance indicated below and with regard to any subsequent renewal of such insurance:

- Brown & Brown may have other options for your insurance placement, including quotations with insurance carriers holding an “A-” or better rating from AM Best Company. Alternative quotes may be available with an A- or better rated carrier upon your request.
- Insurance coverage is being placed or renewed or quoted through American Coastal Company, which is currently not rated by A.M. Best Company.
- The financial condition of insurance companies may change rapidly and that such changes are beyond the control of Brown & Brown.
- You have had the ability to review the financial information for this carrier as found in one or more of the following sources: a state department of insurance website, AM Best Company website, carrier or a carrier website.
- You have had an opportunity to consider the information provided regarding your insurance quote and insurance placement and review it with your accountants, legal counsel and advisors.

Named Insured:
Line of Coverage(s):
Policy Number(s):
Policy Period(s):
Date of Notice:

* AM Best Rating Guide: **Rating for Stability: A++ to F = Highest to lowest rating**
Financial Size Category: XV to I - Largest to smallest rating



- Section J is added with the following conditions now a part of the policy:
 - CP 10 30 06 07 Exclusions B.2.f. is removed in its entirety and replaced as follows:

Constant or repeated seepage or leakage of water or steam or the presence or condensation of humidity, moisture or vapor that occurs over a period of 14 or more days, whether hidden or not. In the event this exclusion applies, we will not pay for any damages sustained starting from the first day the constant or repeated seepage or leakage of water or steam or the presence or condensation of humidity, moisture or vapor began;
- Section K is added with the following conditions now a part of the policy:
 - CP 10 30 06 07 Additional Coverage Extensions F.2. Water Damage, Other Liquids, Powder or Molten Material Damage is removed in its entirety and replaced as follows:

Water Damage, Other Liquids, Powder or Molten Material Damage

If loss or damage caused by or resulting from covered water or other liquid, powder or molten material damage loss occurs, we will also pay the reasonable cost you spend to tear out and replace only that particular part of the building or structure necessary to gain access to the specific point of that system or appliance from which the covered water or other substances escaped. We will not pay for the cost of repairing or replacing the system or appliance itself. This Coverage Extension does not increase the Limit of Insurance. We will not pay under this additional coverage extension until the repairs or replacement are made as soon as reasonable possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.

The form **AC 01 75 04 23 – Florida Changes – Legal Action Against Us** has replaced form **AC 01 75 06 21 – Florida Changes – Legal Action Against Us**. This endorsement modifies insurance provided under the Commercial Property Conditions endorsement.



Account Number 1293662

NOTICE OF CHANGE IN POLICY TERMS

Notice ID: N003

The purpose of this Notice of Change in Policy Terms is to inform you of changes to the terms, coverages, duties, and conditions of your renewal policy. If you choose to accept our renewal offer, you should carefully review the changes described below along with the enclosed policy. Please contact your agent if you have any questions regarding these changes. Receipt by American Coastal Insurance Company of premium payment for your renewal policy will be deemed acceptance of the new policy terms by the named insured.

Summary of Changes

The form **AC CL 1 04 23 – Declarations Page** has replaced form **AC CL 1 10 21 – Declarations Page**. The following changes apply:

- A claim or “reopened claim” for loss or damage caused by any peril is barred unless notice of the claim was given to us in accordance with the terms of the policy within one (1) year after the date of loss.
- A “supplemental claim” is barred unless notice of the “supplemental claim” was given to us in accordance with the terms of the policy within eighteen (18) months after the date of loss.
- If applicable, your AOP deductible has changed from per occurrence to per building. Please refer to the enclosed declarations page.

The form **AC 05 01 04 23 – Florida Changes – Assignment of Benefits** has replaced form **AC 05 01 10 19 – Florida Changes – Assignment of Benefits**. The following updates are now part of the policy.

- You may not assign, in whole or in part, any post-loss insurance benefit under this Policy. Any attempt to assign post-loss property insurance benefits under this Policy is void, invalid, and unenforceable.
 - o This does not apply to a subsequent purchaser of the home, to a power of attorney, or to liability coverage under this policy.
- Please review the form in its entirety for the full terms and conditions.

The form **AC 01 25 04 23 – Florida Changes** has replaced form **AC 01 25 06 21 – Florida Changes**. The following updates are now part of the policy.

- This endorsement modifies insurance provided under the following:
 - o Commercial Property Coverage Part
 - o Causes of Loss – Special Form
 - o Business Income (And Extra Expense) Coverage Form
 - o Business Income (Without Extra Expense) Coverage Form
 - o Extra Expense Coverage Form
 - o Condominium Association Coverage Form
- Section G is amended as follows:
 - o A claim or “reopened claim” for loss or damage caused by any peril is barred unless notice of the claim was given to us in accordance with the terms of the policy within 1 year after the date of loss.
 - o A “supplemental claim” is barred unless notice of the “supplemental claim” was given to us in accordance with the terms of the policy within 18 months after the date of loss.
- Section H. (3), is amended as follows:
 - o Within 60 days of receiving notice of an initial, “reopened” or “supplemental claim”, unless we deny the claim during that time or factors beyond our control reasonably prevent such payment. If a portion of the claim is denied, then the 60-day time period for payment of claim relates to the portion of the claim that is not denied.
 - o The above paragraph applies only to the following:
 - A claim under a policy covering residential property;
 - A claim for building or contents coverage if the insured structure is 10,000 square feet or less and the policy covers only locations in Florida; or
 - A claim for contents coverage under a tenant's policy if the rented premises are 10,000 square feet or less and the policy covers only locations in Florida.



Commercial Property Quote

Named Insured Village on the Green Condominium III Assn Inc

Account Number 1293662

Windstorm

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

Flood

FLOOD COVERAGE IS NOT PROVIDED BY THIS POLICY.

Policy Cancellation

WARNING!

If your policy includes windstorm coverage and you cancel your American Coastal Insurance Company (ACIC) policy mid-term for any reason other than buildings being sold, you may not be eligible to obtain a quote or binder for a period of up to three (3) years.

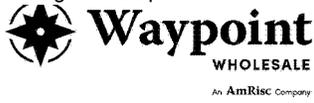
American Coastal is an admitted insurance company in the state of Florida. Our filed rates are approved by the State Office of Insurance Regulation and are based on an annual term policy even though exposure from the Wind Season is primarily during the months from June through November. Short term policies undermine the rate adequacy of the rating plan filed and approved by the State. American Coastal does not want to participate in or promote practices that undermine rate adequacy and the rate approval process of the State of Florida. If an insured cancels a policy after being in force all or part of the wind season, it may not be eligible to obtain another quote or binder from AmRisc or American Coastal for a period of up to three (3) years.

You should be aware that Citizens Property Insurance Company may not be able to offer you a policy if you purchase a short term interim policy. You should check their website for details.

<https://www.citizensfla.com> We recommend you talk to your current agent before cancelling any policy mid-term.

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Commercial Property Quote

General Information

Named Insured: Village on the Green Condominium III Assn Inc

Address: 24701 US HWY 19 N STE 102

City, State, Zip: Clearwater FL 33763

Account No.: 1293662

Company Information

Company: **American Coastal Insurance Company**

Effective Date: 03/10/2026

Expiration Date: 03/10/2027

Policy Information

Policy Type	Commercial Property	County	PINELLAS	Location	Rest of State
Protection Class	01	BCEGS	Ungraded	EC Zone	Seacoast 3

Coverage

Perils Covered	ISO Special	Coinsurance:	N/A Agreed Amount Scheduled
Building Valuation	RCV	AOP Deductible:	\$10,000 Per Occurrence
Pers. Prop Valuation	RCV	Sinkhole Deductible:	Excluded
Roof Valuation	RCV	Hurricane Deductible:	5% Per Calendar Year
Exclusions	Existing Damage Exclusion (AC 00 10) Additional Property Not Covered Exclusion (AC 14 20)		
		Total Limits of Liability:	\$28,104,692 (as per schedule attached, NOT blanket)

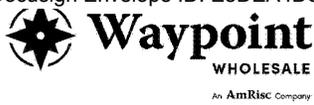
Options/Endorsements/Standard Forms

<p>Ordinance or Law Coverage - Y</p> <p>Coverage A Full Limit (y/n) N</p> <p>Coverage B Limit \$0</p> <p>Coverage C Limit \$0</p> <p>Coverage B/C Combined Limit</p> <p>Coverage A/B/C Combined Limit \$500,000</p> <p>Equipment Breakdown Limit \$10,000,000</p> <p><u>Sinkhole Coverage</u></p> <p>Sinkhole catastrophic ground cover collapse (AC 01 25) coverage applies.</p>	<p>Standard forms and endorsements to apply. Other options available upon request.</p> <p>Percent deductibles are per building</p> <p>10% Minimum Earned premium applies.</p> <p>This quote is subject to acceptance both sides with NO COVER GIVEN</p> <p>Property Enhancement Endorsement - AC 00 01</p> <p>Coverage explicitly excludes all flooding, including but not limited to flooding during windstorm events.</p> <p>Coverage excludes all damage directly or indirectly caused by any Named Storm in existence upon receipt of written request to bind.</p>
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*** See additional options for any available quote alternatives**

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Commercial Property Quote

Commercial Property Schedule - Building Information

BUILDINGS		CONTENTS	OTHER
Building No	Building Values	Contents Values	Other Values
1	\$251,001	\$0	\$0
2	\$511,771	\$0	\$0
3	\$223,148	\$0	\$0
4	\$497,716	\$0	\$0
5	\$224,846	\$0	\$0
6	\$929,310	\$0	\$0
7	\$1,618,216	\$0	\$0
8	\$511,771	\$0	\$0
9	\$2,174,261	\$0	\$0
10	\$511,771	\$0	\$0
11	\$677,126	\$0	\$0
12	\$1,874,063	\$0	\$0
13	\$929,310	\$0	\$0
14	\$677,126	\$0	\$0
15	\$2,174,261	\$0	\$0
16	\$677,126	\$0	\$0
17	\$677,126	\$0	\$0
18	\$2,174,261	\$0	\$0
19	\$677,126	\$0	\$0
20	\$677,126	\$0	\$0
21	\$2,174,261	\$0	\$0
22	\$677,126	\$0	\$0
23	\$1,618,216	\$0	\$0
24	\$677,126	\$0	\$0
25	\$929,310	\$0	\$0
26	\$1,618,216	\$0	\$0
27	\$677,126	\$0	\$0
28	\$55,419	\$0	\$0
29	\$34,116	\$0	\$0
30	\$0	\$0	\$19,500
31	\$0	\$0	\$19,500
32	\$0	\$0	\$19,500
33	\$0	\$0	\$19,500
34	\$0	\$0	\$19,500
35	\$0	\$0	\$19,500
36	\$0	\$0	\$19,500
37	\$0	\$0	\$19,500

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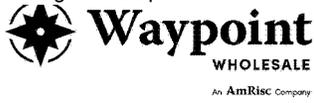
Commercial Property Quote

Commercial Property Schedule - Building Information

BUILDINGS		CONTENTS	OTHER
Building No	Building Values	Contents Values	Other Values
38	\$0	\$0	\$26,000
39	\$0	\$0	\$26,000
40	\$0	\$0	\$26,000
41	\$0	\$0	\$26,000
42	\$0	\$0	\$26,000
43	\$0	\$0	\$26,000
44	\$0	\$0	\$26,000
45	\$0	\$0	\$26,000
46	\$0	\$0	\$26,000
47	\$0	\$0	\$26,000
48	\$0	\$0	\$26,000
49	\$0	\$0	\$26,000
50	\$0	\$0	\$26,000
51	\$0	\$0	\$26,000
52	\$0	\$0	\$26,000
53	\$0	\$0	\$26,000
54	\$0	\$0	\$26,000
55	\$0	\$0	\$26,000
56	\$0	\$0	\$26,000
57	\$0	\$0	\$26,000
58	\$0	\$0	\$26,000
59	\$0	\$0	\$26,000
60	\$0	\$0	\$39,500
61	\$0	\$0	\$39,000
62	\$0	\$0	\$54,000
63	\$0	\$0	\$54,000
64	\$0	\$0	\$40,304
65	\$0	\$0	\$20,510

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Commercial Property Quote

Additional Options	Blank A/B/C Limit
Total Premium Including Taxes and Fees	500,000
10,000 AOP/3% Sinkhole Per Occurrence	
7.5% Hurricane Per Calendar Year With TRIPRA	130,695
Without TRIPRA	129,406
10,000 AOP/3% Sinkhole Per Occurrence	
10% Hurricane Per Calendar Year With TRIPRA	124,670
Without TRIPRA	123,435
25,000 AOP/3% Sinkhole Per Occurrence	
7.5% Hurricane Per Calendar Year With TRIPRA	121,671
Without TRIPRA	120,467
25,000 AOP/3% Sinkhole Per Occurrence	
10% Hurricane Per Calendar Year With TRIPRA	115,674
Without TRIPRA	114,532
25,000 AOP/3% Sinkhole Per Occurrence	
5% Hurricane Per Calendar Year With TRIPRA	128,886
Without TRIPRA	127,614
50,000 AOP/3% Sinkhole Per Occurrence	
7.5% Hurricane Per Calendar Year With TRIPRA	110,061
Without TRIPRA	108,972
50,000 AOP/3% Sinkhole Per Occurrence	
10% Hurricane Per Calendar Year With TRIPRA	104,046
Without TRIPRA	103,014
50,000 AOP/3% Sinkhole Per Occurrence	
5% Hurricane Per Calendar Year With TRIPRA	117,271
Without TRIPRA	116,112
10,000 AOP/3% Sinkhole Per Occurrence	
5% Hurricane Per Calendar Year With TRIPRA	137,906
Without TRIPRA	136,546

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Commercial Property Quote

The following documents are required within 30 days of binding:

- Fully Completed AmRisc SOV
- Signed Application - ACORD 125 and ACORD 140
- Prior Carrier three year loss history or signed no loss letter by corporate officer (unless the risk is a new construction or new purchase).
- Current Florida Building Code Mitigation Verification Affidavit if not on file or if out of date
- Consent to Rate Form if applicable
- Signed TRIPRA Disclosure
- Evidence of flood coverage (current DEC page or copy of quote & check) or Flood Waiver Form (Election Not To Buy Separate Flood Insurance) AC FW01
- Copy of signed Rental Occupancy Disclosure
- Copy of Signed Catastrophe Management Contact Information form

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Commercial Property Quote

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium provided in the Commercial Property Quote.
<input checked="" type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Signed by:
Patrick K. Leo
5AC010483D79466

Policyholder/Applicant's Signature

American Coastal Insurance Company

Company

Patrick K. Leo

Print Name

Policy Number

3/6/2026

Date

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Commercial Property Quote

Catastrophe Management Contact Information

Village on the Green Condominium III Assn Inc

Like all Florida properties, your Association is exposed to potential catastrophic losses due to hurricane. In order to provide you with the best and most prompt customer service in the event of a catastrophe, we want to make sure our contact records are complete and up-to-date

Please complete and return this form with the remaining documents required at binding.

Insured Contact 1

Contact Name		
Title	Email Address	
Office Number	Cell Number	Fax Number

Insured Contact 2

Contact Name		
Title	Email Address	
Office Number	Cell Number	Fax Number

Management Company (if applicable)

Company Name		
Contact Name	Email Address	
Office Number	Cell Number	Fax Number

Retail Agent

Company Name		
Contact Name	Email Address	
Office Number	Cell Number	Fax Number

Wholesaler (if applicable)

Company Name		
Contact Name	Email Address	
Office Number	Cell Number	Fax Number

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Commercial Property Quote

Rental Occupancy Disclosure

As a condition of binding, we need to know the total number of short term rental units (or % of total) in your association's building(s). We are aware that this percentage changes throughout the year and thus only need to verify the estimated percentage of short term rentals at the time of binding and/or at renewal.

As an admitted insurance carrier domiciled in the state of Florida, American Coastal Insurance Company is required to participate in the Florida Hurricane Catastrophe Fund (FHCF) for reinsurance coverage. However, by law the FHCF does not provide reinsurance coverage for Condominium Associations and Homeowner Associations that are primarily used for short term rentals. Short term rentals are defined by the FHCF as units that are non-owner occupied and rented for six (6) or more rental periods by different parties during the course of a twelve (12) month period. As such, our intent at American Coastal is to not provide coverage for properties that are primarily used for short term rentals. Please complete the questions below and return prior to binding.

Total Number of units 151 (rental and non-rental)

Total Percentage (%) of short term rental units (circle appropriate range)

1) 0% to 25% Short Term Rentals

2) 25.1% to 50% Short Term Rentals

3) 50.1% to 75% Short Term Rentals

4) 75.1% to 100% Short Term Rentals

Signed by:

5AC0A2483D79456

 Policyholder/Applicant's Signature
 Patrick K. Leo

 Printed Name
 President

 Title/Position

3/6/2026

 Date

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Commercial Property Quote

American Coastal Insurance Company

Election Not To Buy Separate Flood Insurance

I, Village on the Green Condominium III Assn Inc, have elected NOT to purchase, separate flood insurance for the property to be insured by American Coastal Insurance Company (“American Coastal”) and affirm the following:

I UNDERSTAND AMERICAN COASTAL INSURANCE COMPANY DOES NOT PROVIDE COVERAGE FOR DAMAGE CAUSED BY FLOOD.

MY PROPERTY WILL NOT BE COVERED FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD.

I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM.

I WILL HAVE NO COVERAGE FOR LOSSES CAUSED BY FLOOD.

I UNDERSTAND MY APPLICATION FOR COVERAGE MAY BE DENIED IF I DO NOT SIGN THIS FORM.

I UNDERSTAND MY POLICY MAY BE NONRENEWED IN THE FUTURE IF I DO NOT SIGN THIS FORM.

The Florida Department of Financial Services, Office of Insurance Regulation and American Coastal Insurance Company strongly recommends that property owners in “Special Flood Hazard Areas” obtain flood coverage.

I have read and I understand the information above, and I chose **NOT** to purchase flood coverage.

I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

Application/Policy Number:

Patrick K. Leo

Policyholder/Applicant's Signature

Patrick K. Leo

Print Name

3/6/2026

Date

Agent's Signature

Kip Kollmeyer

Printed Name

03/06/2026

Date

AC FW01 06 07

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Account ID: 1293662

Insured: Village on the Green Condominium III Assn Inc

Schedule of Values / Detail

Bldg	Address	County	Num Bldgs	Year Built	Building	Contents	Other	B/ Rents	Total Value	Num Units	Bldg SqFt	ISO Constr
1	2501 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$251,001	\$0	\$0	\$0	\$251,001	1	1,504	2
2	2502 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1980	\$511,771	\$0	\$0	\$0	\$511,771	3	3,540	2
3	2507 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$223,148	\$0	\$0	\$0	\$223,148	1	1,304	2
4	2508 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1980	\$497,716	\$0	\$0	\$0	\$497,716	3	3,480	2
5	2513 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$224,846	\$0	\$0	\$0	\$224,846	1	1,337	2
6	2514 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1981	\$929,310	\$0	\$0	\$0	\$929,310	6	7,046	2
7	2519 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$1,618,216	\$0	\$0	\$0	\$1,618,216	3	3,540	2
8	2520 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1980	\$511,771	\$0	\$0	\$0	\$511,771	3	3,540	2
9	2525 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1981	\$2,174,261	\$0	\$0	\$0	\$2,174,261	4	4,927	2
10	2526 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1980	\$511,771	\$0	\$0	\$0	\$511,771	6	7,046	2
11	2529 Laurelwood Drive Clearwater FL 33763	PINELLAS	1	1980	\$677,126	\$0	\$0	\$0	\$677,126	4	4,927	2
12	2531 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$1,874,063	\$0	\$0	\$0	\$1,874,063	4	4,927	2
13	2532 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1980	\$929,310	\$0	\$0	\$0	\$929,310	4	4,927	2
14	2535 Laurelwood Drive Clearwater FL 33763	PINELLAS	1	1980	\$677,126	\$0	\$0	\$0	\$677,126	4	4,927	2
15	2537 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1980	\$2,174,261	\$0	\$0	\$0	\$2,174,261	4	4,927	2

Account ID: 1293662

Schedule of Values / Detail

Insured: Village on the Green Condominium III Assn Inc

Bldg	Address	County	Num Bldgs	Year Built	Building	Contents	Other	BI/ Rents	Total Value	Num Units	Bldg SqFt	ISO Constr
16	2538 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1980	\$677,126	\$0	\$0	\$0	\$677,126	4	4,927	2
17	2541 Laurelwood Drive Clearwater FL 33763	PINELLAS	1	1980	\$677,126	\$0	\$0	\$0	\$677,126	4	4,927	2
18	2543 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1980	\$2,174,261	\$0	\$0	\$0	\$2,174,261	6	7,046	2
19	2544 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1980	\$677,126	\$0	\$0	\$0	\$677,126	4	4,927	2
20	2545 Laurelwood Drive Clearwater FL 33763	PINELLAS	1	1979	\$677,126	\$0	\$0	\$0	\$677,126	8	10,512	2
21	2549 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$2,174,261	\$0	\$0	\$0	\$2,174,261	12	14,506	2
22	2550 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$677,126	\$0	\$0	\$0	\$677,126	10	12,322	2
23	2555 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$1,618,216	\$0	\$0	\$0	\$1,618,216	12	14,506	2
24	2556 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$677,126	\$0	\$0	\$0	\$677,126	12	14,506	2
25	2557 Laurelwood Drive Clearwater FL 33763	PINELLAS	1	1979	\$929,310	\$0	\$0	\$0	\$929,310	12	14,506	2
26	2561 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$1,618,216	\$0	\$0	\$0	\$1,618,216	8	10,512	2
27	2569 Laurelwood Drive Clearwater FL 33763	PINELLAS	1	1979	\$677,126	\$0	\$0	\$0	\$677,126	8	10,512	2
28	2501 and 2507 Royal Pines Circ Clearwater FL 33763	PINELLAS	1	1979	\$55,419	\$0	\$0	\$0	\$55,419	1	666	1
29	2513 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$34,116	\$0	\$0	\$0	\$34,116	1	340	1
30	2502 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$19,500	\$0	\$19,500	1	101	3

Account ID: 1293662

Insured: Village on the Green Condominium III Assn Inc

Schedule of Values / Detail

Bldg	Address	County	Num Bldgs	Year Built	Building	Contents	Other	BI/ Rents	Total Value	Num Units	Bldg SqFt	ISO Constr
31	2508 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$19,500	\$0	\$19,500	1	101	3
32	2520 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$19,500	\$0	\$19,500	1	101	3
33	2526 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$19,500	\$0	\$19,500	1	101	3
34	2532 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$19,500	\$0	\$19,500	1	101	3
35	2532 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$19,500	\$0	\$19,500	1	101	3
36	2557 Laurelwood Drive Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$19,500	\$0	\$19,500	1	101	3
37	2557 Laurelwood Drive Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$19,500	\$0	\$19,500	1	101	3
38	2519 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
39	2519 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
40	2525 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
41	2525 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
42	2529 Laurelwood Drive Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
43	2535 Laurelwood Drive Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
44	2537 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
45	2538 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3

Account ID: 1293662

Schedule of Values / Detail

Insured: Village on the Green Condominium III Assn Inc

Bldg	Address	County	Num Bldgs	Year Built	Building	Contents	Other	BI/ Rents	Total Value	Num Units	Bldg SqFt	ISO Constr
46	2541 Laurelwood Drive Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
47	2543 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
48	2543 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
49	2543 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
50	2544 Laurelwood Drive Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
51	2545 Laurelwood Drive Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
52	2549 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
53	2550 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
54	2555 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
55	2555 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
56	2556 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
57	2561 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
58	2561 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
59	2569 Laurelwood Drive Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$26,000	\$0	\$26,000	1	101	3
60	2514 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$39,500	\$0	\$39,500	1	101	3

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Insured: Village on the Green Condominium III Assn Inc

Schedule of Values / Detail

Bldg	Address	County	Num Bldgs	Year Built	Building	Contents	Other	B/ Rents	Total Value	Num Units	Bldg SqFt	ISO Constr
61	2531 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$39,000	\$0	\$39,000	1	101	3
62	2537 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$54,000	\$0	\$54,000	1	101	3
63	2549 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$54,000	\$0	\$54,000	1	101	3
64	2549 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	1979	\$0	\$0	\$40,304	\$0	\$40,304	1	101	3
65	2549 Royal Pines Circle Clearwater FL 33763	PINELLAS	1	2018	\$0	\$0	\$20,510	\$0	\$20,510	1	101	1
					\$27,129,378		\$0	\$975,314	\$0	\$28,104,692		

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Schedule of Values / Detail

Insured: Village on the Green Condominium III Assn Inc

Bldg Num	Prot Class	AS	ACIC Class	ACIC Occupancy	Location	EC_Zone	Terrain	Group2 Constr	Roof Cover	Roof Shape	Roof Wall Attach	Roof Deck Attach	Sec Wtr	Open Prot	FBC Wind Speed	FBC Wind Des	Des Exp
1	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
2	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
3	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	Non FBC Equivalent	Gable/Other	Clips	Level A (6d@6"/12")	N	None	N/A	N/A	N/A
4	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
5	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level A (6d@6"/12")	N	None	N/A	N/A	N/A
6	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
7	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
8	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level A (6d@6"/12")	N	None	N/A	N/A	N/A
9	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
10	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	Non FBC Equivalent	Gable/Other	Clips	Level A (6d@6"/12")	N	None	N/A	N/A	N/A
11	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A

Account ID: 1293662

Insured: Village on the Green Condominium III Assn Inc

Schedule of Values / Detail

Bldg Num	Prot Class	AS	ACIC Class	ACIC Occupancy	Location	EC_Zone	Terrain	Group2 Constr	Roof Cover	Roof Shape	Roof Wall Attach	Roof Deck Attach	Sec Wtr	Open Prot	FBC Wind Speed	FBC Wind Des	Des Exp
12	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
13	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
14	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
15	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
16	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
17	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
18	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
19	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
20	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level A (6d@6"/12")	N	None	N/A	N/A	N/A
21	01	N	0332	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
22	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level A (6d@6"/12")	N	None	N/A	N/A	N/A

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Schedule of Values / Detail

Insured: Village on the Green Condominium III Assn Inc

Bldg Num	Prot Class	AS	ACIC Class	ACIC Occupancy	Location	EC_Zone	Terrain	Group2 Constr	Roof Cover	Roof Shape	Roof Wall Attach	Roof Deck Attach	Sec Wtr	Open Prot	FBC Wind Speed	FBC Wind Des	Des Exp
23	01	N	0332	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
24	01	N	0332	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
25	01	N	0332	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level A (6d@6"/12")	N	None	N/A	N/A	N/A
26	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
27	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/Other	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
28	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Gable/Other	N/A	N/A	N	None	N/A	N/A	N/A
29	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Gable/Other	N/A	N/A	N	None	N/A	N/A	N/A
30	01	N	1190	1190-6 Open Sided f, JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
31	01	N	1190	1190-6 Open Sided f, JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
32	01	N	1190	1190-6 Open Sided f, JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
33	01	N	1190	1190-6 Open Sided f, JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A

Account ID: 1293662

Schedule of Values / Detail

Insured: Village on the Green Condominium III Assn Inc

Bldg Num	Prot Class	AS	ACIC Class	ACIC Occupancy	Location	EC_Zone	Terrain	Group2 Constr	Roof Cover	Roof Shape	Roof Wall Attach	Roof Deck Attach	Sec Wtr	Open Prot	FBC Wind Speed	FBC Wind Des	Des Exp
34	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
35	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
36	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
37	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
38	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
39	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
40	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
41	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
42	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
43	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
44	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A

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Schedule of Values / Detail

Insured: Village on the Green Condominium III Assn Inc

Bldg Num	Prot Class	AS	ACIC Class	ACIC Occupancy	Location	EC_Zone	Terrain	Group2 Constr	Roof Cover	Roof Shape	Roof Wall Attach	Roof Deck Attach	Sec Wtr	Open Prot	FBC Wind Speed	FBC Wind Des	Des Exp
45	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
46	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
47	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
48	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
49	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
50	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
51	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
52	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
53	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
54	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
55	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A

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Schedule of Values / Detail

Insured: Village on the Green Condominium III Assn Inc

Bldg Num	Prot Class	AS	ACIC Class	ACIC Occupancy	Location	EC_Zone	Terrain	Group2 Constr	Roof Cover	Roof Shape	Roof Wall Attach	Roof Deck Attach	Sec Wtr	Open Prot	FBC Wind Speed	FBC Wind Des	Des Exp
56	01	N	1190	1190-6 Open Sided f, JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
57	01	N	1190	1190-6 Open Sided f, JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
58	01	N	1190	1190-6 Open Sided f, JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
59	01	N	1190	1190-6 Open Sided f, JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
60	01	N	1190	1190-6 Open Sided f, JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
61	01	N	1190	1190-6 Open Sided f, JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
62	01	N	1190	1190-6 Open Sided f, JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
63	01	N	1190	1190-6 Open Sided f, JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
64	01	N	1190	1190-6 Open Sided f, JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
65	01	N	1190	1190-6 Open Sided f, JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A

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Schedule of Values / Detail

Insured: Village on the Green Condominium III Assn Inc

Bldg Num	Wind Ded	AOP Ded	Bldg Val	Roof Cover Val	AS ISO	BCEGS	Vandl Excl	Cov A	Cov BC Limit	CovA/B/C Limit
1	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
2	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
3	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
4	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
5	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
6	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
7	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
8	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
9	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
10	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
11	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
12	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
13	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
14	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
15	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
16	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
17	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
18	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
19	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
20	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
21	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
22	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations

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Schedule of Values / Detail

Insured: Village on the Green Condominium III Assn Inc

Bldg Num	Wind Ded	AOP Ded	Bldg Val	Roof Cover Val	AS ISO	BCEGS	Vandl Excl	Cov A	Cov BC Limit	CovA/B/C Limit
23	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
24	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
25	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
26	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
27	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
28	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
29	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
30	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
31	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
32	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
33	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
34	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
35	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
36	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
37	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
38	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
39	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
40	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
41	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
42	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
43	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
44	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations

Account ID: 1293662

Schedule of Values / Detail

Insured: Village on the Green Condominium III Assn Inc

Bldg Num	Wind Ded	AOP Ded	Bldg Val	Roof Cover Val	AS ISO	BCEGS	Vandl Excl	Cov A	Cov BC Limit	CovA/B/C Limit
45	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
46	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
47	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
48	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
49	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
50	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
51	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
52	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
53	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
54	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
55	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
56	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
57	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
58	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
59	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
60	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
61	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
62	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
63	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
64	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations
65	.05	\$10,000	RCV	RCV	N	Ungraded	N	N	\$0.00	As Per Declarations

Account ID: 1293662

Schedule of Values / Detail

Insured: Village on the Green Condominium III Assn Inc

Bldg Num	Wind Ded	AOP Ded	Bldg Val	Roof Cover Val	AS ISO	BCEGS	Vandl Excl	Cov A	Cov BC Limit	CovA/B/C Limit
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Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

To the best knowledge of the applicant and the producer, the above information is true and complete.

Applicant Printed Name

Title

Producer Printed Name

Title

Patrick K. Leo

President

Kip Kollmeyer

Agent

Applicant Signature

Date

Producer Signature

Date

Signed by:
Patrick K. Leo
5AC0A2483D79456

3/6/2026



03/06/2026

AGENCY CUSTOMER ID: 00000049

CONTACT INFORMATION

CONTACT TYPE:		CONTACT TYPE: Main Cont	
CONTACT NAME: Arnie Holder		CONTACT NAME: Bob (Robert) Kelly	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
(727)726-8000		(727)726-8000 ext 232	
PRIMARY E-MAIL ADDRESS: aholder@ameritechmail.com		PRIMARY E-MAIL ADDRESS: rkelly@ameritechmail.com	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2501 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33763			TOTAL BUILDING AREA: 1,504 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2502 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY:	ZIP: 33763			TOTAL BUILDING AREA: 3,540 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2507 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
3	COUNTY:	ZIP: 33763			TOTAL BUILDING AREA: 1,304 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2508 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
4	COUNTY:	ZIP: 33763			TOTAL BUILDING AREA: 3,480 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number		# FULL TIME EMPL: Number Full Time Employees		SQ FT: Square Feet	
BLD #: Building Number		# PART TIME EMPL: Number Part Time Employees			

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE							REFERENCE / LOAN #:	INTEREST END DATE:
REASON FOR INTEREST:	LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):					
		E-MAIL ADDRESS:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N												
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PARENT COMPANY NAME</td> <td style="width: 30%;">RELATIONSHIP DESCRIPTION</td> <td style="width: 20%;">% OWNED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED				N						
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SUBSIDIARY COMPANY NAME</td> <td style="width: 30%;">RELATIONSHIP DESCRIPTION</td> <td style="width: 20%;">% OWNED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED				N						
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>	N												
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N												
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">LINE OF BUSINESS</td> <td style="width: 25%;">POLICY NUMBER</td> <td style="width: 25%;">LINE OF BUSINESS</td> <td style="width: 25%;">POLICY NUMBER</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER									N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER										
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) <input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):	N												
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	N												
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	N												
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">OCCUR DATE</th> <th style="width: 40%;">EXPLANATION</th> <th style="width: 25%;">RESOLUTION</th> <th style="width: 20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">OCCUR DATE</th> <th style="width: 40%;">EXPLANATION</th> <th style="width: 25%;">RESOLUTION</th> <th style="width: 20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">OCCUR DATE</th> <th style="width: 40%;">EXPLANATION</th> <th style="width: 25%;">RESOLUTION</th> <th style="width: 20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:	N												
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	N												
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	N												
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)	N												
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)	N												

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See attached additional premises form 823



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Mitchell Insurance Services, Inc.		CARRIER American Coastal Insurance Company		NAIC CODE
POLICY NUMBER TBD	EFFECTIVE DATE 03/10/2026	NAMED INSURED(S) Village on the Green Condominium III Association, Inc.		

PREMISES INFORMATION						
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	2513 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
5	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 1,337 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2514 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
6	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 7,046 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2519 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
7	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 10,512 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2520 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
8	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 3,540 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2525 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
9	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 14,506 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2526 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
10	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 3,540 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2529 Laurelwood Dr	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
11	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 4,927 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2531 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
12	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 12,322 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2532 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
13	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 7,046 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2535 Laurelwood Dr	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
14	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 4,927 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Mitchell Insurance Services, Inc.		CARRIER American Coastal Insurance Company		NAIC CODE
POLICY NUMBER TBD	EFFECTIVE DATE 03/10/2026	NAMED INSURED(S) Village on the Green Condominium III Association, Inc.		

PREMISES INFORMATION						
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	2537 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
15	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 14,506 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2538 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
16	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 4,927 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2541 Laurelwood Dr	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
17	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 4,927 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2543 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
18	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 14,506 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2544 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
19	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 4,927 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2545 Laurelwood Dr	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
20	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 4,927 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2549 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
21	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 14,506 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2550 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
22	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 4,927 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2555 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
23	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 10,512 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2556 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
24	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 4,927 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Mitchell Insurance Services, Inc.		CARRIER American Coastal Insurance Company		NAIC CODE
POLICY NUMBER TBD	EFFECTIVE DATE 03/10/2026	NAMED INSURED(S) Village on the Green Condominium III Association, Inc.		

PREMISES INFORMATION						
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	2557 Laurelwood Dr	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
25	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 7,046 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2561 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
26	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 10,512 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2569 Laurelwood Dr	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
27	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 4,927 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2501,2507 Royal Pines	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
28	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 666 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2513 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
29	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: 340 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2502 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
30	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2508 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
31	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2520 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
32	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2526 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
33	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2532 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
34	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Mitchell Insurance Services, Inc.		CARRIER American Coastal Insurance Company		NAIC CODE
POLICY NUMBER TBD	EFFECTIVE DATE 03/10/2026	NAMED INSURED(S) Village on the Green Condominium III Association, Inc.		

PREMISES INFORMATION						
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	2532 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
35	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2537 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
36	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2537 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
37	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2519 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
38	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2519 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
39	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2525 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
40	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2525 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
41	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2529 Laurelwood Dr	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
42	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2535 Laurelwood Dr	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
43	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2537 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
44	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Mitchell Insurance Services, Inc.		CARRIER American Coastal Insurance Company		NAIC CODE
POLICY NUMBER TBD	EFFECTIVE DATE 03/10/2026	NAMED INSURED(S) Village on the Green Condominium III Association, Inc.		

PREMISES INFORMATION						
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	2538 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
45	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2541 Laurelwood Dr	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
46	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2543 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
47	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2543 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
48	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2543 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
49	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2544 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
50	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2545 Laurelwood Dr	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
51	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2549 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
52	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2550 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
53	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2555 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
54	COUNTY:	ZIP: 33763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Mitchell Insurance Services, Inc.		CARRIER American Coastal Insurance Company		NAIC CODE
POLICY NUMBER TBD	EFFECTIVE DATE 03/10/2026	NAMED INSURED(S) Village on the Green Condominium III Association, Inc.		

PREMISES INFORMATION						
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	2555 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
55	COUNTY:	ZIP: 33763			TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2556 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
56	COUNTY:	ZIP: 33763			TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2561 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
57	COUNTY:	ZIP: 33763			TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2561 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
58	COUNTY:	ZIP: 33763			TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2569 Laurelwood Dr	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
59	COUNTY:	ZIP: 33763			TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2514 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
60	COUNTY:	ZIP: 33763			TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2531 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
61	COUNTY:	ZIP: 33763			TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2537 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
62	COUNTY:	ZIP: 33763			TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2549 Royal Pines Cir	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
63	COUNTY:	ZIP: 33763			TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	
1	2545 Laurelwood Dr	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: Clearwater	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
64	COUNTY:	ZIP: 33763			TOTAL BUILDING AREA: SQ FT	
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:	

AGENCY CUSTOMER ID: 00000049



PROPERTY SECTION

DATE (MM/DD/YYYY)
02/27/2026

AGENCY NAME Mitchell Insurance Services, Inc.		CARRIER American Coastal Insurance Company		NAIC CODE
POLICY NUMBER TBD	EFFECTIVE DATE 03/10/2026	NAMED INSURED(S) Village on the Green Condominium III Association, Inc.		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2545 Laurelwood Dr, Clearwater, FL 33763
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
TIV	28,104,692	100	RCV	SPC		10,000	AOP		
Hurricane						5%			per CY
O&L Full A	2.50% B&C								Combined Sublimit
Equipment Breakdown	10,000,000								
CGCC	Included								

ADDITIONAL INFORMATION: BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 | VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida) | ACCEPT COVERAGE | REJECT COVERAGE | LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) | ACCEPT COVERAGE | REJECT COVERAGE | LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK | # OF OPEN SIDES ON STRUCTURE: ____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS

WIRING, YR: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/>	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
ROOFING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: ____
OTHER: YR: <input type="checkbox"/>	RESISTIVE			MANUFACTURER:	

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
WITH KEYS			

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST | ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: ____	EVIDENCE: ____	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: ____ BUILDING: ____
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS: ____ ITEM: ____
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION
	REFERENCE / LOAN #:				

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2501 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 1	BLDG DESCRIPTION: 1 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	251,001								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA 1,504
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> ROOFING, YR: 2013 <input checked="" type="checkbox"/> OTHER: _____ YR: _____	PLUMBING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

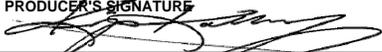
Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) RAL Kip Kollmeyer	STATE PRODUCER LICENSE NO (Required in Florida) W221139
APPLICANT'S SIGNATURE Signed by:  SAC0A2483D79456...	DATE 3/6/2026	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2502 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 2	BLDG DESCRIPTION: 3 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	511,771								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1980	TOTAL AREA 3,540
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES	
WIRING, YR: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/>	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
ROOFING, YR: 2012	HEATING, YR: <input type="checkbox"/>	RESISTIVE		MANUFACTURER:	
OTHER: YR: _____					

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: _____ BUILDING: _____
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS: _____ ITEM: _____
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION
<input type="checkbox"/>					
	REFERENCE / LOAN #:				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2507 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 3	BLDG DESCRIPTION: 1 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	223,148								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA 1,304
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 1996 <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE <input type="checkbox"/> RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2508 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 4	BLDG DESCRIPTION: 3 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	497,716								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1980	TOTAL AREA 3,480
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> ROOFING, YR: 2012 <input checked="" type="checkbox"/> OTHER: _____ YR: _____	PLUMBING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2513 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 5	BLDG DESCRIPTION: 1 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	224,846								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA 1,337
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> ROOFING, YR: 2011 OTHER: _____ YR: _____	PLUMBING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2514 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 6	BLDG DESCRIPTION: 6 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	929,310								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1981	TOTAL AREA 7,046
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> ROOFING, YR: 2011 OTHER: _____ YR: _____	PLUMBING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
ITEM DESCRIPTION					

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2519 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 7	BLDG DESCRIPTION: 8 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,618,216								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1981	TOTAL AREA 10,512
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2015 <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER:	DATE INSTALLED:

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			LOCATION: ITEM CLASS: ITEM DESCRIPTION	BUILDING: ITEM:

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2520 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 8	BLDG DESCRIPTION: 3 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	511,771								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1980	TOTAL AREA 3,540
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2005 <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE <input type="checkbox"/> RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2525 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 9	BLDG DESCRIPTION: 12 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	2,174,261								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1981	TOTAL AREA 14,506
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2008 <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE <input type="checkbox"/> RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
	ITEM DESCRIPTION				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2526 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 10	BLDG DESCRIPTION: 3 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	511,771								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1980	TOTAL AREA 3,540
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> ROOFING, YR: 2021 OTHER: _____ YR: _____	PLUMBING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2529 Laurelwood Dr, Clearwater, FL 33763
BUILDING #: 11	BLDG DESCRIPTION: 4 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	677,126								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1980	TOTAL AREA 4,927
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2013 <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE <input type="checkbox"/> RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2531 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 12	BLDG DESCRIPTION: 10 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,874,063								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1980	TOTAL AREA 12,322
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> ROOFING, YR: 2015 OTHER: _____ YR: _____	PLUMBING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/>	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER: _____	DATE INSTALLED: _____

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2532 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 13	BLDG DESCRIPTION: 6 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	929,310								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1980	TOTAL AREA 7,046
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2023 <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE <input type="checkbox"/> RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
ITEM DESCRIPTION					

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2535 Laurelwood Dr, Clearwater, FL 33763
BUILDING #: 14	BLDG DESCRIPTION: 4 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	677,126								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1980	TOTAL AREA 4,927
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> ROOFING, YR: 2013 OTHER: _____ YR: _____	PLUMBING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: _____ BUILDING: _____
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS: _____ ITEM: _____
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION
<input type="checkbox"/>					
	REFERENCE / LOAN #:				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2537 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 15	BLDG DESCRIPTION: 12 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	2,174,261								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1980	TOTAL AREA 14,506
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> ROOFING, YR: 2012 OTHER: _____ YR: _____	PLUMBING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2538 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 16	BLDG DESCRIPTION: 4 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	677,126								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1980	TOTAL AREA 4,927
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2009 <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE <input type="checkbox"/> RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			LOCATION:	BUILDING:
				ITEM CLASS:	ITEM:
	ITEM DESCRIPTION				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2541 Laurelwood Dr, Clearwater, FL 33763
BUILDING #: 17	BLDG DESCRIPTION: 4 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	677,126								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1980	TOTAL AREA 4,927
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2014 <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE <input type="checkbox"/> RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			LOCATION:	BUILDING:
				ITEM CLASS:	ITEM:
	ITEM DESCRIPTION				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2543 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 18	BLDG DESCRIPTION: 12 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	2,174,261								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1980	TOTAL AREA 14,506
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 1980 <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE <input type="checkbox"/> RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2544 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 19	BLDG DESCRIPTION: 4 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	677,126								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1980	TOTAL AREA 4,927
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> ROOFING, YR: 2008 OTHER: _____ YR: _____	PLUMBING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
ITEM DESCRIPTION					

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2545 Laurelwood Dr, Clearwater, FL 33763
BUILDING #: 20	BLDG DESCRIPTION: 4 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	677,126								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 2	# BASM'TS 0	YR BUILT 1979	TOTAL AREA 4,927
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> ROOFING, YR: 2007 OTHER: _____ YR: _____	PLUMBING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
	ITEM DESCRIPTION				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2549 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 21	BLDG DESCRIPTION: 12 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	2,174,261								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 2	# BASM'TS 0	YR BUILT 1979	TOTAL AREA 14,506
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 1979 <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE <input type="checkbox"/> RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2550 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 22	BLDG DESCRIPTION: 4 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	677,126								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 2	# BASM'TS 0	YR BUILT 1979	TOTAL AREA 4,927
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2007 <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE <input type="checkbox"/> RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			LOCATION:	BUILDING:
				ITEM CLASS:	ITEM:
	ITEM DESCRIPTION				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2555 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 23	BLDG DESCRIPTION: 8 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,618,216								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 2	# BASM'TS 0	YR BUILT 1979	TOTAL AREA 10,512
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> ROOFING, YR: 2012 OTHER: _____ YR: _____	PLUMBING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/>	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2556 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 24	BLDG DESCRIPTION: 4 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	677,126								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 2	# BASM'TS 0	YR BUILT 1979	TOTAL AREA 4,927
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2010 <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	RESISTIVE		MANUFACTURER:	

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2557 Laurelwood Dr, Clearwater, FL 33763
BUILDING #: 25	BLDG DESCRIPTION: 6 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	929,310								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 2	# BASM'TS 0	YR BUILT 1979	TOTAL AREA 7,046
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2007 <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE <input type="checkbox"/> RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			LOCATION: ITEM CLASS: ITEM DESCRIPTION	BUILDING: ITEM:

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2561 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 26	BLDG DESCRIPTION: 8 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,618,216								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 2	# BASM'TS 0	YR BUILT 1979	TOTAL AREA 10,512
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE <small>Composition(Fiberglass, Asphalt, etc.)</small>	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2023 <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE <input type="checkbox"/> RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2569 Laurelwood Dr, Clearwater, FL 33763
BUILDING #: 27	BLDG DESCRIPTION: 4 Unit Residential Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	677,126								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 2	# BASM'TS 0	YR BUILT 1979	TOTAL AREA 4,927
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> ROOFING, YR: 2010 OTHER: _____ YR: _____	PLUMBING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2501,2507 Royal Pines, Clearwater, FL 33763								
BUILDING #: 28	BLDG DESCRIPTION: 2 Car Garage								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	55,419								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Frame	1,000 FT	1 MI	Pinellas		2	1	0	1979	666

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____	

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
BURGLAR ALARM TYPE		CERTIFICATE #	EXPIRATION DATE
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER
		0	

ADDITIONAL INTEREST	ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:		CERTIFICATE
		INTEREST IN ITEM NUMBER	
		LOCATION:	BUILDING:
		ITEM CLASS:	ITEM:
		ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2513 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 29	BLDG DESCRIPTION: Garage

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	34,116								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Frame	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA 340
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER: <input type="checkbox"/> YR: _____	PLUMBING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2502 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 30	BLDG DESCRIPTION: Carport (3 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	19,500								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2508 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 31	BLDG DESCRIPTION: Carport (3 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	19,500								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
	ITEM DESCRIPTION				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2520 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 32	BLDG DESCRIPTION: Carport (3 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	19,500								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2526 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 33	BLDG DESCRIPTION: Carport (3 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	19,500								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2532 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 34	BLDG DESCRIPTION: Carport (3 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	19,500								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2532 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 35	BLDG DESCRIPTION: Carport (3 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	19,500								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2537 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 36	BLDG DESCRIPTION: Carport (3 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	19,500								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2537 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 37	BLDG DESCRIPTION: Carport (3 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	19,500								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2519 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 38	BLDG DESCRIPTION: Carport (4 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2519 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 39	BLDG DESCRIPTION: Carport (4 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2525 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 40	BLDG DESCRIPTION: Carport (4 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
	ITEM DESCRIPTION				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2525 Royal Pines Cir, Clearwater, FL 33763								
BUILDING #: 41	BLDG DESCRIPTION: Carport (4 Stall)								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> OTHER, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____		
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>			SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>						
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE						
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	WITH KEYS				
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION	
							LOCAL GONG		

ADDITIONAL INTEREST	ACORD 45 attached for additional names											
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER							
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:						
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:						
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION							
<input type="checkbox"/>					REFERENCE / LOAN #:							

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2529 Laurelwood Dr, Clearwater, FL 33763								
BUILDING #: 42	BLDG DESCRIPTION: Carport (4 Stall)								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA	
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES						
<input type="checkbox"/> WIRING, YR: _____	<input type="checkbox"/> PLUMBING, YR: _____	<input type="checkbox"/> WIND CLASS	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____				
<input type="checkbox"/> ROOFING, YR: _____	<input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> RESISTIVE		MANUFACTURER: _____						
PRIMARY HEAT			SECONDARY HEAT							
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>			<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>							
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N							
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE							
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	WITH KEYS					
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY					
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER					<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG

ADDITIONAL INTEREST	ACORD 45 attached for additional names											
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER							
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:						
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:						
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION							
<input type="checkbox"/>					REFERENCE / LOAN #: _____							

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2535 Laurelwood Dr, Clearwater, FL 33763								
BUILDING #: 43	BLDG DESCRIPTION: Carport (4 Stall)								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
WIRING, YR: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/>	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
ROOFING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	RESISTIVE		MANUFACTURER: _____					
PRIMARY HEAT			SECONDARY HEAT						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>			<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>						
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>	WITH KEYS				
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION <input type="checkbox"/>		
						LOCAL GONG <input type="checkbox"/>			

ADDITIONAL INTEREST	ACORD 45 attached for additional names					
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
<input type="checkbox"/>					REFERENCE / LOAN #:	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2537 Royal Pines Cir, Clearwater, FL 33763								
BUILDING #: 44	BLDG DESCRIPTION: Carport (4 Stall)								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA		
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES							
<input type="checkbox"/> WIRING, YR: _____	<input type="checkbox"/> PLUMBING, YR: _____	<input type="checkbox"/> WIND CLASS	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____					
<input type="checkbox"/> ROOFING, YR: _____	<input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> RESISTIVE		MANUFACTURER: _____							
PRIMARY HEAT			SECONDARY HEAT								
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER					<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG

ADDITIONAL INTEREST	ACORD 45 attached for additional names											
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER							
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:						
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:						
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION							
<input type="checkbox"/>					REFERENCE / LOAN #: _____							

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1		STREET ADDRESS: 2538 Royal Pines Cir, Clearwater, FL 33763							
BUILDING #: 45		BLDG DESCRIPTION: Carport (4 Stall)							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA	
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES						
WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT			DATE INSTALLED: _____					
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N		SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N			MANUFACTURER: _____					
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE	CERTIFICATE #			EXPIRATION DATE	CENTRAL STATION	LOCAL GONG				
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT	GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION	LOCAL GONG

ADDITIONAL INTEREST	ACORD 45 attached for additional names								
INTEREST	NAME AND ADDRESS		RANK: _____	EVIDENCE: _____	CERTIFICATE	INTEREST IN ITEM NUMBER			
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:					LOCATION:	BUILDING:		
<input type="checkbox"/> LOSS PAYEE						ITEM CLASS:	ITEM:		
<input type="checkbox"/> MORTGAGEE						ITEM DESCRIPTION			

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2541 Laurelwood Dr, Clearwater, FL 33763
BUILDING #: 46	BLDG DESCRIPTION: Carport (4 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2543 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 47	BLDG DESCRIPTION: Carport (4 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
	ITEM DESCRIPTION				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2543 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 48	BLDG DESCRIPTION: Carport (4 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____ ITEM CLASS: _____ ITEM DESCRIPTION: _____	BUILDING: _____ ITEM: _____

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2543 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 49	BLDG DESCRIPTION: Carport (4 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
	ITEM DESCRIPTION				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2544 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 50	BLDG DESCRIPTION: Carport (4 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2545 Laurelwood Dr, Clearwater, FL 33763								
BUILDING #: 51	BLDG DESCRIPTION: Carport (4 Stall)								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
WIRING, YR: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/>	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
ROOFING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	RESISTIVE		MANUFACTURER: _____					
PRIMARY HEAT			SECONDARY HEAT						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>			<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>						
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE	CERTIFICATE #		EXPIRATION DATE	CENTRAL STATION	LOCAL GONG				
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION	
							LOCAL GONG		

ADDITIONAL INTEREST	ACORD 45 attached for additional names									
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER					
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:				
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:				
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION					
<input type="checkbox"/>					REFERENCE / LOAN #:					

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2549 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 52	BLDG DESCRIPTION: Carport (4 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST

ACORD 45 attached for additional names	
INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION
REFERENCE / LOAN #:	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2550 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 53	BLDG DESCRIPTION: Carprt (4 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2555 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 54	BLDG DESCRIPTION: Carport (4 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1		STREET ADDRESS: 2555 Royal Pines Cir, Clearwater, FL 33763							
BUILDING #: 55		BLDG DESCRIPTION: Carport (4 Stall)							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA	
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES						
<input type="checkbox"/> WIRING, YR: _____	<input type="checkbox"/> PLUMBING, YR: _____	<input type="checkbox"/> WIND CLASS	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____				
<input type="checkbox"/> ROOFING, YR: _____	<input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> RESISTIVE	MANUFACTURER: _____							
PRIMARY HEAT			SECONDARY HEAT							
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>			<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>							
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N							
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE							
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	WITH KEYS					
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY					
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER					<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG

ADDITIONAL INTEREST	ACORD 45 attached for additional names											
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER							
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:						
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:						
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION							
<input type="checkbox"/>					REFERENCE / LOAN #:							

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2556 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 56	BLDG DESCRIPTION: Carport (4 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2561 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 57	BLDG DESCRIPTION: Carport (4 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2561 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 58	BLDG DESCRIPTION: Carport (4 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2569 Laurelwood Dr, Clearwater, FL 33763								
BUILDING #: 59	BLDG DESCRIPTION: Carport (4 Stall)								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	26,000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER:			DATE INSTALLED: _____				
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE	CERTIFICATE #			EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG			
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT	GRADE	# GUARDS / WATCHMEN	<input type="checkbox"/> CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			<input type="checkbox"/> CENTRAL STATION	
									<input type="checkbox"/> LOCAL GONG

ADDITIONAL INTEREST	ACORD 45 attached for additional names							
INTEREST <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS		RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER		
						LOCATION:	BUILDING:	
						ITEM CLASS:	ITEM:	
						ITEM DESCRIPTION		
	REFERENCE / LOAN #:							

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2514 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 60	BLDG DESCRIPTION: Carport (6 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	39,500								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2531 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 61	BLDG DESCRIPTION: Carport (6 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	39,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2537 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 62	BLDG DESCRIPTION: Carport (8 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	54,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Metal/Aluminum Siding	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2549 Royal Pines Cir, Clearwater, FL 33763
BUILDING #: 63	BLDG DESCRIPTION: Carport (8 Stall)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	54,000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Frame	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER: <input type="checkbox"/> YR: _____	PLUMBING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
---	---------	-------------------------	--

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 0000049

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 2545 Laurelwood Dr, Clearwater, FL 33763
BUILDING #: 64	BLDG DESCRIPTION: Maintenance Building with 4 Stall Carport

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	40,304								
Garbage Enclosures	20,510								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
--	-----------------	-----------------	-----------

<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 1 MI	FIRE DISTRICT Pinellas	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1979	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

STARWIND

COMMUNITY ASSOCIATIONS

P.O. Box 3140
Ponte Vedra Beach, FL 32004

Phone: (904)285-7683
Fax: (904)395-0038

Condominium Association Package Premium Indication Only

Proposal Number: 1380902
Effective Dates: 03/10/2026 12:01 AM through 03/10/2027 12:01 AM
Named Insured: VILLAGE ON THE GREEN CONDOMINIUM III ASSOCIATION, INC
Address: 2501 ROYAL PINES CIR CLEARWATER, FL 33763

Coverage: General Liability

Insurance Carrier: Superior Specialty Insurance Company (SSIC)
AM Best Rating: A(Excellent) X
General Aggregate: \$2,000,000
Products & Completed Operations Aggregate: \$2,000,000
Personal Injury: \$1,000,000
Per Occurrence Limit: \$1,000,000
Terrorism: Excluded
Damage to Premises Rented to You Limit (Any One Premises): \$50,000
Medical Expenses, Any one person: \$5,000
Deductible: \$0 Per Claim

Endorsement: Unit owners included as additional insureds.
Hired/Non-Owned Auto: \$1,000,000
Rating Basis (Subject to Audit):

Code	Classification	Exposure
62003	Condominium Residential	151
62000	Condominium Commercial	0 Sq. Ft.
48925	Swimming Pool	0
10105	Boat/Dock Facility	0
44311	Fitness Center	0
46671	Playground	0

General Liability Coverage Extension Endorsement Included:

- Association Owned Units
- Knowledge of Incidents, Claims or Suits by Board or Manager Only Enhancement
- Revised Notice of Occurrence Duties
- Blanket Additional Insured When Required by Contract
- Additional Insured – Committee, Organization, and Subsidiary
- Additional Insured – Manager or Lessors of Premise
- Unintentional Failure to Disclose Hazards
- Revised Waiver or Transfer of Rights of Recovery
- Property Damage to Borrowed Property

Premium: **Included**

Coverage: Crime/Employee Theft

Insurance Carrier: Superior Specialty Insurance Company (SSIC)
AM Best Rating: A(Excellent) X

Employee Theft Coverage Form:	Discovery Form	
Crime Coverage Options	Limit	Deductible
Employee Theft	\$600,000	\$2,000.00

Blanket Crime Limit for Employee Theft, Money & Securities, Forgery & Alteration, Money Order & Counterfeit Currency, Funds Transfer Fraud, and Computer Fraud

Covered Employees: Management Company
 Directors and Trustees
 Non-Compensated Officers

Premium: Included

Total Premium		Including Terrorism Coverage	
Excluding Terrorism Coverage		Excluding Terrorism Coverage	
Premium:	\$21,792.00	Premium:	\$63,574.00
Policy Fee:	\$750.00	Policy Fee:	\$900.00
Surplus Lines Tax:	\$1,113.57	Surplus Lines Tax:	\$3,185.02
SLSO Service Fee:	\$13.53	SLSO Service Fee:	\$38.68
Total Premium & Fees:	\$23,669.10	Total Premium & Fees:	\$67,697.70

PREMIUM FINANCING AVAILABLE - ADD ADDITIONAL POLICIES AS NEEDED

25.00% Minimum Earned Premium

This is a premium indication only

Premium indications are subject to change based on underwriting criteria and Loss History.

Premium indication is good for 30 days or until effective date; whichever is earlier.

See policy for exact terms, conditions, exclusions, and definitions

POLICY FORMS

Form Number	Form Date	Form Description
CIU0100FL	03/08	Surplus Lines Statement
SSIC CIU IL 001	06/24	Minimum Earned Premium Endorsement
IL0003	09/08	Calculation of Premium
IL0017	11/98	Common Policy Conditions
SSIC CIU IL 005	06/24	Service of Suit Clause
SSIC CIU IL 015	06/24	Nuclear, Biological Or Chemical Exclusion
TRIA Disclosure	06/24	Policyholder Disclosure Notice of Terrorism Insurance Coverage And Cap On Losses
SSIC CIU IL 031	06/24	Cancellation And Nonrenewal Endorsement
SSIC CIU IL 0719	06/24	Trade Or Economic Sanctions
SSIC CIU IL 034	05/24	Cyber Exclusion Clause
IL P 001	01/04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders
SSIC CIU CP 019	06/24	Special Activity Exclusion
CG0001	12/07	Commercial General Liability Coverage Form
CG0300	01/96	Deductible Liability Insurance
CG2004	11/85	Additional Insured - Condominium Unit Owners
CG0067	03/05	Exclusion - Violation of Statutes that Govern E-mails, Fax, Phone Calls or Other Methods of Sending Material or Information
CG2147	12/07	Exclusion - Employment Related Practices Exclusion
CG2165	12/04	Exclusion - Total Pollution Exclusion With A Building Heating, Cooling, And Dehumidifying Equipment Exception And A Hostile Fire Exception
SSIC CIU GL 004	06/24	General Liability Coverage Extension Endorsement - Community Association
CG2160	09/98	Exclusion - Year 2000 Computer-Related And Other Electronic Problems
CG2167	12/04	Fungi or Bacteria Exclusion
SSIC CIU GL 027	11/25	Fungi or Bacteria Exclusion
SSIC CIU GL 027	11/25	Fungi or Bacteria Exclusion
CG2196	03/05	Silica or Silica Related Dust Exclusion
CG2186	12/04	Exclusion - Exterior Insulation and Finish Systems
SSIC CIU IL 018	06/24	Nuclear, Biological or Chemical Terrorism Exclusion
SSIC CIU IL 019	06/24	Terrorism Exclusion
CG2426	07/04	Amendment of Insured Contract Definition
SSIC CIU GL 002	06/24	Exclusion - Lead Paint
SSIC CIU GL 003	06/24	Exclusion - Asbestos
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
SSIC CIU GL 026	05/24	PFAS And Related Chemicals Exclusion Endorsement
SSIC CIU GL 006	06/24	Hired and Non-Owned Auto Liability
SSIC CIU GL 025	06/24	Communicable Disease Exclusion
CR0020	11/15	Commercial Crime Policy (Discovery Form)
CR2508	10/10	Include Specified Non-Compensated Officers
CR2506	10/10	Include Chairman and Member of Specified Committees
CR2502	10/10	Include Designated Agents as Employees

CR0151	08/07	Florida Changes - Legal Action Against Us
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6 | Page

Rate Breakout Analysis

10.00% Commission of Base Premium Only

General Liability:

GL Rate: \$133.72 / unit

Minimum Rental Period: More than one month

GL:

Swimming Pool: N/A

Playground: N/A

Boat/Dock Facility: N/A

Fitness Center: N/A

Community Association Extension Endorsement: \$529.00

Employee Benefits Liability: N/A

Garagekeepers Auto Physical Damage: N/A

Mold Liability Coverage: N/A

EIL Coverage: N/A

Additional Insured: N/A

General Liability Premium: \$20,721.00

HNOA:

HNOA Premium: \$170.00

Crime:

Crime Coverage:

Employee Theft Endorsement: \$819.12

Blanket Crime: \$81.91

Crime Premium: \$901.00

Minimum Premium of \$2,174.00 without Property Coverage. Minimum Premium of \$4,347.00 with property coverage. These premiums may supercede the above average rates.

Coverage Options Not Selected

<u>Coverage</u>	<u>Premium *</u>
General Liability Coverage Enhancements:	
Employee Benefits Liability Coverage	\$151
Garagekeeper's Auto Physical Damage Coverage	\$377
Mold Liability Coverage	
\$25,000 SIR	\$1,481
\$100,000 SIR	\$1,140
Liquor Liability Coverage Option	\$3.80 / \$1000 sales \$725 minimum
Directors & Officers / EPLI Liability Coverage:	
Optional Directors & Officers Premium Savings (Gold)(\$2,500 deductible):	\$3,169
Optional Continuity of Coverage (Gold)(\$2,500 deductible):	\$158
Optional Directors & Officers Premium Savings (Gold)(\$5,000 deductible):	\$2,817
Optional Continuity of Coverage (Gold)(\$5,000 deductible):	\$141
Additional deductible options available	
Commercial Crime Coverage:	
\$0 Deductible Crime Option	\$41

*** The above premium estimates are to give an indication of pricing for the different options and some of the options have multiple limits available. These premium estimates do not include taxes and fees. In order to have accurate pricing, please copy your quote and make the changes to include the options needed.**

STARWIND

COMMUNITY ASSOCIATIONS

For binder consideration, please upload the following documents to the Bind Request tab on CIUINS.COM:

- Annual Premium to be remitted within 10 days (Premium Finance Draft Acceptable)
- If there have been any TIV changes, please upload the signed and completed Application signed by an applicant/board member.
- Signed TRIA Policyholder Disclosure Form

****Coverage is not bound until written notice from Coastal Insurance Underwriters, Inc. is received.****

Consult underwriting to learn how to get 15% commission on this quote

SUPERIOR SPECIALTY INSURANCE COMPANY
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE AND
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act (the "Act") effective December 26, 2007, the definition of act of terrorism has changed. Terrorism is defined as any act certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act. However, your policy may contain other exclusions which might affect your coverage, such as exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$20,891.00 , and does not include any charges for the portion of losses covered by the United States government under the Act.

If your policy provides commercial property insurance in a jurisdiction that has a statutory standard fire policy, the premium shown above includes an amount attributable to the insurance provided pursuant to that statutory standard fire policy, which cannot be rejected.

That amount is \$ 44,028.60

If aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Under the Act, you have thirty (30) days from the date of this notice to consider whether or not you wish to maintain insurance for terrorism losses covered by the Act.

If you elect not to maintain this insurance, please so indicate by placing an "X" in the space provided on the next page, sign and return this disclosure notice to your agent or broker as soon as possible. By electing not to maintain this insurance, you agree that we may attach a terrorism exclusion or sublimits to your policy. If you do not sign and return this disclosure notice, you will be deemed to have decided to maintain this insurance, subject to the next paragraph.

If you elect to maintain this insurance, you must pay the premium disclosed above, otherwise we will avail ourselves of our normal remedies for nonpayment of premium, including cancellation of your policy in accordance with its terms.

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REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE

I hereby **elect** to purchase the federal terrorism insurance coverage for the premium of \$ ^{44,028.60}

I hereby **reject** this offer of the federal terrorism insurance coverage and elect to have a terrorism exclusion, sublimit or other limitation included in my policy. I understand that I will have no, or limited, coverage for losses arising from acts of terrorism under my policy.

Signed by:
Patrick K. Leo
5AC0A2483D79456

Applicant/Named Insured
Signature or
Authorized Signature

President

Title

UNASSIGNED

Policy Number

3/6/2026

Date

BY RECEIPT OF THIS NOTICE YOU HAVE BEEN NOTIFIED, UNDER THE ACT THAT COVERAGE UNDER THIS POLICY FOR ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE. YOU HAVE ALSO BEEN NOTIFIED OF THE PORTION OF YOUR PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

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STARWIND

COMMUNITY ASSOCIATIONS

General Applicant Information

Line of Business:

Property GL EIL Crime D&O/EPLI Umbrella

Agency Name: Mitchell Insurance Services, Inc.

Agency Address: 319 5th Street N, Saint Petersburg, FL 33701

Producing Agent's Name: KIP KOLLMEYER License # W221139

Named Insured: VILLAGE ON THE GREEN CONDOMINIUM III ASSOCIATION, INC

Location Address: 2501 ROYAL PINES CIR, CLEARWATER, FL 33763

Mailing Address: 24701 US HWY 19 N #102, CLEARWATER, FL 33763

Inspection Contact: Name: ARNIE HOLDER Phone #: 727-726-8000 Email: AHOLDER@AMERITECHMAIL.COM

Prior Carrier:

Loss

History: None

STARWIND

COMMUNITY ASSOCIATIONS

Condominium Association Supplemental Application

1. Name of Association: VILLAGE ON THE GREEN CONDOMINIUM III ASSOCIATION, INC
2. Effective Date: 3/10/2026
3. Is there any existing damage to the building? Yes No
4. Any aluminum wiring in the building? Yes No
5. Do you have armed security guards? Yes No
6. Are any buildings undergoing major structural renovations? Yes No
7. Has the association had any engineering studies or any engineering report done on any of the buildings (40 years or older) in the last 5 years?? Yes No N/A
8. Are there any unresolved issues as a result of the engineering report? Yes No N/A

UNDERWRITING QUESTIONS - PROPERTY

9. Any cast iron, galvanized or polybutylene pipes? Yes No N/A

UNDERWRITING QUESTIONS – GENERAL LIABILITY

10. Is pool fenced with self-latching gate? Yes No N/A
11. Is there a diving board or slide? Yes No N/A
12. Does the association own any davit(s) or boatlift(s)? Yes No N/A

UNDERWRITING QUESTIONS – ENVIRONMENTAL IMPAIRMENT LIABILITY

13. In the last 5 years, have you been subject to formal third party complaints, claims or violations for the release of hazardous substances, hazardous wastes, or any other pollutants into the environment, including indoor air quality or outbreaks of legionella pneumophila? Yes No N/A
14. Are you aware of any circumstances that could rise to a pool/spa contamination or environmental liability claim under this policy? Yes No N/A
15. Does the account have a water maintenance/ management plan in place for pool, spa and other common areas (this can include maintenance/management by third party providers)? Yes No N/A

UNDERWRITING QUESTIONS – CRIME

16. Does a director or officer periodically review bank statement for comparison of financial reports completed by property manager? Yes No N/A
17. Does the association verify the authenticity of a funds transfer request internally from one board member or property management employee to another? Yes No N/A
18. Does the association's authorized board member or property management employee confirm wire information by a direct call using only the contact number previously provided by the recipient before wiring request was received? Yes No N/A

UNDERWRITING QUESTIONS – DIRECTORS & OFFICERS/ EPLI

19. Has any suit or legal action been filed by or on behalf of the Applicant against any member of the Applicant (excluding liens or collection claims) or against any third party including without limitation the builder/developer?

Yes___ No___ N/A X

20. Will the (or has the) association purchased property coverage with full wildfire limits?

Yes___ No___ N/A___

21. Does the Applicant know of any instances of construction defects, faulty designs, earth movement and/or soil subsidence?

Yes___ No___ N/A X

22. Have any employment-related claims, administrative proceedings, hearings, demands or lawsuits been made against the Applicant or any person proposed for this insurance during the past three years, whether or not insured?

Yes___ No___ N/A X

23. Is there pending, any claim, counter-claim or lawsuit, against the applicant or any person in their capacity as director, trustee officer, employee, committee member, or volunteer of the Applicant within the past three years?

Yes___ No___ N/A X

24. Has the Applicant ever put any prior carrier(s) of similar insurance on notice of claim or possible claim within the past three years?

Yes___ No___ N/A X

25. Has the Association’s current D&O policy been cancelled or non-renewed?

Yes___ No___ N/A X

26 Does the Applicant or any person proposed for this insurance have any knowledge or information on any fact, circumstance or situation, which may give rise, or result in any claim or suit against the association or any of its board members?

Yes___ No___ N/A X

Signed by:
Patrick K. Leo
5AC0A2483D79456...

X
Agreed Signature of Applicant

3/6/2026
Date

SUPERIOR SPECIALTY INSURANCE COMPANY
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE AND
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act (the "Act") effective December 26, 2007, the definition of act of terrorism has changed. Terrorism is defined as any act certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act. However, your policy may contain other exclusions which might affect your coverage, such as exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$20,891.00 , and does not include any charges for the portion of losses covered by the United States government under the Act.

If your policy provides commercial property insurance in a jurisdiction that has a statutory standard fire policy, the premium shown above includes an amount attributable to the insurance provided pursuant to that statutory standard fire policy, which cannot be rejected.

That amount is \$ 44,028.60

If aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Under the Act, you have thirty (30) days from the date of this notice to consider whether or not you wish to maintain insurance for terrorism losses covered by the Act.

If you elect not to maintain this insurance, please so indicate by placing an "X" in the space provided on the next page, sign and return this disclosure notice to your agent or broker as soon as possible. By electing not to maintain this insurance, you agree that we may attach a terrorism exclusion or sublimits to your policy. If you do not sign and return this disclosure notice, you will be deemed to have decided to maintain this insurance, subject to the next paragraph.

If you elect to maintain this insurance, you must pay the premium disclosed above, otherwise we will avail ourselves of our normal remedies for nonpayment of premium, including cancellation of your policy in accordance with its terms.

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REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE

I hereby **elect** to purchase the federal terrorism insurance coverage for the premium of \$ ^{44,028.60}

I hereby **reject** this offer of the federal terrorism insurance coverage and elect to have a terrorism exclusion, sublimit or other limitation included in my policy. I understand that I will have no, or limited, coverage for losses arising from acts of terrorism under my policy.

Signed by:

Patrick K. Leo

5AC0A2483D79756...

Applicant/Named Insured
Signature or
Authorized Signature

President

Title

UNASSIGNED

Policy Number

3/6/2026

Date

BY RECEIPT OF THIS NOTICE YOU HAVE BEEN NOTIFIED, UNDER THE ACT THAT COVERAGE UNDER THIS POLICY FOR ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE. YOU HAVE ALSO BEEN NOTIFIED OF THE PORTION OF YOUR PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

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COMMUNITY ASSOCIATION DIRECTORS & OFFICERS

CLAIM REPORTING INSTRUCTIONS

HOW TO REPORT A CLAIM

Report all claims, in writing, directly to Berkley Program Specialists at the following e-mail address – claims59@berkley-ps.com. Claims may also be reported by telephone:

Berkley Program Specialist
Claims Department
Phone: (888) 417-9882
Email: claims59@berkley-ps.com

Include a complete notice of loss (ACORD Notice of Loss form or equivalent) that provides the following information:

1. Insured Name
2. Policy Number
3. Date of Loss
4. Location Address
5. Claimant's Name
6. Description of the Loss

In addition,

- Attach a copy of the Policy to the email.
- Attach all other pertinent documents and/or photos

You will receive an acknowledgement of the claim from Berkley Program Specialists within 72 hours of receipt.

If you receive legal correspondence or documents regarding an action against you, immediate notification to the carrier is required. The carrier will review for coverage prior to accepting the defense of any litigation. As a result, you may be asked by the carrier to engage personal counsel to protect your interests until such time as coverage is accepted.

Claims reported by e-mail will receive a brief acknowledgement via e-mail within 2 working days. Coverage decisions will be issued as quickly as possible, and a Reservation of Rights will be issued if Berkley Program Specialists requires additional time to determine coverage.



Cyber Claim and Incident Reporting

Any Cyber incident which may trigger coverage under this policy should be reported immediately to the Claims Department using the following information below:

Starnet Hotline Email address: starnet_claims@moxfive.com

Starnet Hotline Phone Number: 1-833-762-1833



A Berkley Company
Domicile Office: 11201 Douglas Avenue, Urbandale, IA 50322
Main Administrative Office: 475 Steamboat Road, Greenwich, CT 06830
Underwriting Office: 1250 Diehl Road, Suite 200, Naperville, IL 60563 Telephone: (866) 893-3922

**PREFERRED PLUS DIRECTORS & OFFICERS POLICY
DECLARATIONS PAGE**

Policy Number: QDO0004472-01

Policy Form Number: BPS DO 76 00 (06
23)

Item 1. **Name of Organization:**
Village on the Green Condominium III Association, Inc.

Mailing Address:
24701 Us Highway 19 N Ste 102
C/o Ameritech Community Management
City, State, Zip Code:
CLEARWATER, FL 33763

Item 2. **Policy Period:** From 3/10/2026 To 3/10/2027
(Month, Day, Year) (Month, Day, Year)
(Both dates at 12:01 a.m. Standard Time at the address of the **Organization** as stated in Item 1.)

Item 3. (a) Limit of Liability for each **Policy Year:** \$1,000,000
(b) **FLSA Defense Sublimit of Liability: \$150,000** — This limit is part of and not in addition to the Limit of Liability provided for in 3(a).

Item 4. Retentions:
Insuring Agreement A: **\$0** Each **Claim**
Insuring Agreement B and/or C: **\$1,000** Each **Claim**

Item 5. Premium: \$2,461.00 Annual Taxes/Surcharges: \$24.61 Annual Fees: \$0.00

Item 6. Endorsements Attached:
See Schedule of Forms and Endorsements

Item 7. Notices: All notices required to be given to the **Insurer** under this policy shall be addressed to:
*Berkley Program Specialists,
1250 E Diehl Rd #200,
Naperville, IL 60563*

Item 8. Prior & Pending Litigation Date:
3/10/2024

These Declarations along with the completed and signed Application and Preferred Plus Directors & Officers Policy shall constitute the contract between the **Insureds** and the **Insurer**.



A Berkley Company

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Main Administrative Office: 475 Steamboat Road, Greenwich, CT 06830

Underwriting Office: 1250 Diehl Road, Suite 200, Naperville, IL 60563 Telephone: (866) 893-3922

THIS IS A CLAIMS MADE POLICY. READ IT CAREFULLY.



A Berkley Company

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Underwriting Office: 1250 Diehl Road, Suite 200, Naperville, IL 60563 Telephone: (866) 893-3922

SCHEDULE OF FORMS AND ENDORSEMENTS

Reporting Claims	Directors & Officers Claim Reporting Instructions
Reporting Cyber Claims	Cyber Claim and Incident Reporting
BPS DO 76 00 (06 23)	Preferred Plus Directors & Officers Policy Declarations Page
BPS DO 76 03 (06 23)	Schedule of Forms and Endorsements
BPS DO 76 01 (06 23)	Preferred Plus Directors & Officers Policy Table of Contents
BPS DO 76 02 (06 23)	Preferred Plus Directors & Officers Policy
BPS DO 76 28 (11 23)	Exclusion - Failure to Maintain Insurance
BPD DO 76 27 (06 23)	Cap on Losses from Certified Acts of Terrorism
BPS DO 78 00 PN (06 23)	Policyholder Notice - U.S. Treasury Department's OFAC Advisory Notice
BPS DO 78 01 PN (06 23)	Policyholder Disclosure Notice of Terrorism Insurance Coverage
BPS DO 77 01 FL (06 23)	Notice to Policyholders - FIGA Assessment
BPS DO 77 00 FL (06 23)	Florida Amendatory Endorsement
BPS DO 76 22 (06 23)	Commercial Cyber Data Breach Coverage

PREFERRED PLUS

DIRECTORS & OFFICERS POLICY

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**PREFERRED PLUS
DIRECTORS & OFFICERS POLICY**

NOTICE: THIS IS A CLAIMS-MADE POLICY. THIS POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST INSURED DURING THE POLICY PERIOD OR THE AUTOMATIC DISCOVERY PERIOD, OR THE PURCHASED DISCOVERY PERIOD, IF APPLICABLE, AND REPORTED IN WRITING TO THE INSURER AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN 90 DAYS AFTER THE END OF THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

In consideration of the payment of the premium and in reliance upon all statements made and information furnished to the company shown in the Declarations (a stock insurance company, hereinafter called the **Insurer**), including the statements made in the **Application** and subject to all terms, conditions and limitations of this Policy, the **Insured** and **Insurer** agree:

Section I. Insuring Agreements

- A.** If during the **Policy Period** or the **Discovery Period** any **Claim** to which this Policy applies is first made against any **Insured Persons** for a **Wrongful Act**, the **Insurer** shall pay on behalf of the **Insured Persons, Loss** and **Costs of Defense** resulting from such **Claim**, except for any **Loss** and **Costs of Defense** which the **Organization** or any **Subsidiary** actually pays as indemnification.
- B.** If during the **Policy Period** or the **Discovery Period** any **Claim** to which this Policy applies is first made against any **Insured Persons** for a **Wrongful Act**, the **Insurer** shall pay on behalf of the **Organization** or any **Subsidiary, Loss** and **Costs of Defense** resulting from such **Claim**, but only to the extent the **Organization** or any **Subsidiary** is required or permitted by law to indemnify the **Insured Persons**.
- C.** If during the **Policy Period** or the **Discovery Period** any **Claim** to which this Policy applies is first made against the **Organization**, any **Subsidiary**, or the **Property Manager** for a **Wrongful Act**, the **Insurer** shall pay on behalf of the **Organization**, any **Subsidiary**, or the **Property Manager, Loss** and **Costs of Defense** resulting from such **Claim**.

The **Insurer** has the right and duty to defend any **Claim** to which this insurance applies, even if the allegations of such **Claim** are groundless, false or fraudulent.

Section II. Discovery Period

- A.** If this Policy is not renewed or is cancelled by the **Insurer**, for any reason other than non-payment of premium, then without the requirement of any additional premium, the **Organization** shall receive an automatic ninety (90) day extension of the coverage granted by this Policy with respect to any **Claim** first made against any **Insured** during this extended coverage, but only with respect to **Wrongful Acts** committed prior to the end of the **Policy Period**. This extended coverage shall be referred to as the **Automatic Discovery Period**. In addition, if prior to the end of the **Automatic Discovery Period**, the **Organization** pays the **Insurer** an additional amount equal to forty (40%), seventy-five (75%), or one hundred (100%) percent of the annual premium of this Policy, the **Organization** shall receive an extension of the coverage granted by this Policy for an additional twelve (12), twenty-four (24), or thirty-six (36) months respectively from the end of the **Automatic Discovery Period** with respect to any **Claim** first made against any **Insured** during this extended coverage, but only with respect to **Wrongful Acts** committed prior to the end of the **Policy Period**. This extended coverage shall be referred to as the **Discovery Period**. The **Organization** shall have no right to purchase this **Discovery Period** at any later date or to elect more than one **Discovery Period**.
- B.** If this Policy is not renewed or is cancelled by the **Organization**, and if no later than sixty (60) days after the end of the **Policy Period** the **Organization** pays the **Insurer** an additional amount equal to forty (40%), seventy-five (75%), or one hundred (100%) percent of the annual premium of this Policy, the **Organization** shall receive a **Discovery Period** for an additional twelve (12), twenty-four (24), or thirty-

six (36) months respectively from the end of the **Policy Period**. The **Organization** shall have no right to purchase this **Discovery Period** at any later date or to elect more than one **Discovery Period**.

- C. The fact that this Policy may be extended by virtue of the **Automatic Discovery Period** or **Discovery Period** shall not in any way increase the Limit of Liability stated in Item 3 of the Declarations. For purposes of the Limit of Liability, the **Automatic Discovery Period** and the **Discovery Period** is considered to be part of and not in addition to the last **Policy Year**.

Section III. Definitions

- A. "**Application**" shall mean all written materials and information, including all signed applications and any materials attached thereto or incorporated therein, submitted by or on behalf of the **Insureds** to the **Insurer** in connection with the underwriting of this Policy. The **Application** is deemed attached to and incorporated into this Policy.

- B. "**Automatic Discovery Period**" shall mean, as discussed in Section II. Discovery Period, Paragraph A., the automatic ninety (90) day extension of the coverage granted by the Policy with respect to any **Claim** first made against any **Insured** during this extended coverage, but only with respect to **Wrongful Acts** committed prior to the end of the **Policy Period**.

- C. "**Claim**" shall mean:

- (1) a written demand for monetary relief made against any **Insured**;
- (2) a civil proceeding, including any appeals therefrom made against any **Insured** seeking monetary or non-monetary (including injunctive) relief commenced by service of a complaint or similar pleading;
- (3) a criminal proceeding, including any appeals therefrom made against any **Insured** commenced by the return of an indictment or the filing of notice of charge or similar document; or
- (4) a formal administrative proceeding, including any proceeding before the Equal Employment Opportunity Commission (EEOC) or any similar governmental body, made against any **Insured** commenced by the receipt of charges, formal investigative order, service of summons or similar document.

- D. "**Claimant**" shall mean:

- (1) any past, present, and future **Insured Persons** or applicants for employment with the **Organization** or any **Subsidiary**;
- (2) a government entity or agency, including but not limited to the Equal Employment Opportunity Commission (EEOC) or any similar governmental body, when acting on behalf of or for the benefit of any individual in (1) above; or
- (3) all persons who were, now are, or shall be independent contractors, but only to the extent such individuals perform work or services for or on behalf of the **Organization** or any **Subsidiary** and only to the extent such individuals are indemnified by the **Organization** or any **Subsidiary**.

It is further understood and agreed that **Claimant** shall not include any employee of any **Property Manager**.

- E. "**Construction Defect(s)**" shall mean any actual or alleged defective, faulty or delayed construction or any other matter constituting a construction defect under applicable law, whether common law or statutory, regardless of whether it results from:

- (1) defective or incorrect architectural plans or other designs;

- (2) defective or improper soil testing;
- (3) defective, inadequate or insufficient protection from subsoil or earth movement or subsidence;
- (4) construction, manufacture or assembly of any tangible property;
- (5) the failure to provide or pay for any construction-related goods or services; or
- (6) the supervision or management of any construction-related activities.

F. "Costs of Defense" shall mean reasonable and necessary legal fees, costs and expenses incurred in the investigation or defense of any **Claim**, including the costs of any appeal or appeal bond, attachment bond or similar bond (but without any obligation on the part of the **Insurer** to apply for or furnish such bonds); provided, however, **Costs of Defense** shall not include: (1) salaries, wages, overhead or benefit expenses associated with any **Insured Persons**, and (2) any amounts incurred in defense of any **Claim** which any other insurer has a duty to defend, regardless of whether or not such other insurer undertakes such duty.

G. "Discovery Period" shall mean, as discussed in Section II. Discovery Period, Paragraph A., an additional twelve (12), twenty-four (24), or thirty-six (36) months respectively from the end of the **Automatic Discovery Period** with respect to any **Claim** first made against any **Insured** during this extended coverage, but only with respect to **Wrongful Acts** committed prior to the end of the **Policy Period**, which extended coverage can be purchased by the **Organization**.

H. "Employment Practices Wrongful Act" shall mean any of the following acts related to employment, but only if alleged by or on behalf of a **Claimant**:

- (1) wrongful dismissal, discharge or termination of employment, whether actual or constructive;
- (2) misrepresentation;
- (3) violation of employment laws;
- (4) sexual or other harassment in the workplace;
- (5) discrimination; whether based upon race, sex, age, national origin, religion, sexual orientation, disability (physical or mental), or based upon any other ground prohibited under applicable state or federal law;
- (6) wrongful failure to employ or promote;
- (7) wrongful discipline;
- (8) wrongful deprivation of career opportunity including a wrongful failure to hire or promote;
- (9) failure to grant tenure;
- (10) negligent employee evaluation;
- (11) retaliation;
- (12) failure to provide adequate workplace or employment policies or procedures;
- (13) defamation (including libel and slander);
- (14) invasion of privacy;
- (15) wrongful demotion;
- (16) negligent reassignment;
- (17) violation of any federal, state or local civil rights laws;
- (18) negligent hiring;
- (19) negligent supervision;
- (20) negligent training;
- (21) negligent retention; or
- (22) acts described in (1) through (21) above arising from the use of the **Organization's** or **Subsidiary's** Internet, e-mail, telecommunication or similar systems, including the failure to provide and enforce adequate policies and procedures relating to such use of the **Organization's** or **Subsidiary's** Internet, e-mail, telecommunication or similar systems.

I. "Financial Insolvency" shall mean the **Organization** becoming a Debtor in Possession, or the appointment of a receiver, conservator, liquidator, trustee, rehabilitator or similar official to control, supervise, manage or liquidate the **Organization**.

J. "Fungi" shall mean any type or form of fungus, including mold or mildew and any mycotoxins, spores, scents, or byproducts produced or released by fungi.

K. "Insured" shall mean:

- (1) the **Organization**;
- (2) any **Subsidiary**;
- (3) in the event of **Financial Insolvency**, the resulting Debtor in Possession (or foreign equivalent status), if any;
- (4) all **Insured Persons**; and
- (5) any **Property Manager**, but only if such **Property Manager** is acting pursuant to the written authority granted by the **Organization** or on behalf of and at the direction of the **Organization** or any **Subsidiary**.

L. "Insured Persons" shall mean all persons who were, now are, or shall be directors, trustees, officers, employees, leased employees, temporary or seasonal employees, volunteers or staff members of the **Organization** or any **Subsidiary**, including any executive board members and committee members, whether salaried or not. It shall also mean all persons who were, now are, or shall be directors, trustees, officers, employees, leased employees, temporary or seasonal employees, volunteers or staff members of any **Property Manager**, but only if such persons are acting within the scope of their employment with the **Property Manager** and on behalf of the **Organization** or any **Subsidiary**.

M. "Loss" shall mean settlements, judgments, pre-judgment and post-judgment interest, front and back pay, compensatory damages, punitive or exemplary damages, the multiple portion of any multiplied damage award, and subject to the provisions of Section V. and VI., **Costs of Defense** incurred by the **Insured**. **Loss** shall not include:

- (1) criminal or civil fines or penalties imposed by law or taxes;
- (2) the value of perquisites, deferred compensation or any other type of compensation earned in the course of employment or the equivalent value thereof; and
- (3) any amounts which may be deemed uninsurable under the law pursuant to which this Policy shall be construed.

It is understood and agreed that the enforceability of the foregoing coverage shall be governed by such applicable law which most favors coverage for punitive or exemplary damages or the multiple portion of any multiplied damage award.

N. "Organization" shall mean the entity named in Item 1 of the Declarations.

O. "Policy Year" shall mean the period of one year following the effective date and hour of this Policy or the period of one year following any anniversary date thereof falling within the **Policy Period**; or if the time between the effective date or any anniversary date and the termination of this Policy is less than one year, such lesser period. Any **Discovery Period** or **Automatic Discovery Period** shall be considered part of and not in addition to the last **Policy Year**.

P. "Policy Period" shall mean the period from the inception of this Policy to the expiration date stated in Item 2 of the Declarations or its earlier termination, if applicable.

Q. "Property Manager" shall mean any entity providing real estate property management services to the **Organization** or any **Subsidiary** pursuant to a written contract.

R. "Related Wrongful Acts" shall mean **Wrongful Acts** which are causally connected by reason of any common fact, circumstance, situation, transaction, casualty, event or decision.

S. "Subsidiary" shall mean:

- (1) any entity which qualifies as a not-for-profit organization under the Internal Revenue Code, other than a political committee organized pursuant to Section 432 of the Federal Election Campaign Act of 1971 (and amendments thereto), and for which the **Organization** has or controls the right to elect or appoint more than fifty percent (50%) of the Board of Directors or other governing body of such entity as of the inception date of this Policy;
- (2) any similar entity which was created or acquired by the **Organization** after the inception date of this Policy, if the entity's total assets do not exceed thirty-five percent (35%) of the total consolidated assets of the **Organization** as of the inception date of this Policy; or
- (3) any other entity added as a **Subsidiary** by written endorsement to this Policy.

Coverage shall apply to a **Subsidiary** only for **Wrongful Acts** allegedly committed during the time such entity qualified as a **Subsidiary**.

T. "Wrongful Act" shall mean:

- (1) any of the following by the **Organization**, and/or any **Subsidiary**, and/or any **Insured Persons** acting in their capacity with the **Organization** or a **Subsidiary**:
 - (a) actual or alleged error, misstatement, misleading statement, act or omission, neglect or breach of duty;
 - (b) **Employment Practices Wrongful Act**;
- (2) any matter claimed against any **Insured Persons** solely by reason of their status with the **Organization** or any **Subsidiary**.

Section IV. Exclusions

This Policy does not apply to any **Claim** made against any **Insured**:

- A.** brought about or contributed to by: (1) any **Insured** gaining any profit, advantage or remuneration to which they were not legally entitled; or (2) the deliberate fraudulent or criminal acts of any **Insured**; however, this exclusion shall not apply unless it is finally adjudicated such conduct in fact occurred, nor shall it apply to coverage provided under Insuring Agreement I.B.;
- B.** to the extent it is insured in whole or in part by any other valid and collectible policy or policies, (except with respect to any excess beyond the amount or amounts of coverage under such other policy or policies), whether such other policy or policies are stated to be primary, contributory, excess, contingent, or otherwise;
- C.** based upon, arising out of, relating to, directly or indirectly resulting from or in consequence of, or in any way involving:
 - (1) any **Wrongful Act** or **Related Wrongful Act** or any fact, circumstance or situation which has been the subject of any notice or **Claim** given under any other policy of which this Policy is a renewal or replacement;
 - (2) any **Wrongful Act** or any circumstance known by any **Insured Person** prior to the date stated in Item 8 of the Declarations which would indicate the probability of such **Claim** being made, provided, however, this exclusion shall only apply to the **Organization**, its **Subsidiaries** and those **Insured Persons** having such knowledge; or
 - (3) any civil, criminal, administrative or investigative proceeding involving any **Insured** pending

as of or prior to the date stated in Item 8 of the Declarations, or any fact, circumstance or situation underlying or alleged in such proceeding;

- D. based upon, arising out of, relating to, directly or indirectly resulting from or in consequence of, or in any way involving: (1) bodily injury, sickness, disease or death of any person, assault or battery; (2) damage to or destruction of any tangible property or the loss of use of any tangible property; or (3) humiliation, mental anguish, emotional distress, invasion of privacy, wrongful entry, trespassing, eviction, false arrest, false imprisonment, malicious prosecution, abuse of process, libel or slander; provided, however, that part (3) of this exclusion shall not apply to any **Claim** for an **Employment Practices Wrongful Act**;
- E. for any actual or alleged violation by any **Insured** of the Employee Retirement Income Security Act of 1974, the National Labor Relations Act, the Worker Adjustment and Retraining Notification Act, the Consolidated Omnibus Budget Reconciliation Act of 1985, the Occupational Safety and Health Act or any rules or regulations promulgated under these acts or any similar provisions of any federal, state, local or foreign law, except a **Claim** alleging retaliation for the exercise of any rights under such laws;
- F. for any **Wrongful Act** of any **Insured Persons** in their respective capacity as a director, officer, trustee, or equivalent position of an entity other than the **Organization** or any **Subsidiary**;
- G. based upon, arising out of, relating to, directly or indirectly resulting from or in consequence of, or in any way involving actual or alleged seepage, pollution, radiation, emission, contamination or irritant of any kind, including but not limited to smoke, vapor, dust, fibers, mold, spores, **fungi**, germs, soot, fumes, acids, alkalis, asbestos, chemicals or waste of any kind, provided, however, this exclusion shall not apply to coverage provided under Insuring Agreement 1.A.;
- H. by, or for the benefit of, or at the behest of the **Organization** or any **Subsidiary** or any entity which controls, is controlled by, or is under common control with the **Organization** or any **Subsidiary**, or any person or entity which succeeds to the interests of the **Organization** or any **Subsidiary**, provided, however, this exclusion shall not apply to any **Claim** brought by the receiver, conservator, liquidator, trustee, rehabilitator, examiner or similar official of the **Organization**, if any, in the event of **Financial Insolvency**;
- I. other than **Costs of Defense**:
 - (1) for any obligation of the **Organization** or any **Subsidiary**, as a result of a **Claim**, seeking relief or redress in any form other than money damages, including but not limited to any obligations of the **Organization** or any **Subsidiary** to modify any building or property;
 - (2) for any obligation of the **Organization** or any **Subsidiary** to pay compensation earned by any **Insured Person** in the course of employment, but not paid by the **Organization** or any **Subsidiary**, including any unpaid salary, bonus, wages, severance pay, retirement benefits, vacation days or sick days, provided, however, this exclusion shall not apply to front pay and back pay;
 - (3) for any actual or alleged violation by any **Insured** of the Fair Labor Standards Act or any similar state or local law, provided, however, this exclusion shall not apply to the Equal Pay Act. **Costs of Defense** provided pursuant to this section, I.(3), shall be subject to the FLSA Defense Sublimit of Liability stated in Item 3 of the Declarations, if any; or
 - (4) for any actual or alleged liability of any **Insured** under any contract or agreement, express or implied, written or oral; provided, however this exclusion shall not apply to employment related obligations which would have attached absent such contract or agreement;
- J. for any obligations under a worker's compensation, disability benefits, insurance benefits or unemployment compensation law, or any similar law; provided, however this exclusion shall not apply to a **Claim** for an **Employment Practices Wrongful Act** involving retaliation with regard to benefits paid or payable;

- K.** based upon, arising out of, relating to, directly or indirectly resulting from or in consequence of, or in any way involving:
- (1) actual, alleged or threatened:
 - (a) inhalation of, ingestion of, contact with, or exposure to any **Fungi** or bacteria; or
 - (b) existence of or presence of any **Fungi** or bacteria on or within a building or structure including its contents, regardless of whether any other cause, event, material, or product contributed concurrently or in any sequence to any injury or damage; or
 - (2) any loss, cost or expense arising out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating, disposing of, or in any way responding to, or assessing the effects of **Fungi** or bacteria by any **Insured** or by any other person or entity;
- L.** based upon, arising out of, relating to, directly or indirectly resulting from or in consequence of, or in any way involving actual or alleged **Construction Defect(s)**;
- M.** based upon, arising out of, relating to, directly or indirectly resulting from or in consequence of, or in any way involving any actual or alleged liability of an **Insured**, in whole or in part, in the capacity as a builder or developer, or in the capacity of a sponsor of the **Organization**, or of an **Insured** affiliated with such a builder, developer or sponsor, and which is related to actual or alleged misconduct on the part of such builder, developer or sponsor, including but not limited to actual or alleged conflict of interest, self-dealing, or disputes concerning conversion, construction or development;

With respect to this section of the Policy, no fact pertaining to or conduct by any **Insured Person** shall be imputed to any other **Insured Person**; and only facts pertaining to or conduct by any past, present, or future Executive Director, President, or Chairman of the **Organization** shall be imputed to the **Organization** or any **Subsidiary** to determine if coverage is available.

Section V. Limits of Liability and Retention

- A.** The **Insurer** shall be liable to pay one hundred percent (100%) of **Loss** to which this insurance applies in excess of the Retention stated in Item 4 of the Declarations. The **Insurer's** maximum Limit of Liability for the aggregate amount of **Loss** resulting from all **Claims** deemed to have been made in a **Policy Year** shall be shown in Item 3 of the Declarations. The **Insured** shall be solely responsible to pay any and all **Loss** within the Retention. Under no circumstances shall the **Insurer** be required to pay any **Loss** within the Retention.
- B.** One Retention shall apply to each and every **Claim**. More than one **Claim** involving the same **Wrongful Act** or **Related Wrongful Acts** of one or more **Insureds** shall be considered a single **Claim**, and only one Retention shall be applicable to such single **Claim**. All such **Claims**, constituting a single **Claim**, shall be deemed to have been made on the earlier of the following dates: (1) the earliest date on which any such **Claim** was first made; or (2) the earliest date on which any such **Wrongful Act** or **Related Wrongful Act** was reported under this Policy or any other policy providing similar coverage.
- C.** **Costs of Defense** incurred by the **Insurer** shall be in addition to the Limit of Liability, and such **Costs of Defense** shall not be subject to the Retention amount.
- D.** With respect to all **Claims** deemed to have been made in a **Policy Year**, should the Limit of Liability be exhausted by payment of **Loss** resulting from one or more such **Claims**, the **Insurer's** duty to defend shall cease and any and all obligations of the **Insurer** hereunder shall be deemed to be completely fulfilled and extinguished and the **Insurer** shall have no further obligations.

- E. For the purpose of applying the Retention, **Loss** applicable to Insuring Agreement I.B. includes that for which indemnification is legally permissible, regardless of whether actual indemnification is granted. The certificate of incorporation, charter or other organizational document of the **Organization**, including by-laws and resolutions, shall be deemed to require indemnification and advancement of **Loss** to the **Insured Persons** to the fullest extent permitted by law.

Section VI. Costs of Defense and Settlements

- A. The **Insureds** shall not incur **Costs of Defense**, or admit liability, offer to settle, or agree to any settlement in connection with any **Claim** without the express written consent of the **Insurer**, which consent shall not be unreasonably withheld. The **Insureds** shall provide the **Insurer** with full cooperation and all information and particulars it may reasonably request in order to reach a decision as to such consent. Any **Loss** resulting from any admission of liability, agreement to settle, or **Costs of Defense** incurred prior to the **Insurer's** consent shall not be covered hereunder.
- B. The **Insurer** has the right to investigate and settle any **Claim** as it deems expedient. The **Insurer** may, with the written consent of the **Insured**, make any settlement of a **Claim** which the **Insurer** deems reasonable. If the **Insured** withholds its written consent to settlement of a **Claim** recommended in writing by the **Insurer**, the **Insurer's** liability will be limited to:
 - (1) the amount of Loss in excess of the retention (if any) which the **Insurer** would have paid to settle the **Claim** had the **Insured** consented to the recommended settlement; and
 - (2) the **Costs of Defense** covered by the Policy and incurred as of the date the **Insurer** recommended the settlement in writing to the **Insured**.

Upon failing to provide written consent to a settlement that the **Insurer** recommends in writing, the **Insured** shall, at its sole expense, assume all further responsibility for the **Costs of Defense** incurred after the date the **Insurer** recommended the settlement to the **Insured** in writing, including all additional costs associated with the investigation, defense and/or settlement of the **Claim**.

Section VII. Notice of Claim

- A. The **Insureds** shall, as a condition precedent to their rights under this Policy, give the **Insurer** notice in writing of any **Claim** made during the **Policy Period**. Such notice shall be given as soon as practicable after the date a Board Member or an employee of the **Property Manager** has knowledge of the **Claim**, and in no event later than ninety (90) days after the end of the **Policy Period**.
- B. If during the **Policy Period** or **Discovery Period**, any **Insured** first becomes aware of a **Wrongful Act** and gives notice to the **Insurer** of: (1) the **Wrongful Act**; (2) the injury or damage which has or may result therefrom; and (3) the circumstances by which the **Insured** first became aware thereof; then any **Claim** arising out of such **Wrongful Act** which is subsequently made against the **Insured** shall be deemed to have been made at the time the **Insurer** received such written notice from the **Insured**.
- C. In addition to furnishing the notice as provided in Section VII A or B, the **Insured** shall, as soon as practicable, provide the **Insurer** with copies of reports, investigations, pleadings and other documents in connection therewith, and shall provide all information, assistance and cooperation which the **Insurer** reasonably requests and do nothing to prejudice the **Insurer's** position or its potential or actual rights of recovery.

Section VIII. Coverage Extensions

A. Spousal/Domestic Partner Provision

The coverage provided by this Policy shall also apply to the lawful spouse or "Domestic Partner" of any **Insured Person**, but only for **Claims** arising out of any actual or alleged **Wrongful Acts** of any **Insured Person**. The term "Domestic Partner" shall mean any natural person qualifying as a

domestic partner under the provisions of any applicable federal, state or local law.

B. Worldwide Provision

The coverage provided under this Policy shall apply worldwide. The term **Insured Persons** is deemed to include individuals who serve in equivalent positions in foreign **Subsidiaries**.

C. Estates and Legal Representatives

The coverage provided by this Policy shall also apply to the estates, heirs, legal representatives, or assigns of any **Insured Persons** in the event of their death, incapacity or bankruptcy, but only for **Claims** arising out of any actual or alleged **Wrongful Acts** of any **Insured Persons**.

Section IX. General Conditions

A. Cancellation or Non-Renewal

- (1) This Policy may be cancelled by the **Organization** at any time by written notice to the **Insurer**. In the event the **Organization** cancels this Policy for reasons other than the downgrade of the **Insurer's** rating by A.M. Best, the **Insurer** shall retain the customary short rate portion of the premium. However, if the **Organization** cancels the Policy due to a downgrade of the **Insurer's** rating to below [A-] by A.M. Best, the **Insurer** shall refund any unearned premium on a pro rata basis. Payment of any unearned premium by the **Insurer** shall not be a condition precedent of the effectiveness of cancellation but such payment shall be made as soon as practicable.
- (2) This Policy will only be cancelled by the **Insurer** if the **Organization** does not pay the premium when due.
- (3) If the **Insurer** elects not to renew this Policy, the **Insurer** shall provide the **Organization** with at least sixty (60) days advance notice thereof.

B. Application

It is agreed the particulars and statements contained in the **Application** submitted to the **Insurer** (and any material submitted therewith) are the representations of the **Insured** and are to be considered as incorporated in and constituting part of this Policy. It is also agreed this Policy is issued in reliance upon the truth of such representations. However, coverage shall not be excluded as a result of any untrue statement in the **Application**, except as to the **Organization**, its **Subsidiaries**, and any **Insured Person** making such untrue statement or having knowledge of its falsity.

In no event shall Insuring Agreement I.A. of this Policy be rescinded by the **Insurer**.

C. Order of Payments

In the event of **Loss** arising from a covered **Claim** for which payment is due under the provisions of this Policy, the **Insurer** shall first, pay **Loss** for which coverage is provided under Insuring Agreement I.A. of this Policy; and thereafter with respect to whatever remaining amount of the Limit of Liability is available after such payment, pay such other **Loss** for which coverage is provided under any other applicable Insuring Agreements in Section I of this Policy.

D. Merger or Acquisition

If, during the **Policy Period**, the **Organization** acquires the assets of another entity, by merger or otherwise, and the acquired assets of such other entity exceed thirty-five percent (35%) of the

assets of the **Organization** as of the inception date of the Policy, written notice thereof shall be given to the **Insurer** as soon as practicable, but in no event later than ninety (90) days from the effective date of the transaction, together with such information as the **Insurer** may request. Premium adjustment and coverage revisions shall be effected as may be required by the **Insurer**.

E. Conversion to Run-Off Coverage

If prior to the end of the **Policy Period**, the **Organization** merges into another organization and the **Organization** is not the surviving entity, another organization or person acquires the right to elect or appoint more than fifty percent (50%) of the Board of Directors or other governing body of the **Organization**, or the **Organization** ceases to qualify as a not-for-profit organization under any federal, provincial and territorial legislation and/or the Internal Revenue Code (such events hereinafter referred to as **Transaction**), then:

- (1) the **Organization** must give written notice of such **Transaction** to the **Insurer** within thirty (30) days after the effective date of such **Transaction**, and provide the **Insurer** with such information as the **Insurer** may deem necessary; and
- (2) this Policy, including the **Discovery Period** if elected, shall apply, but only with respect to any **Wrongful Act** committed prior to the effective date of such **Transaction**.

F. Action Against the Insurer

- (1) No action shall be taken against the **Insurer** unless, as a condition precedent thereto, there shall have been full compliance with all the terms of this Policy, and until the **Insured's** obligation to pay shall have been finally determined by an adjudication against the **Insured** or by written agreement of the **Insured**, those filing the claim, and the **Insurer**.
- (2) No person or organization shall have any right under this Policy to join the **Insurer** as a party to any **Claim** against any **Insured** nor shall the **Insurer** be impleaded by any **Insured** or their legal representative in any such **Claim**.

G. Subrogation

In the event of payment under this Policy, the **Insurer** shall be subrogated to all the **Insureds'** rights of recovery. The **Insureds** shall do everything necessary to secure such rights, including the execution of such documents necessary to enable the **Insurer** to effectively bring suit in the name of any **Insured**. In no event, however, shall the **Insurer** exercise its rights to subrogation against an **Insured Person** under this Policy unless, such **Insured Person**:

- (1) has been convicted of a deliberate criminal act, or
- (2) has been determined by a final adjudication adverse to the **Insured Person** to have committed a deliberate fraudulent act, or to have obtained any profit, advantage or remuneration to which such **Insured Person** was not legally entitled.

In the event the **Insurer** shall for any reason pay indemnifiable **Loss** on behalf of an **Insured Person**, the **Insurer** shall have the contractual right hereunder to recover from the **Organization** or any **Subsidiary** the amount of such **Loss** equal to the amount of the Retention not satisfied by the **Organization** or any **Subsidiary** and shall be subrogated to rights of the **Insured Persons** hereunder.

H. Conformity to Law

Any terms of this Policy which are in conflict with the terms of any applicable laws are hereby amended to conform to such laws.

I. Assignment

Assignment of interest under this Policy shall not bind the **Insurer** until its consent is endorsed hereon.

J. Organization Represents Insured

By acceptance of this Policy, the **Organization** shall be designated to act on behalf of the **Insureds** for all purposes including, but not limited to, giving and receiving of all notices and correspondence, the cancellation or non-renewal of this Policy, the payment of premiums, and the receipt of any return premiums that may be due under this Policy.

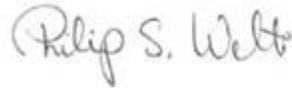
K. Entire Agreement

By acceptance of this Policy, the **Insured** and the **Insurer** agree that this Policy (including the **Application** submitted to the **Insurer** and any materials submitted therewith) and any written endorsements attached hereto constitute the entire agreement between the parties.

In witness whereof the **Insurer** has caused this Policy to be signed by its President and Secretary and countersigned, if required, on the Declarations page by a duly authorized agent of the **Insurer**.



President



Secretary



A Berkley Company

Domicile Office: 11201 Douglas Avenue, Urbandale, IA 50322

Main Administrative Office: 475 Steamboat Road, Greenwich, CT 06830

Underwriting Office: 1250 Diehl Road, Suite 200, Naperville, IL 60563 Telephone: (866) 893-3922

EXCLUSION – FAILURE TO MAINTAIN INSURANCE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

It is hereby understood and agreed that the following is added to Section IV. Exclusions:

based upon, arising out of, relating to, directly or indirectly resulting from or in consequence of, or in any way involving the actual or alleged failure to acquire, purchase or maintain insurance or bond, including but not limited to the failure to acquire, purchase, or maintain sufficient, adequate, or suitable insurance or bond.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Policy other than as above stated.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

DIRECTORS & OFFICERS INSURANCE POLICY

- A. If aggregate insured losses attributable to terrorist acts certified under the federal Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury. "Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism pursuant to such Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:
1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
 2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- B. The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for injury or damage that is otherwise excluded under this Coverage Part.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Policy other than as above stated.

**POLICYHOLDER NOTICE U.S. TREASURY DEPARTMENT'S
OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE**

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of national emergency. OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations and narcotics traffickers as Specially Designated Nationals. This list can be located on the United States Treasury's web site: <http://www.treasury.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments or premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism, as defined in the Terrorism Risk Insurance Act, as amended, (the “Act”), is included in your policy. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Act contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism as defined in the Act is \$0, and does not include any charges for the portion of losses covered by the United States government under the Act.



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NOTICE TO POLICYHOLDERS FLORIDA INSURANCE GUARANTY ASSOCIATION ASSESSMENT

The Board of Directors of the Florida Insurance Guaranty Association (FIGA) has imposed an assessment against members doing business in Florida for the purpose of securing funds to pay covered claims and to pay the reasonable cost of administering these claims.

Assessable Insurers are permitted to recoup the assessment amount they paid by surcharging Assessable Insureds. If your policy is surcharged, the term FL Ins. Guaranty Association Surcharge, with an indicated dollar amount, will be displayed on your Declarations Page.



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FLORIDA AMENDATORY ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

In compliance with the insurance regulations of the State of Florida, the Policy is amended as follows. In the event that a similar provision is already contained in the Policy, the provisions of this endorsement shall take precedence over such similar provisions.

1. It is understood and agreed that Section III. M. of the Policy is deleted and replaced with the following:

- M. **"Loss"** shall mean settlements, judgments, pre-judgment and post-judgment interest, front and back pay, compensatory damages, the multiple portion of any multiplied damage award, and subject to the provisions of Section V. and VI., **Costs of Defense** incurred by the **Insured**. **Loss** shall not include:
- (1) criminal or civil fines or penalties or taxes;
 - (2) the value of perquisites, deferred compensation or any other type of compensation earned in the course of employment or the equivalent value thereof; and
 - (3) any amounts which may be deemed uninsurable under the law pursuant to which this Policy shall be construed.

2. It is understood and agreed that the definition of **Loss** shall also include:

- (1) vicarious liability for punitive or exemplary damages incurred by any **Insured** but only with respect to the extent the Policy is construed by a court of competent jurisdiction, or an arbitration panel, pursuant to Florida law; or
- (2) punitive or exemplary damages, but only to the extent (a) such damages are insurable under the law of any jurisdiction other than Florida that has a substantial relationship to the **Insured**, the **Claim**, the **Insurer**, or the Policy and is most favorable to the insurability of such damages, and (b) that this Policy is construed by a court of competent jurisdiction, or an arbitration panel, pursuant to the laws of any jurisdiction other than Florida; when such damages are covered under the Policy.

3. It is understood and agreed that Section II. A. and II. B. are deleted and replaced with the following:

- A. If this Policy is not renewed or is cancelled by the **Insurer**, for any reason other than non-payment of premium, then without the requirement of any additional premium, the **Organization** shall receive an automatic ninety (90) day extension of the coverage granted by this Policy with respect to any **Claim** first made against any **Insured** during this extended coverage, but only with respect to **Wrongful Acts** committed prior to the end of the **Policy Period**. This extended coverage shall be referred to as the

Automatic Discovery Period. In addition, if prior to the end of the **Automatic Discovery Period**, the **Organization** pays the **Insurer** an additional amount equal to 40%, 75%, or 100% percent of the annual premium of this Policy, the **Organization** shall receive an extension of the coverage granted by this Policy for an additional twelve (12), twenty-four (24), or thirty-six (36) months respectively from the end of the **Automatic Discovery Period** with respect to any **Claim** first made against any **Insured** during this extended coverage, but only with respect to **Wrongful Acts** committed prior to the end of the **Policy Period**. This extended coverage shall be referred to as the **Discovery Period**. The **Organization** shall have no right to purchase this **Discovery Period** at any later date or to elect more than one **Discovery Period**.

- B. If this Policy is not renewed or is cancelled by the **Organization**, and if no later than sixty (60) days after the end of the **Policy Period** the **Organization** pays the **Insurer** an additional amount equal to 40%, 75%, or 100% percent of the annual premium of this Policy, the **Organization** shall receive a **Discovery Period** for an additional twelve (12), twenty-four (24), or thirty-six (36) months respectively from the end of the **Policy Period**. The **Organization** shall have no right to purchase this **Discovery Period** at any later date or to elect more than one **Discovery Period**.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, provisions, agreements or limitations of the above-mentioned Policy other than as above stated.

COMMERCIAL CYBER DATA BREACH COVER

THIS ENDORSEMENT'S AGGREGATE LIMIT OF INSURANCE WILL BE REDUCED AND MAY BE EXHAUSTED BY PAYMENT OF THE COVERAGE PROVIDED BY THIS ENDORSEMENT, INCLUDING WITHOUT LIMITATION, PAYMENTS FOR DAMAGES, CLAIMS, CLAIM EXPENSES, REGULATORY FINES, AND LOSSES.

FOR THE AVOIDANCE OF DOUBT, CLAIM EXPENSES ARE INCLUDED WITHIN, REDUCE, AND MAY EXHAUST THE APPLICABLE LIMITS OF LIABILITY.

THIS ENDORSEMENT PROVIDES INDEPENDENT COVERAGES, TERMS, AND DEFINITIONS.

PLEASE READ THE ENTIRE ENDORSEMENT CAREFULLY

Various provisions in this **Endorsement** restrict coverage, and coverage is subject to certain conditions precedent set forth in this Endorsement. Read the entire **Endorsement** carefully to determine what is and what is not covered, and the rights and duties of the **Named Insured** and the **Company**.

Coverage	Limits of Insurance / Sublimits of Insurance
ENDORSEMENT AGGREGATE COVERAGE LIMIT OF INSURANCE	\$ 250,000
A. LIABILITY COVERAGE LIMIT (Inclusive of the following Insuring Agreements):	\$ 250,000
1. Media	
2. Network Security	
3. Data Compromise	
a. Privacy	
b. Regulatory Coverage	
Regulatory Fines (Sublimit)	\$10,000 each Regulatory Proceeding Claim
B. FIRST PARTY COVERAGE LIMIT (Inclusive of the following Insuring Agreement):	\$50,000
1. Privacy Breach	
C. PER EVENT DEDUCTIBLE	\$1,000
D. ENDORSEMENT PREMIUM	INCLUDED

<p>ENDORSEMENT PERIOD From <u>3/10/2026</u> to <u>3/10/2027</u> At 12:01 A.M. Standard Time at the address of the Named Insured as stated herein.</p>

Schedule of Insurance

COMMERCIAL CYBER DATA BREACH COVER

In consideration of the payment of the premium, in reliance on all information provided to the **Company**, and subject to all provisions of this **Endorsement**, the **Named Insured** and **Company** agree as follows:

SECTION I: INSURING AGREEMENTS

This Section lists the coverages that apply if indicated in the Schedule of Insurance and have a Limit of Insurance on the Schedule. If no Limit of Insurance is set forth for an Insuring Agreement in the Schedule, coverage has not been purchased for such Insuring Agreement. For coverage under this **Endorsement**, the applicable **Event** must be first **Discovered** during the **Endorsement Period** and reported to the **Company** in accordance with Section IV.A.

A. LIABILITY COVERAGE

1. MEDIA

The **Company** will pay on the **Insured's** behalf the **Damages** resulting from a **Claim** directly arising from a **Media Wrongful Event**, provided the **Media Wrongful Event** is first **Discovered** during the **Endorsement Period**.

2. NETWORK SECURITY

The **Company** will pay on the **Insured's** behalf the **Damages** resulting from a **Claim** directly arising from a **Network Security Event**, provided the **Network Security Event** is first **Discovered** during the **Endorsement Period**.

3. DATA COMPROMISE

a. PRIVACY

The **Company** will pay on the **Insured's** behalf the **Damages** resulting from a **Claim** directly arising from a **Privacy Breach Event**, provided the **Privacy Breach Event** is first **Discovered** during the **Endorsement Period**.

b. REGULATORY

The **Company** will pay on the **Insured's** behalf the **Regulatory Fines** and **Claim Expenses** resulting from a **Regulatory Proceeding Claim** directly arising from a **Privacy Breach Event**, provided the **Privacy Breach Event** is first **Discovered** during the **Endorsement Period**.

B. FIRST PARTY COVERAGE

1. PRIVACY BREACH

The **Company** will pay the **Named Insured** for **Privacy Breach Expenses** directly arising from a **Privacy Breach Event**, provided the **Privacy Breach Event** is first **Discovered** during the **Endorsement Period**.

SECTION II: LIMITS OF INSURANCE AND DEDUCTIBLE

A. LIMITS OF INSURANCE

1. ENDORSEMENT AGGREGATE COVERAGE LIMIT OF INSURANCE

The Endorsement Aggregate Coverage Limit of Insurance for the **Endorsement Period** set forth in the Schedule is the maximum aggregate limit of the **Company's** liability under

COMMERCIAL CYBER DATA BREACH COVER

all Insuring Agreements in this **Endorsement** combined, regardless of the number of **Claims**, the number of **Losses**, the number of claimants, and the number of Insuring Agreements triggered.

The Liability Coverage Limits, including sublimits, and the First Party Coverage Limits, including sublimits, listed in the Schedule are all part of, and not in addition to, the Endorsement Aggregate Coverage Limit of Insurance set forth in the Schedule.

2. LIABILITY LIMIT OF INSURANCE

If a Limit of Insurance is set forth in the Schedule under the heading “Liability Coverage Limit” for an Insuring Agreement in Section I.A. of this Endorsement, then such Limit of Insurance is the maximum limit of the **Company’s** liability for all **Damages** from all **Claims** and **Related Claims** in the aggregate under that Insuring Agreement, which amount is part of, and not in addition to, the Liability Coverage Limit and the Endorsement Aggregate Coverage Limit of Insurance for the **Endorsement Period** set forth in the Schedule.

3. FIRST PARTY COVERAGE LIMIT OF INSURANCE

If a Limit of Insurance is set forth in the Schedule under the heading “First Party Coverage Limit” for an Insuring Agreement in Section I.B. of this Endorsement, then such Limit of Insurance is the maximum limit of the **Company’s** liability for all **Loss** and **Related Losses** in the aggregate under that Insuring Agreement, which amount is part of, and not in addition to, the First Party Coverage Limit and the Endorsement Aggregate Coverage Limit of Insurance for the **Endorsement Period** set forth in the Schedule.

B. DEDUCTIBLE

- 1.** The **Company** shall only be liable for the amount of **Damages** or **Loss** which is in excess of the applicable Deductible set forth in the Schedule. Such Deductible shall solely be the obligation of the **Named Insured**. The **Company** has no obligation to the **Named Insured** or to any other person or entity to pay all or any portion of any Deductible amount for or on behalf of the **Named Insured**.
- 2.** For the purpose of applying the Deductible, the **Named Insured** shall pay one single Deductible amount for **Damages** and **Loss** arising from the same **Event** or **Related Events**, regardless of whether there is more than one **Claim** or **Loss** arising from the same **Event** or **Related Events**.

C. RELATED EVENTS, RELATED CLAIMS, RELATED LOSS

- 1.** Each **Event** and all its **Related Events** shall be treated as a single **Event**.
- 2.** Each **Claim** and all its **Related Claims** shall be treated as a single **Claim**.
- 3.** Each **Loss** and all its **Related Losses** shall be treated as a single **Loss**.

D. ENDORSEMENT PERIODS

In no event will any **Event** or **Related Event**, **Claim** or **Related Claim**, or **Loss** or **Related Loss** constitute an **Event**, **Claim**, or **Loss** (as applicable) in more than one **Endorsement Period**.

SECTION III: DEFENSE AND SETTLEMENT

A. DUTY TO DEFEND

COMMERCIAL CYBER DATA BREACH COVER

1. Duty to Defend

The **Company** has the right and duty to defend any **Claim** against the **Insured** seeking **Damages** under this **Endorsement**, even if any of the allegations are groundless, false, or fraudulent. The **Company** has no duty to defend any **Claim** or pay any **Damages** for a **Claim**:

- a. Arising from an **Event** not first **Discovered** during the **Endorsement Period**;
- b. Which is not covered by this **Endorsement**; or
- c. Seeking relief not covered by this **Endorsement**.

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2. Termination of Duty to Defend

- a. The **Company's** right and duty to defend ends when the Endorsement Aggregate Coverage Limit of Insurance or applicable Limit of Insurance is exhausted by the **Company's** payments or the **Company** deposits the remaining portion of the Endorsement Aggregate Coverage Limit of Insurance or applicable Limit of Insurance with a court of competent jurisdiction.
- b. The **Company's** right and duty to defend ends when the **Company** makes any of the following determinations: (i) the **Claim** arises from an **Event** not first **Discovered** during the **Endorsement Period**, (ii) the **Claim** is not covered by this **Endorsement**, or (iii) the **Claim** seeks relief that is not covered by this **Endorsement**.

3. Selection of Counsel

The **Company** shall have the right to select and appoint counsel to defend any **Claim**. The **Insured** shall not appoint counsel to defend any **Claim** without **Approval** in advance. Any costs incurred by an **Insured** for work performed by counsel, when that counsel was not **Approved**, shall be borne by the **Insured** and shall not erode the applicable Deductible set forth in the Schedule or be recoverable under this **Endorsement**. The **Company** shall have the right to substitute its chosen counsel for any counsel previously selected by the **Insured** without **Approval** unless otherwise prohibited by applicable law.

B. SETTLEMENT

The **Company** has the right to investigate, direct the defense of, and/or settle any **Claim** as the **Company** deems expedient.

C. COMPANY'S APPROVAL REQUIRED

It is a condition precedent for coverage under this **Endorsement** that the **Insured** shall not admit any liability, make any payment, assume any obligation, incur any expense, enter into or negotiate any settlement, stipulate to any judgment or award, or dispose of any **Claim** without **Approval**.

SECTION IV: REPORTING REQUIREMENTS

A. INSURED'S DUTY TO REPORT

1. NOTICE IS A CONDITION PRECEDENT TO COVERAGE

It is a condition precedent to coverage under this **Endorsement** that if a **Knowledge Group Member** first **Discovers** during the **Endorsement Period** any **Event** (including each **Related Event**, if any), **Claim** (including each **Related Claim**, if any), **Loss** (including each **Related Loss**, if any), or **Circumstances**, an **Insured** must provide written notice to the **Company** of such **Event, Claim, Loss** or **Circumstances**, such notice to include the information set forth in Section IV. A. 2 below, and to be provided as soon as practicable, but in all cases no later than thirty (30) days after first **Discovered**.

It is a condition precedent to coverage under this **Endorsement** that if the **Company** sends written notice to the **Named Insured** that this **Endorsement** is being cancelled for non-payment of premium, the **Named Insured** must provide written notice to the **Company** of any **Event, Claim, Loss** or **Circumstances** in accordance with the prior paragraph, but in any event no later than the earlier of: (i) thirty (30) days after such **Event, Claim, Loss** or **Circumstances** is first **Discovered**, and (ii) prior to the effective date of the cancellation.

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Such notices must be sent to the **Company**. Notice to any **Vendor** (including lawyers, experts, and litigation support staff) does not constitute notice to the **Company** of an **Event, Claim, Loss or Circumstances** under this **Endorsement**.

2. INFORMATION TO BE INCLUDED IN NOTICES

In providing the notice under A.1, of this Section IV, each notice must include a written report with the following information:

- a. If notice is of an **Event**, then a description of the **Event**, when and how the **Knowledge Group Member** first **Discovered** the **Event**, the **Circumstances** giving rise to the **Event**, and any **Claim** or **Loss** reasonably expected to arise from that **Event**.
- b. If notice is of a **Claim**, or of an **Event** or **Circumstances** reasonably likely to give rise to a **Claim**, then a description of the **Claim**; when and how the **Knowledge Group Member** first **Discovered** the **Claim**; the names of the claimant or potential claimant, the **Impacted Individuals**, the **Impacted Entities**, and any other persons or entities involved; the specific **Third Party Liability Event** or regulatory proceeding which may form the basis of the **Claim**; all pleadings and other documents setting forth the **Claim** or notifying an **Insured** of the **Claim**; the **Circumstances** giving rise to the **Claim**; and the nature and extent of any potential **Damages**.
- c. If notice is of a **Loss**, or of an **Event** or **Circumstances** reasonably likely to give rise to a **Loss**, then a description of the **Loss**, when and how the **Knowledge Group Member** first **Discovered** the **Loss**, the **Circumstances** giving rise to the **Loss**, and the nature and extent of any potential **Loss**.
- d. If the notice is of **Circumstances**, then, in addition to the information in A.2.a., b., and c. above, a description of the **Circumstances**, when and how the **Knowledge Group Member** first **Discovered** the **Circumstances**, the reason the **Knowledge Group Member** believes such **Circumstances** are reasonably likely to result in an **Event, Claim** or **Loss**, and the nature and extent of any potential **Damages** or **Loss**.

3. REPORTS OF MALICIOUS CODES AND EXPLOITS

For **Network Security Events** based upon, arising out of, attributable to, caused by or resulting from **Malicious Code** or **Exploit**, the **Named Insured** must provide the **Company** as soon as possible with (a) any identifying characteristics, markers, or other information which may identify the **Malicious Code** or **Exploit** involved in the **Event**, and (b) a written report by a forensic **Vendor** which identifies the **Malicious Code** or **Exploit** involved in the **Event**, such report be provided to the **Company** no later than thirty (30) days after the first **Discovery** of such **Event**.

For all other **Events**, such a report must be provided at the **Company's** request.

B. NO COVERAGE

1. No coverage under this **Endorsement** will be provided for:
 - a. Any **Damages** incurred or paid prior to the time the **Company** is notified of the **Claim** or any **Related Claim** pursuant to Section IV.A.; or
 - b. Any **Loss** incurred or paid prior to the time the **Company** is notified of a **Loss** or any **Related Loss** pursuant to Section IV.A.
2. No coverage under this **Endorsement** will be provided if any **Insured** reports any matter knowing or having reason to know it to be false or fraudulent.

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C. DETERMINATION OF FIRST DISCOVERY

- 1.** Each **Claim** and all its **Related Claims**, whenever made, will be deemed a single **Claim** first **Discovered** on the earlier of the following:
 - a.** When the **Event** giving rise to the **Claim** was first **Discovered**, or could have been **Discovered** through the exercise of due diligence; and
 - b.** When the earliest of the **Related Claims** was first **Discovered**, or could have been **Discovered** through the exercise of due diligence.

This Section IV.C.1. applies regardless of the following:

- a.** The number of **Related Claims**;

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- b. The number or identity of **Impacted Individuals, Impacted Entities**, or any other persons, entities, or claimants involved;
 - c. Whether the **Related Claims** are asserted in a class action or otherwise; or
 - d. The timing of the **Related Claims**, even if the **Related Claims** were received or **Discovered** in more than one **Endorsement Period**.
2. **Loss** and all its **Related Losses**, whenever occurring, will be deemed a single **Loss** first **Discovered** on the earlier of the following:
- a. When the **Event** giving rise to the **Loss** was first **Discovered**, or could have been **Discovered** through the exercise of due diligence; and
 - b. When the earliest of the **Related Losses** was first **Discovered**, or could have been **Discovered** through the exercise of due diligence.

This Section IV.C.2. applies regardless of the following:

- a. The number of **Related Losses**;
 - b. The number or identity of **Impacted Individuals, Impacted Entities**, or any other persons or entities involved; or
 - c. The timing of the **Related Losses**, even if the **Related Losses** occurred or were **Discovered** in more than one **Endorsement Period**.
3. Each **Event** and all its **Related Events**, whenever occurring, will be deemed a single **Event** first **Discovered** on the earliest of the following:
- a. When the **Event** was first **Discovered**, or could have been **Discovered** through the exercise of due diligence;
 - b. When the earliest of the **Related Events** was first **Discovered**, or could have been **Discovered** through the exercise of due diligence; and
 - c. When the earliest **Circumstances** were first **Discovered**, or could have been **Discovered** through the exercise of due diligence.

This Section IV.C.3. applies regardless of the following:

- a. The number of **Related Events** or **Circumstances**;
- b. The number or identity of **Impacted Individuals, Impacted Entities**, or any other persons, entities, or claimants involved; or
- c. The timing of the **Related Events** or **Circumstances**, even if the **Related Events** or **Circumstances** occurred or were **Discovered** in more than one **Endorsement Period**.

For purposes of this Section IV.C., due diligence includes but is not limited to compliance with Section V.

SECTION V: DUE DILIGENCE AND COOPERATION

A. DUE DILIGENCE REQUIREMENTS

1. It is a condition precedent to coverage under this **Endorsement** that the **Named Insured** must, at its sole cost and expense, use due diligence to prevent and mitigate against any

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Damages or Loss, and to protect and monitor the security of **Protected Information** and its **Computer System**. This includes, but is not limited to:

- a. Providing and maintaining appropriate physical security for the **Named Insured's** premises and the **Computer System**;
- b. Performing and installing all available software updates and patches as soon as practicable but in no event later than thirty (30) days from the time the update or patch becomes available;
- c. Installing, maintaining, monitoring, and updating firewalls, virus scans and anti-virus software, and ensuring that the foregoing are active and in use for the **Computer System**;
- d. Providing and running a data backup system at appropriate intervals, including without limitation performing a full backup of the **Computer System** at least once every thirty (30) days;
- e. Providing and maintaining password protection and encryption for all **IOT Devices, Portable Devices and Peripheral Hardwired Devices**;
- f. Providing and maintaining encryption for **Protected Information** and financial transactions such as credit card, debit card, and check processing; and
- g. Providing and maintaining secure disposal procedures for files containing **Protected Information** no longer needed for use.

B. COOPERATION

The **Insured** agrees not to take any action, or fail to take any requested action, that prejudices the **Insured's** rights or the **Company's** rights with respect to a **Claim** or **Loss**. In the event of a **Claim** or a **Loss**, the **Insured** must do the following upon the **Company's** request:

1. Fully assist and cooperate with the **Company** in the conduct, defense, investigation, negotiation, and settlement of a **Loss** or **Claim** or investigation of coverage of a **Loss** or **Claim**;
2. Submit to an examination under oath; provide the **Company** with written statements; attend meetings and negotiations; produce and make available all information, books, records, documents, and other materials which the **Company** deems relevant; and authorize the **Company** to obtain records and other information;
3. Take additional steps to protect the **Computer System** and **Protected Information** from further loss or damage and keep a record of the expenses necessary to do so;
4. Attend hearings, depositions, proceedings, trials, and appeals;
5. Assist the **Company** in effecting settlements, securing and giving evidence, obtaining the attendance of witnesses, and pursuing or enforcing any right of contribution or indemnity against a person or entity who may be liable to the **Insured**;
6. Accept the **Company's** assignment of counsel unless otherwise prohibited by applicable law; and
7. Provide reports of forensic **Vendors** that identify the **Malicious Code** or **Exploit** involved in the **Event** as soon as possible; provided that this provision supplements, and does not replace, the reporting requirements set forth in Section IV.A.

SECTION VI: EXCLUSIONS

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A. The **Company** shall not be liable to pay, indemnify or reimburse for any **Claim, Damages** or **Losses** based upon, arising out of, attributable to, caused by or resulting from, whether actual or alleged:

1. Any of the following:

- a. Intentional creation or distribution of **Malicious Code** or **Exploit** by any **Insured**;
- b. Unauthorized tampering with any **Computer System** by any **Insured**; or
- c. Any dishonest, fraudulent, criminal, malicious, or willful act, error, or omission by any **Insured**.

2. Any **Mass Event**.

3. Any of the following:

- a. Failure, interruption of service, or defect by third parties;
- b. Misconfiguration of information technology systems, including but not limited to domain name system configuration changes and domain name hijacking, by third parties;
- c. Unauthorized access or unauthorized use of a third party's computer system;
- d. Malicious insider activity of or by third parties; or
- e. Distribution of **Malicious Code** or **Exploit** by third parties,

in each case that impact the **Computer System** and cause **Claims, Losses** or **Damages**. For the purposes of this exclusion third parties shall refer to (i) any cloud service provider; (ii) any other entity providing to an **Insured**, or servicing for an **Insured**, any hardware or software over the internet; or (iii) any other entity providing software as a service, infrastructure as a service, managed security as a service, platform as a service, or any form of cloud data storage as a service to an **Insured**.

4. Any mechanical or service failure, interruption of service, or defect of:

- a. Telephone, communications or data transmission lines, equipment or infrastructure;
- b. Internet system, internet service provider or cloud service provider, device or computer system (other than a **Computer System**, or an internet system owned or leased by and operated under the control of the **Named Insured**); or
- c. Electricity (including but not limited to power interruption, surge, brownout or blackout), gas, water or other utilities or their equipment or infrastructure (including, but not limited to power lines).

5. Shortcomings, errors or mistakes in any set of instructions (oral, written or electronic), scripts, program, code or software that is executed, run or installed on the **Computer System** either (a) during the course of a legitimate and authorized upgrade, update or maintenance process of any software, firmware or hardware on or part of a **Computer System**, or (b) that are present within the firmware or hardware of a **Computer System** as a result of the manufacturing process, in each case for (a) and (b), for the purposes of this exclusion, that directly causes **Claims, Losses** or **Damages**.

6. Any of the following:

- a. Bodily injury, sickness, or disease sustained by a person, including death resulting from any of these at any time;
- b. Physical injury to tangible property, including all resulting loss of use of that property; or
- c. Loss of use of tangible property that is not physically injured.

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This exclusion shall not apply to a **Claim** for mental injury, mental anguish, or emotional distress directly resulting from a **Privacy Breach Event** or a **Media Wrongful Event**. For purposes of this exclusion, electronic data is not considered tangible property.

7. Any of the following:
 - a. Nuclear reaction, nuclear radiation, radioactive contamination, radioactive substance, electromagnetic field, electromagnetic radiation, or electromagnetism;
 - b. Pathogenic or poisonous biological or chemical materials, whether or not man-made, including communicable disease events;
 - c. War, invasion, acts of foreign enemies, hostilities (whether war is declared or not), riot, civil unrest, rebellion, revolution, insurrection, war-like action, coup, usurped powers or military power, including but not limited to those by state-sponsored actors, and action taken by government authority in hindering or defending against any of these; or
 - d. Fire, flood, earthquake, volcanic eruption, explosion, lightning, wind, hail, tidal wave, landslide, act of God or other physical event.
8. Any unlawful or unauthorized obtaining, gathering, collecting, acquiring, sharing, using, distribution or sale by an **Insured** of any **Protected Information**. Provided, however, this exclusion shall not apply to **Privacy Breach Expenses** or **Regulatory Proceedings Claims**, in each case directly arising from a **Privacy Breach Event**, and which are otherwise covered under this **Endorsement**.
9. The unsolicited dissemination of any communication to actual or prospective customers of the **Named Insured**, or to any other third party.

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10. Any violation of the Telecommunications Act, the CAN-SPAM Act, or any other federal, state or local legislation, regulation or law or common law, either: (a) protecting a person's or entity's right of seclusion or privacy (other than a **Privacy Law**), or (b) addressing the unsolicited distribution, transmission or dissemination of any communication.
11. Any gaining of any profit or advantage to which the **Insured** is not legally entitled.
12. Any patent infringement or theft, copying, display, or publication of any patent, process, or trade secret.
13. Any breach of contract, agreement, understanding, warranty (including but not limited to product warranty), or other guarantee or promise. This exclusion shall not apply to the following: Solely with respect to actual or alleged breach of contract, liability that would have attached to the **Named Insured** in the absence of such contract.
14. Any liability or obligation the Named Insured, or anyone acting on behalf of the Named Insured, assumes under any contract, agreement, understanding, warranty (including but not limited to product warranty), or other guarantee or promise. This exclusion shall not apply to the following: Liability that would have attached to the Named Insured in the absence of any such contract, agreement, understanding, warranty or other guarantee or promise.
15. Any seizure, nationalization, confiscation, destruction, deletion or expropriation of any **Protected Information** or any **Computer System** held or used by an **Insured** by order of any governmental authority.
16. Any of the following:
 - a. Violation of any federal, state, local, foreign legislation, regulation, or law prohibiting any restraint of trade or antitrust activity;
 - b. Any price fixing, price discrimination, monopoly or monopolization, predatory pricing, unfair competition, collusion, or conspiracy;
 - c. Any unfair, false, misleading, or deceptive trade or business practice; or
 - d. Any false, misleading, deceptive, or fraudulent statement or representation in advertising or promoting the products, services, or business of the **Named Insured**; provided, however, that this exclusion will not apply to a **Claim** directly arising from a **Media Wrongful Event**.
17. Any of the following:
 - a. Discrimination of any kind; or
 - b. Wrongful employment practice of any kind.
18. Any **Circumstances, Claim, Event, or Loss**:
 - a. That was the subject of notice to another insurer or potential indemnitor prior to the Effective Date of this **Endorsement**; or
 - b. **Discovered** prior to the Effective Date of this **Endorsement**, or could have been **Discovered** through the exercise of due diligence prior to the Effective Date of this **Endorsement**.
19. The presence, discharge, dispersal, release or escape of smoke, vapors, soot, fumes, acids, alkalis, toxic chemicals, liquids or gases, oil or other petroleum substances or derivatives, waste materials or other irritants, contaminants, pollutants or any other substances, including asbestos, fungus, mold and lead, which are or may be injurious to

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public health, property or the environment (“hazardous substances”), including but not limited to:

- a. The cost of cleanup or removal of hazardous substances;
- b. The cost of such actions as may be necessary to monitor, assess and evaluate, the presence, discharge, dispersal, escape, release, or threat of same, of hazardous substances;
- c. The cost of disposal of hazardous substances or the taking of such other action as may be necessary to temporarily or permanently prevent, minimize, or mitigate damage to the public health or welfare or to property or the environment, which may otherwise result; or
- d. Any cost, based upon, arising out of, attributable to, caused by or resulting from, or involving in any way any government direction or request that the **Named Insured** test for, monitor, clean up, remove, contain, treat, detoxify or neutralize hazardous substances.

B. The **Company** shall not be liable to pay for any **Claim** or **Damages** based upon, arising out of, attributable to, caused by or resulting from any **Claim** or **Damages**, whether actual or alleged, by any of the following:

1. Any **Insured** against another **Insured**, except for an otherwise covered **Claim** by an **Insured** under Section I.A.3.a.;
2. Solely in the case of a **Privacy Breach Event**, by any person or entity other than an **Impacted Individual**, an **Impacted Entity**, or (solely in the case of a **Regulatory Proceeding Claim**) a federal or state regulatory body or regulator;
3. Any entity owned or controlled by, or which is under common ownership or control with, the **Named Insured**;
4. Any person or entity which owns or controls the **Named Insured**; or
5. Any independent contractor of the **Named Insured**.

SECTION VII: GENERAL CONDITIONS

A. TERMINATION

The cancellation and nonrenewal provisions of the policy to which this **Endorsement** is attached shall apply to this **Endorsement**. This **Endorsement** shall remain in effect until the expiration of the **Endorsement Period** unless:

1. The policy to which this **Endorsement** is attached is cancelled or non-renewed prior to the expiration of the **Endorsement Period**; or
2. This **Endorsement** is removed at the request of the **Named Insured**, such removal to be confirmed by further endorsement to the policy.

B. CHANGE IN CONTROL

1. For purposes of this **Endorsement**, a “Sale Transaction” means either of the following that occurs during the **Endorsement Period**:
 - a. The **Named Insured** consolidates or merges with or into, or sells more than 50% of its assets to, any other person or entity or group of persons or entities acting in concert, such that the **Named Insured** is not the surviving entity; or

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- b. Any person or entity or group of persons or entities acting in concert acquire more than 50% of the issued and outstanding voting equity securities of the **Named Insured** or control voting rights representing the right to vote for election of or to appoint more than 50% of the directors or trustees of the **Named Insured**.

In the event of a Sale Transaction, this **Endorsement** shall continue in full force and effect as to any **Event** first **Discovered** prior to the Sale Transaction. There shall be no coverage under this **Endorsement** for any **Event** first **Discovered** after the Sale Transaction. The **Named Insured** shall give the **Company** written notice of the Sale Transaction as soon as practicable but not later than thirty (30) days after the Sale Transaction.

- 2. For purposes of this **Endorsement**, an “Acquisition Transaction” means any of the following that occurs during the **Endorsement Period**:
 - a. The **Named Insured** consolidates or merges with any other person or entity or group of persons or entities acting in concert such that the **Named Insured** is the surviving entity;
 - b. The **Named Insured** acquires the assets of any other person or entity or group of persons or entities acting in concert, where such assets represent a market value, as of the date of such acquisition, of 10% or greater of the **Named Insured’s** market value;
 - c. The **Named Insured** acquires or creates a new entity or subsidiary such that the **Named Insured** holds more than 50% of the issued and outstanding voting equity securities or controls voting rights representing the right to vote for election of or to appoint more than 50% of the directors or trustees of such entity or subsidiary; or
 - d. The subsequent addition of another entity or person as a **Named Insured** in addition to the entity or person listed at the time of the commencement of the **Endorsement Period** as the **Named Insured** on the Policy Declarations to which this **Endorsement** is attached.

In the event of an Acquisition Transaction, then there is coverage under this **Endorsement** for such additional entity, subsidiary or person for any **Claim, Loss, Event, or Circumstances** first **Discovered** within the sixty (60) day period immediately following the Acquisition Transaction or until the end of the **Endorsement Period**, whichever occurs first. There is no coverage for such additional entity, subsidiary or person after that time period unless (i) as soon as practicable but no later than thirty (30) days after the Acquisition Transaction, the **Named Insured** provides the **Company** with notice and the particulars of such Acquisition Transaction; (ii) the **Company** agrees to extend the coverage of this **Endorsement** to such surviving **Named Insured**, newly acquired or created entity or subsidiary, or additional entity or person, as applicable, and the **Company** amends the terms of this **Endorsement** accordingly; and (iii) the **Named Insured** pays any additional premium when due. Such extended coverage does not apply to any **Claim, Loss, Event, or Circumstances** first **Discovered** or that could have been first **Discovered** (either by a **Knowledge Group Member** or equivalent in such additional entity or subsidiary) through the exercise of due diligence (including but not limited to in compliance with Section V) before the Acquisition Transaction.

C. BANKRUPTCY

Bankruptcy or insolvency of the **Named Insured** will not relieve any **Insured** or the **Company** of any obligations nor deprive the **Company** of its rights and defenses under this **Endorsement** unless such obligations are in violation of applicable law.

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D. EXCESS COVERAGE

This insurance shall be excess of any other insurance that applies to any **Claim, Event, Loss, Circumstances** or **Damages** covered hereunder and shall not contribute with any or all other insurance, including any deductible or retention, whether collectible or not.

E. ASSIGNMENT

This **Endorsement** and any and all interests and rights hereunder are not assignable without **Approval**.

F. TERMS TO CONFORM TO APPLICABLE LAW

Where necessary, the **Company** shall amend the terms and conditions of this **Endorsement** to conform to applicable law.

G. TERRITORY

This **Endorsement** applies to acts committed or **Losses** occurring anywhere in the world except as set forth under "Sanctions" in Section VII.H.; provided, however, that any **Claim** must be brought in the United States.

H. SANCTIONS

This **Endorsement** does not apply, and the **Company** shall not be liable to provide coverage or provide any benefit hereunder, to the extent that the provision of such coverage, payment of such claim or provision of such benefit would be in violation of any trade or economic sanctions law or regulation applicable to the **Company's** jurisdiction of domicile or those of another jurisdiction with which the **Company** is legally obligated to comply, including without limitation any trade or economic sanctions or embargo by the United States.

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I. LEGAL ACTION AGAINST THE COMPANY

1. No legal action or claim may be brought against the **Company** based upon, arising out of, attributable to, caused by or resulting from this Endorsement unless the following criteria are met:
 - a. There has been full compliance by the **Insureds** with all the terms and conditions of this **Endorsement**; and
 - b. The action is brought within the limit of time provided under applicable law, but in no event later than sixty (60) months from the date the **Knowledge Group Member** first **Discovers** the earliest of any **Circumstances, Claim, Event** or **Loss** pertaining to such action.
2. In the event that the requirements set forth in Section VII.I.1. have been complied with, with respect to a legal action or claim against the **Company**, the amount of damages and losses shall be limited to the following:
 - a. The amount of a non-appealable order of a court or other tribunal (e.g., arbitral panel) resolving such dispute on the merits; or
 - b. The amount for which the legal action or claim was settled, provided that the settlement was agreed to in accordance with the terms and conditions of this **Endorsement**.

J. NO JOINDER

No individual or entity shall have any right under this **Endorsement** to join the **Company** as a party to any **Claim** to determine the liability of the **Insured**, nor shall the **Company** be impleaded by the **Insured** or the **Insured's** legal representative in any such **Claim**.

K. SUBROGATION

In the event of any payment under this **Endorsement**, the **Company** shall be subrogated to the extent of such payment to all the **Insured's** rights of recovery thereof, and the **Insured** shall execute all papers required and shall do everything that may be necessary to preserve and secure such rights, including the execution of such documents necessary to enable the **Company** to effectively bring suit in the name of the **Insured**.

The **Company** assumes no duty to recover any amounts paid under this **Endorsement**; however, any amounts as may be recovered pursuant to the exercise of the **Company's** rights of subrogation shall be applied as follows: (i) to the repayment of expenses incurred by the **Company** in exercising any rights of subrogation; (ii) to **Damages** and **Losses** incurred by the **Named Insured** in excess of the Limits of Liability hereunder; and (iii) to **Damages** and **Losses** paid by the **Company**.

L. HEADINGS

The titles of paragraphs, sections, provisions, or endorsements of or to this **Endorsement** are intended solely for convenience and reference, and are not deemed in any way to limit or expand the provisions to which they relate and are not part of the **Endorsement**.

SECTION VIII: DEFINITIONS

Except where this Endorsement expressly or by implication indicates otherwise, the plural of any term includes the singular, and the singular of any term includes the plural. To the extent of any conflict

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between defined terms in this **Endorsement** and the policy to which this **Endorsement** is attached, then the definitions set forth in this **Endorsement** shall prevail.

A. Approval and Approved means the **Company's** written approval, including in response to a written request for approval by the **Named Insured**. Where **Approval** is required in this **Endorsement** the **Named Insured** must promptly submit such written request for **Approval** to the **Company**.

B. Circumstances means facts, subjects, situations, decisions, causes, persons, transactions, events, acts, errors or omissions, or class of persons or events, in each case which could reasonably be likely to give rise to a **Claim, Loss, or Event**, as applicable.

C. Claim means each of the following:

1. For the purposes of **Third Party Liability Events**, a **Third Party Claim**; and
2. For the purposes of Section I. A. 3. "b.", the REGULATORY INSURING AGREEMENT, a **Regulatory Proceeding Claim**.

D. Claim Expenses means each of the following, with respect to any **Claim**:

1. Reasonable and necessary fees, costs and expenses charged by any **Vendor** and **Approved**, such **Vendor Approved** in advance (including lawyers, experts, and litigation support staff) for the investigation, adjustment, settlement and/or defense of such **Claim**;
2. Post-judgment interest which accrues after a **Final Judgment**; and
3. The premiums for appeal, attachment, or similar bonds, but only for bond amounts **Approved** and within the remaining applicable Limits of Insurance. The **Company** does not have any obligation to furnish these bonds.

Claim Expenses do not include the following:

1. Salaries, wages, fees, remuneration, overhead, benefits, or expenses of the **Company** or the **Insureds**;
2. Fees, costs, and expenses incurred prior to the time that a **Claim** was reported to the **Company**;
3. Fees, costs, and expenses incurred without **Approval**;
4. Fees, costs, and expenses incurred to improve or upgrade the **Computer System** beyond what it was prior to the **Claim**; or
5. Fees, costs, and expenses to comply with any injunctive or other non-monetary equitable, declaratory, regulatory, or administrative relief.

E. Company means the Insurer as titled on the Schedule page of this **Endorsement**.

F. Computer System means a computer or series of interconnected computers owned or leased by and operated under the control of the **Named Insured**. **Computer System** also includes the following, but only if owned or leased by and operated under the control of the **Named Insured**:

1. **Electronic Media**;
2. **Portable Devices**;
3. **IOT Devices**; and
4. **Peripheral Hardwired Devices**.

Computer System does not include a computer system the **Named Insured** operates for others.

G. Corporate Information means any business information of a third party, which is not available to the general public and is provided to an **Insured** subject to a mutually executed written confidentiality agreement with the **Named Insured**, or which the **Named Insured** is legally required to maintain in confidence. The **Corporate Information** must be in the direct care, custody or control of the **Named Insured** in the ordinary course and scope of its business operations. The

COMMERCIAL CYBER DATA BREACH COVER

term **Corporate Information** does not include **Personally Identifiable Information**.

H. Damages means each of the following:

1. With respect to a **Third Party Claim, Claim Expenses** and the following monetary amounts the **Insured** becomes legally obligated to pay resulting from a **Final Judgment** or settlement:
 - a. Compensatory damages,
 - b. Attorney's fees and other litigation costs included in any **Final Judgment**, and
 - c. Pre-Judgment interest included in any **Final Judgment**.
2. With respect to a **Regulatory Proceeding Claim, Claim Expenses** and only the **Regulatory Fines** the **Insured** becomes legally obligated to pay.

Damages does not include any of the following:

- i. Any monetary amount which the **Insured** is not legally obligated to pay;
 - ii. Any monetary amount which is not insurable under the applicable law or jurisdiction pursuant to which the **Endorsement** is construed;
 - iii. Past, present and future earned and unearned royalties, profits, fees, costs, expenses, or commissions, or the return of royalties, profits, fees, costs, expenses, commissions, and profits unjustly held or obtained;
 - iv. Consideration charged by, paid to or owed to the **Insured**, including but not limited to restitution, disgorgement, reduction, or return of any consideration;
 - v. Fees, costs, and expenses required to comply with any injunctive or other non-monetary equitable, declaratory, regulatory, or administrative relief;
 - vi. Discounts, prizes, awards, coupons, or other incentives offered to the **Insured's** clients, **Impacted Individuals**, or **Impacted Entities**;
 - vii. Civil or criminal fines or penalties imposed by law, except **Regulatory Fines**;
 - viii. Punitive and exemplary damages;
 - ix. The multiple portion of any multiplied damages; or
 - x. Taxes, loss of tax benefit or fines, tax penalties or sanctions imposed against the **Named Insured**.
- I. Discovers** or **Discovered** means the time a **Knowledge Group Member** receives, receives notice of, or becomes aware of any of the following: (i) any **Event**; (ii) any **Circumstances**; or (iii) any **Claim** or **Loss** or potential **Claim** or **Loss**, regardless of the potential amount of the **Claim** or **Loss**.
- J. Electronic Media** means any electronic data which is unique to the **Named Insured**, including audio or visual information, ready-for-use applications, programs, and other content in machine-readable format.
- K. Electronic Media Advertising** means **Electronic Media** which advertises or promotes the **Named Insured's** products or services.
- L. Endorsement** means this Endorsement issued by the **Company**.
- M. Endorsement Period** means the **Endorsement Period** set forth in the Schedule.
- N. Event** means a **Media Wrongful Event**, a **Network Security Event** or a **Privacy Breach Event**.
- O. Exploit** means a vulnerability in a **Computer System** or software through which **Malicious Code**, or software designed to find, create, or take advantage of such vulnerability, can enter such **Computer System**.
- P. Final Judgment** means a non-appealable order of a court or other tribunal (e.g., arbitral panel) resolving, on the merits, a dispute between an **Insured** and a third party (including government

COMMERCIAL CYBER DATA BREACH COVER

agencies), as to which either no further appeal is possible or a decision is made with **Approval** not to appeal further.

Q. Impacted Entities means any business, entity or organization whose **Corporate Information** is lost, stolen, unintentionally or unknowingly disseminated, or accidentally published by a **Privacy Breach Event** covered under this **Endorsement**. This definition is subject to all of the following provisions:

1. **Impacted Entity** does not include any **Impacted Individual**; and
2. **Impacted Entity** may be domiciled anywhere in the world.

R. Impacted Individuals means any person whose **Personally Identifiable Information** is lost, stolen, unintentionally or unknowingly disseminated, or accidentally published by a **Privacy Breach Event** covered under this **Endorsement**. This definition is subject to all of the following provisions:

1. **Impacted Individual** does not include any **Impacted Entity**. Only an individual person may be an **Impacted Individual**; and
2. **Impacted Individual** may reside anywhere in the world.

S. IOT Device means any electronic device (other than a **Portable Device**) or hardware connected device, that connects to the **Computer System** directly or through a **VPN**. **IOT Devices** include, but are not limited to, smart printers, industrial control systems, security systems, smart speakers, smart televisions and smart appliances.

T. Insured means the **Named Insured**, **Knowledge Group Members**, and the **Named Insured's** employees but only while such employees are acting within their capacity as such for the **Named Insured**.

U. Knowledge Group Member(s) mean the **Named Insured's** principals, officers, directors, and risk managers, but only while acting in their capacity as such for the **Named Insured**.

V. Loss(es) means **Privacy Breach Expenses**.

Loss(es) do not include:

1. Costs and expenses required to comply with any injunctive or other non-monetary equitable, declaratory, regulatory, or administrative relief, including but not limited to costs to remove electronic data from a website or social media site;
2. Any monetary amount which is not insurable under the applicable law or jurisdiction pursuant to which the **Endorsement** is construed;
3. Discounts, prizes, awards, coupons, or other incentives offered to the **Insured's** clients, **Impacted Individuals**, or **Impacted Entities**;
4. Consideration charged by, paid to or owed to the **Insured**, including but not limited to restitution, disgorgement, reduction, royalties or licensing fees, or return of any consideration;
5. Any costs, fees or expenses incurred or paid by the **Insured** in establishing the existence of or amount of **Loss**, other than to a **Vendor** (including lawyers, experts, and litigation support staff) designated in writing or **Approved** in advance;
6. Fines, taxes, penalties, loss of tax benefits or sanctions; or
7. Indirect or consequential losses.

W. Malicious Code means an unauthorized or harmful program, code, or script, including but not limited to any virus, Trojan horse, worm, time, logic bomb, spyware, ransomware, or malware.

COMMERCIAL CYBER DATA BREACH COVER

X. Mass Event means the original and any variant of a **Malicious Code** or **Exploit** that is both:

1. The subject of an alert by, or is identified by a name or designation that is assigned by, any (i) United States (federal or state) government entity or agency or (ii) computer security, forensics, threat intelligence, or anti-virus entity, service provider or vendor (including but not limited to CrowdStrike, Juniper Networks, Mandiant/FireEye, Norton, Malwarebytes, McAfee, Kaspersky, Digital Shadows, RiskIQ, Recorded Future, Flashpoint, Anomali, Mimecast, Proofpoint, Palo Alto Networks, RSA, Seculert/Radware, Symantec, or Verizon); and
2. Publicized (meaning reported on in two or more news or technology media or publications, including but not limited to The New York Times, Washington Post, Los Angeles Times, Financial Times, FOX Corporation, CNN, The Wall Street Journal, NBC News, ABC News, CBS News, VICE Motherboard, Data Breach Today, Krebs on Security, Dark Reading, ZD NET, Wired, PC World, The Register, or CSO Online);

in each case, prior to an **Insured** providing notice of an **Event, Loss, Claim** or **Circumstances**, whichever is earliest, pursuant to Section IV. A.

Y. Media Wrongful Event means any or all of the following that is unintentionally or unknowingly caused by **Electronic Media Advertising** first published or disseminated during the **Endorsement Period**:

1. Libel, slander or other defamation; or
2. Infringement of copyright, trademark, title, slogan, trade name, trade dress, service mark, service name, or misappropriation of ideas.

Z. Named Insured means the person(s) and/or entity(ies) listed on the Policy Declarations, to which this Endorsement is attached.

AA. Network Disruption Event means an interruption, disruption, failure, suspension, or delay in the performance of the **Computer System** directly caused by **Unauthorized Access** or **Unauthorized Use** of, or the introduction of **Malicious Code** or **Exploit** into, the **Computer System**.

BB. Network Security Event means any one or more of the following directly caused by a **Network Disruption Event**:

1. The inability of an **Insured** or authorized third party user to access the **Computer System**;
2. An **Insured's** transmittal or distribution of **Malicious Code** or **Exploit** to, or the failure or corruption of, a third party's computer system or network; or
3. The perpetuation of a denial of service attack on a third party's computer system or network.

CC. Peripheral Hardwired Devices means non-portable devices connected by hardwire to the **Computer System**, including but not limited to printers, scanners, and routers.

DD. Personally Identifiable Information means any non-public information about a person that allows such person to be uniquely and reliably identified, or allows access to the person's financial account or medical records information, and for which notification of unauthorized access is required by a **Privacy Law**. The term **Personally Identifiable Information** does not include publicly available information that is lawfully made available to the general public (including, without limitation, being made available by such person on social media or other public sites), or **Corporate Information**. The **Personally Identifiable Information** must be in the direct care, custody or control of the **Named Insured** in the ordinary course and scope of its business operations.

COMMERCIAL CYBER DATA BREACH COVER

EE. Portable Device means an electronic portable device such as a computer, smart phone, smart wearable or other similar device that connects to the **Computer System** either directly or through a **VPN**.

FF. Privacy Breach Event means the following actual or alleged events:

1. Theft, loss, unintentional or unknowing dissemination, or accidental publication of **Protected Information**;
2. **Unauthorized Access or Unauthorized Use of Protected Information**; or
3. The **Named Insured's** violation of a **Privacy Law**.

GG. Privacy Breach Expenses means the following reasonable and necessary fees, costs and expenses directly incurred for or by the **Named Insured**, and **Approved** in advance, in responding to a **Privacy Breach Event**:

1. Notification Expenses:

Notification fees and expenses charged by a **Vendor** (including lawyers, experts, and litigation support staff) to notify an **Impacted Individual** and any regulator required to be notified by applicable law that: (i) a **Privacy Breach Event** occurred, and (ii) there was, may have been or may be **Unauthorized Access or Unauthorized Use** of the **Personally Identifiable Information**.

2. Monitoring Expenses:

Fees and expenses charged by a **Vendor** (including lawyers, experts, and litigation support staff) to provide credit monitoring, identity theft, or fraud resolution services to an **Impacted Individual** affected by a **Privacy Breach Event**.

3. Cyber Investigation Expenses:

Fees and expenses charged by a **Vendor** (including lawyers, experts, and litigation support staff) to investigate any or all of the following:

- a. Whether **Protected Information** has been accessed; or
- b. Whether the **Named Insured** has an obligation to provide notice under a **Privacy Law**.

4. Crisis Management Expenses:

a. Fees and expenses charged by an **Approved** public relations firm, law firm or crisis management firm to perform crisis management services to minimize the potential harm to the **Named Insured's** business from a **Privacy Breach Event**; and

b. Fees and expenses charged by a call center designated in writing or **Approved** in advance to assist in managing incoming calls during and concerning a **Privacy Breach Event**.

Privacy Breach Expenses shall not include the following:

- i. Salaries, wages, fees, remuneration, overhead, benefits, or expenses of the **Company** or the **Insureds**; or
- ii. Fees, costs or expenses to enhance, upgrade or otherwise modify, or improve the **Computer System** beyond the level that existed immediately prior to the occurrence of a **Privacy Breach Event**.

HH. Privacy Law means any law or regulation governing the protection of **Personally Identifiable Information**, provided that the text of the law or regulation expressly requires one or more of the following:

1. Posting privacy policies;
2. Adopting specific privacy or security controls for **Personally Identifiable Information**; or

COMMERCIAL CYBER DATA BREACH COVER

3. Notifying **Impacted Individuals** if their **Personally Identifiable Information** has potentially been accessed or disclosed without authorization.

II. Protected Information means **Personally Identifiable Information** or **Corporate Information**.

JJ. Regulatory Fines means the civil or administrative fines or penalties assessed against a **Named Insured** in a **Regulatory Proceeding Claim**, if such fines and penalties are insurable under the applicable law and the **Named Insured** is legally obligated to pay such fines and penalties, in all cases arising from a **Privacy Breach Event**.

KK. Regulatory Proceeding Claim means each of the following that alleges the failure to comply with a U.S. federal or state **Privacy Law**:

1. A written demand to the **Named Insured** for documentation or information commenced by service of a complaint or similar pleading brought by a federal or state regulatory body or regulator; or
2. An investigation or civil proceeding brought against the **Named Insured** by a federal or state regulatory body or regulator.

LL. Related Claims mean all **Claims** that are based upon, arising from, in consequence of, directly or indirectly resulting from, or involving the same, continuous, repeated, related, or substantially similar **Circumstances**, or a same, continuous, repeated, related, or substantially similar series of **Circumstances**.

MM. Related Events means all **Events** that are based upon, arising from, in consequence of, directly or indirectly resulting from, or involving the same, continuous, repeated, related, or substantially similar **Circumstances**, or a same, continuous, repeated, related, or substantially similar series of **Circumstances**.

NN. Related Losses mean all **Losses** that are based upon, arising from, in consequence of, directly or indirectly resulting from, or involving the same, continuous, repeated, related, or substantially similar **Circumstances**, or a same, continuous, repeated, related, or substantially similar series of **Circumstances**.

OO. Third Party Claims means a written demand or assertion of a legal right for monetary damages or services, including the service of a civil complaint or similar proceeding, or request for arbitration or mediation, brought against an **Insured**, in each case directly arising from a **Third Party Liability Event**. For the avoidance of doubt, **Third Party Claims** do not include **Regulatory Proceeding Claims**.

PP. Third Party Liability Event means any or all of the following:

1. **Media Wrongful Event**;
2. **Network Security Event**; or
3. **Privacy Breach Event**.

QQ. Unauthorized Access or Unauthorized Use means the access to or use of the **Computer System** or **Protected Information** by a person or entity not authorized to do so, or the access to or use of the **Computer System** or **Protected Information** by an authorized person or entity in an unauthorized manner.

RR. Vendor means a third party person or entity that provides services to the **Named Insured** that the **Company** has either (i) designated in writing, or (ii) **Approved**. Where indicated, the term **Vendor** may include lawyers, experts, and litigation support staff.

SS. VPN means a virtual private network.



GREAT POINT INSURANCE®

2550 West Tyvola Road, Suite 600
Charlotte, NC 28217
Phone and Fax (203) 763-4944
www.greatpointins.com

January 20, 2026

Roxana Agudelo
Mitchell Ins. Services
319 5TH ST N
Saint Petersburg, FL 33701

RE: Village on the Green Condominium III Association, Inc.
10298109A

Dear Roxana,

Great Point Insurance® is pleased to provide you with our quotation for Village on the Green Condominium III Association, Inc. offered through the Paramount Real Estate Group, Inc. Members of the Paramount Real Estate Group, Inc. may not be protected by the insurance insolvency guarantee fund and/or insurance laws and regulations of their domiciled or resident state.

Attached you will find the terms and conditions of our offer, which is based on the information you provided and uploaded in UmbrellaPro. The terms, conditions, and exposures quoted may not reflect what was contained on your original application for coverage. We recommend you review the offer carefully and in detail prior to binding. If you determine that an amendment to our offer is necessary, please note that there may be a change to either the premium and/or terms. In this event, we will issue a revised quotation in UmbrellaPro as quickly as possible.

In order to bind coverage, you must log in to UmbrellaPro, complete all subject-to items, and ensure that all sections show as completed. Coverage is not considered bound until you complete the bind process in UmbrellaPro, at which point a Binder will be generated directly from UmbrellaPro.

We appreciate the opportunity to work with you on this risk and look forward to your reply.

Sincerely,

Jodie Madge
Great Point Insurance®



GREAT POINT INSURANCE®

2550 West Tyvola Road, Suite 600
Charlotte, NC 28217
Phone and Fax (203) 763-4944
www.greatpointins.com

QUOTATION

Quotation Control Number: 10298109A

Date: January 20, 2026
Quote #: 10298109A

Agent: Mitchell Ins. Services
Att: Roxana Agudelo
Presented By: Jodie Madge

Great Point Insurance® is pleased to offer terms for the captioned Insured under Paramount Real Estate Group, Inc. This Quote contains a brief outline of coverage to be included in any policy that may be issued in the future. This is only an outline and the terms and conditions of any policy issued will take precedence over this Quote. The terms, conditions or exposures quoted herein may not be as requested on your application. This quote letter is predicated upon the understanding that the submitted information is accurate, the Loss information includes total incurred losses ground up and that the losses have not been capped. The terms and conditions of this offer of Umbrella or Excess coverage may be amended should there be discovery of a material change to the submitted information. **This Quote is valid for 30 days from the date of issue or the beginning of the Member Coverage Period, whichever is sooner.**

Named Insured: Paramount Real Estate Group, Inc.

Address: c/o Paramount Programs, Inc.
308 Farmington Avenue
Farmington, CT 06032

Limits of Insurance: \$10,000,000 Per Occurrence
\$10,000,000 Other Aggregate
\$10,000,000 Products/Completed Operations Aggregate

Self Insured Retention: \$0

Insuring Companies: Midvale Indemnity Company - Admitted

Insured: Village on the Green Condominium III Association, Inc.
24701 US HWY 19
102
Clearwater, FL 33763

Member Coverage Period: From: 3/10/2026 To: 3/10/2027

Quotation Control Number: 10298109A

Minimum Requirements for Underlying Limits of Insurance (Where Applicable):

Coverage	Minimum Retained Limit
General Liability	\$1,000,000 Per Occurrence* \$2,000,000 General Aggregate* \$1,000,000 Products/Completed Operations Aggregate* \$1,000,000 Each Occurrence Personal & Advertising Injury Defense Costs Do Not Erode the Retained Limits listed above
Automobile Liability	\$1,000,000 CSL* \$1,000,000 if Hired and Non-Owned* Defense Costs Do Not Erode the Retained Limits listed above
Employee Benefits	\$1,000,000 Each Claim* \$1,000,000 Aggregate Defense Costs Do Not Erode the Retained Limits listed above
Employers Liability	\$500,000 Each Accident* \$500,000 Disease Policy Limit* \$500,000 Disease Each Employee Defense Costs Do Not Erode the Retained Limits listed above
Non-Profit Directors & Officers Liability – (Solely for Condo & Co-Op Exposures; Where Applicable)	Retained Limits \$1,000,000 Wrongful Act \$1,000,000 Aggregate Defense cost follows Schedule of Underlying Insurance
Liquor Liability	Retained Limits \$1,000,000 Wrongful Act \$1,000,000 Aggregate Defense Costs Do Not Erode the Retained Limits listed above
Garage Keepers Legal Liability	(Where applicable) Retained Limits \$1,000,000 Each Occurrence Defense costs do not erode the Retained Limits listed above

* A Self Insured (Retained Limit) Endorsement is made part of this policy that requires the underlying limits to be paid, whether by the scheduled underlying insurance or otherwise, before the Umbrella coverage will respond.

Quotation Control Number: 10298109A

Schedule of Underlying Policies to which this Quotation applies:

COVERAGE	D&O Liability 1
Carrier	StarNet Insurance Company
Limit	\$1,000,000 Each Occurrence
.	\$1,000,000 Aggregate
Term	3/10/2026 to 3/10/2027
COVERAGE	Employers Liability
Carrier	Pennsylvania Manufacturers' Association Insurance Company
Limit	\$500,000 Bodily Injury by Accident
.	\$500,000 Bodily Injury by Disease (Each Employee)
.	\$500,000 Bodily Injury by Disease (Policy Limits)
Term	3/10/2026 to 3/10/2027
COVERAGE	General Liability 1
Carrier	Superior Specialty Insurance Company
Limit	\$1,000,000 Each Occurrence
.	\$2,000,000 General Aggregate
.	\$2,000,000 Products / Completed Operations Aggregate Limit
.	\$1,000,000 Advertising Injury / Personal Injury (Each Offense)
.	\$1,000,000 Hired & Non-owned Auto
Term	3/10/2026 to 3/10/2027

Any additional exclusions or restrictions of coverage applicable to the underlying policies will also apply to this umbrella and must be disclosed.

Quotation Control Number: 10298109A

Terms and Conditions of Lead Umbrella:

Policyholder Notice
OFAC Advisory Notice
Policyholder Fraud Warning
Master Policy Declarations - Risk Purchasing Group Commercial Liability Umbrella Coverage
Commercial Liability Umbrella Coverage Form
Common Policy Conditions
Additional Conditions
Calculation of Premium
Terrorism Coverage Disclosure Notice
Form Schedule
Amendment of Insuring Agreement
Amendatory Exclusions
Condominium/Co-operative Directors and Officers Liability Claims-Made Coverage
Employee Benefits Liability Limitation Claims Made Version
Garage Keepers Liability Limitation
Schedule of Underlying Insurance
Employee Benefits Liability Limitation Occurrence Based
Exclusion - Human Trafficking
Coverage Enhancement (Program Version - Risk Purchasing Group)
Expenses in Addition to Limits of Insurance
Limits of Insurance Amendment
Limitation - Anti-stacking
Condition - Claims Reporting Amendment
Economic or Trade Sanctions
Knowledge of Occurrence
Additional Definitions
Member Policy Period
Insured and Named Insured Amendatory Endorsement
Amendment of Definition of Retained Limit and Schedule of Retained Limits
Exclusion - Absolute Access, Collection and Disclosure of Non-Public Information
Limitation - Auto Liability
Limitation - Commercial General Liability
Exclusion - Communicable Disease
Exclusion - Condominium and Cooperative Conversion
Exclusion - Construction Operations
Exclusion - Diving Board and Water Slide
Exclusion - Earth Movement
Limitation - Employers Liability
Exclusion - Financial Institutions
Limitation - Foreign Liability
Exclusion - Fungus and Bacteria
Exclusion - Fungus and Bacteria - Alaska
Exclusion - Marine Liability
Exclusion - No Coverage for Sublimits
Exclusion - Pesticide or Herbicide
Exclusion - Pollution and SIR Amendment
Act of Terrorism Self-Insured Retention
Exclusion - Water Sports
Limitation to Designated Premises
Exclusion - Designated Ongoing Operations
Exclusion - Cross Suits
Exclusion - EFIS
Nuclear Energy Liability Exclusion Endorsement (Broad Form)
State Specific Endorsements

Bowhead Specialty Privacy Notice Policyholder Notice

OFAC Advisory Notice

Policyholder Fraud Warning

Master Policy Declarations - Risk Purchasing Group Commercial Liability Umbrella Coverage

Commercial Liability Umbrella Coverage Form

Common Policy Conditions

Additional Conditions

Calculation of Premium

Terrorism Coverage Disclosure Notice

Form Schedule

Amendment of Insuring Agreement

Amendatory Exclusions

Condominium/Co-operative Directors and Officers Liability Claims-Made Coverage

Employee Benefits Liability Limitation Claims Made Version

Garage Keepers Liability Limitation

Schedule of Underlying Insurance

Employee Benefits Liability Limitation Occurrence Based

Exclusion - Human Trafficking

Coverage Enhancement (Program Version - Risk Purchasing Group)

Expenses in Addition to Limits of Insurance

Limits of Insurance Amendment

Limitation - Anti-stacking

Condition - Claims Reporting Amendment

Economic or Trade Sanctions

Knowledge of Occurrence

Additional Definitions

Member Policy Period

Insured and Named Insured Amendatory Endorsement

Amendment of Definition of Retained Limit and Schedule of Retained Limits

Exclusion - Absolute Access, Collection and Disclosure of Non-Public Information

Limitation - Auto Liability

Limitation - Commercial General Liability

Exclusion - Communicable Disease

Exclusion - Condominium and Cooperative Conversion

Exclusion - Construction Operations

Exclusion - Diving Board and Water Slide

Exclusion - Earth Movement

Limitation - Employers Liability

Exclusion - Financial Institutions

Limitation - Foreign Liability

Exclusion - Fungus and Bacteria

Exclusion - Fungus and Bacteria - Alaska

Exclusion - Marine Liability

Exclusion - No Coverage for Sublimits

Exclusion - Pesticide or Herbicide

Exclusion - Pollution and SIR Amendment

Act of Terrorism Self-Insured Retention

Exclusion - Water Sports

Limitation to Designated Premises

Exclusion - Designated Ongoing Operations

Exclusion - Cross Suits

Exclusion - EFIS

Nuclear Energy Liability Exclusion Endorsement (Broad Form)

State Specific Endorsements

Bowhead Specialty Privacy Notice

Please refer to master policies for full terms & conditions.

Copy of Forms available upon request.

Quotation Control Number: 10298109A

Subject Conditions of Quotation Needed PRIOR TO BINDING:

Signed Application For Insurance ("AFI") and responses to the following questions (identified by AFI Section / Tab Name in parenthesis) that meet our underwriting guidelines:

UPLOAD: Select the "Upload" button to attach one or more of the following (1) Quote, (2) Binder, (3) Policy Declarations Page, (4) Schedule of Forms & Endorsements or (5) GL Classification Schedule Page that clearly show each of the following (a) PREMIUM, (b) ISO CODE'S, (c) RATABLE BASIS, (d) CARRIER NAME & EFFECTIVE DATE and (e) FORMS & ENDORSEMENTS ATTACHED AT INCEPTION. Any discrepancy between the data uploaded and the data entered on the Application for Insurance may affect your coverage including cancellation of coverage retroactive to inception. (Underlying Insurance / General Liability)

All Prospective Insureds must meet standards of statutes, ordinances, regulations and license requirements of Federal, State, and Local Governments under whose jurisdiction the Insureds business interests are governed.

Quotation Control Number: 10298109A
Insured: Village on the Green Condominium III Association, Inc.
Participant Coverage Period: 3/10/2026 To 3/10/2027
Limits of Insurance: \$10,000,000 Per Occurrence
\$10,000,000 Other Aggregate
\$10,000,000 Products/Completed Operations Aggregate
Retained Limits: See Minimum Requirements for Underlying Limits of Insurance
Premium: \$2,751
TRIA Surcharge: INCLUDED
FIGA Tax: \$27.51
Total Cost at Inception: \$2,778.51
Commission: 0.00 %
Premium-Minimum Earned: 0
Exposures Quoted: Condo/ Co-Op Units With D&O 151

Premium adjustments from additions and deletions will be processed, subject to underwriting approval, effective the date that the request was received.

Terrorism coverage is not optional and may not be rejected by the Insured.

This Quotation **DOES NOT CONTEMPLATE COVERAGE FOR ANY CONSTRUCTION EXPOSURES** unless otherwise specifically stated.

Flat cancellation requests will not be honored.

Premium is due no later than twenty (20) days from inception.

POLICIES ARE NOT BACKDATED. COVERAGE MUST BE COMPLETED IN UMBRELLAPRO ON OR BEFORE THE EFFECTIVE DATE OF 3/10/2026

Quotation Control Number: 10298109A

FEDERAL TERRORISM RISK INSURANCE ACT OF 2002 DISCLOSURE NOTICE

"You are hereby notified that under the federal Terrorism Risk Insurance Act of 2002 (the "Act") effective November 26, 2002, you now have a right to purchase insurance coverage for losses arising out of an Act of Terrorism, which is defined in the Act as an act certified by the Secretary of the Treasury (i) to be an act of terrorism, (ii) to be a violent act or an act that is dangerous to (A) human life; (B) property or (C) infrastructure, (iii) to have resulted in damage within the United States, or outside of the United States in case of an air carrier or vessel or the premises of a U.S. mission and (iv) to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. You should read the Act for a complete description of its coverage. The Secretary's decision to certify or not to certify an event as an Act of Terrorism and thus covered by this law is final and not subject to review. There is a \$100 billion dollar annual cap on all losses resulting from Acts of Terrorism above which no coverage will be provided under this policy and under the Act unless Congress makes some other determination.

For your information, coverage provided under this proposal or binder for losses caused by an Act of Terrorism may be partially reimbursed by the United States under a formula established by the Act. Under this formula the United States pays 90% of terrorism losses covered by this law exceeding a statutorily established deductible that must be met by the insurer, and which deductible is based on a percentage of the insurer's direct earned premiums for the year preceeding the Act of Terrorism.

The coverage offered includes a premium charge for Terrorism of 1% that is included in the total premium above."



PARAMOUNT PROGRAMS

www.paramountprograms.com

Membership Offer - Annual Dues

Date: 1/20/2026

To: Village on the Green Condominium III Association,
Inc.
2545 Laurelwood Drive
Clearwater, FL 33763

Member's ID: 2214661
Offer #: 10298109

Member's Agent: Mitchell Ins. Services
Agent Contact: **Roxana Agudelo**
Agent Email: roxana@mitchellinsurancefl.com

Member	Member Start Date	Member End Date	Description	Annual Dues
Village on the Green Condominium III Association, Inc.	3/10/2026	3/10/2027	Membership Dues Offer	\$468.00

THIS IS NOT AN INVOICE

UPON ACCEPTANCE OF THIS OFFER YOU WILL BE PROVIDED WITH A SEPARATE AND DISTINCT INVOICE WITH PAYMENT INSTRUCTIONS.

NOTE: A copy of the Membership Agreement, Terms and Conditions of Use and By Laws regarding membership in the Purchasing Group has been provided to your Authorized Representative ("Members Agent") listed above.



Insurance Fee Disclosure Agreement

Insured: Village on the Green Condominium III Association, Inc.

It is understood and agreed by the applicant (insured) that in consideration of marketing, underwriting, and placing this insurance with Midvale Indemnity Insurance, the agency, Mitchell Insurance Services, Inc., shall earn a service fee in the amount of \$ 248.48. This fee is added in lieu of no commission paid by the insurer (carrier).

This fee is for services rendered for the full term of the policy and is part of any annual installment. This fee is not part of the premium and has been charged with my consent and agreement.

I understand that this amount is fully earned at inception.

Patrick K. Leo

Print Name (of Person Signing)

Signed by:
Patrick K. Leo

5AC0A2483D78456

Signature (of Insured)

President

Title

3/6/2026

Date

STARWIND

COMMUNITY ASSOCIATIONS

Non-Binding Premium Indication Only

Wednesday, January 21, 2026

Named Insured: VILLAGE ON THE GREEN CONDOMINIUM III ASSOCIATION, INC.

Policy Period: 3/10/2026 - 3/10/2027

Insurer: Superior Specialty Insurance Company (AM Best Rating A(Excellent) X)

Perils Insured Against: Limited Mold and Water/Sewer Back-up Coverage as a result of water damage caused by accidental discharge or leakage from a plumbing, heating, air conditioning system, or appliance, or as a result of water back up and sump discharge or overflow. **See specimen policy for terms, conditions, definitions, exclusion and limitations.**

Location:	As Per Schedule On File.	Ratable Values: \$27,129,378.00
Limit Per Occurrence:	\$25,000	
Annual Aggregate:	\$50,000	
Deductible:	\$10,000	Each Occurrence
Valuation:	Replacement Cost	
Claim Adjusting Expense:	No Deductible (Claim Adjusting Expense in addition to per occurrence limit)	

Inland Marine Premium:	\$4,175.00
Policy Fee:	\$300.00
Surplus Lines Tax:	\$221.07
FLSO Fee:	\$2.69
FHCF Assessment Fee:	\$0.00
Citizens Recoupment Fee:	\$0.00
EMPA Fee:	\$0.00
SLAS Transaction Fee:	\$0.00
Total Annual Premium:	\$4,698.76

Terms, Conditions, & Exclusions:

Commission – 10.0%

No Flat Cancellations. 25% Minimum Earned Premium.

Limitation of Fungi, Wet Rot, Dry Rot and Microbe Coverage

Quote is valid for 30 days from date faxed or effective, whichever is earlier.

This indication is Null & Void IF There Are Any Property Or DIC Claims Within Previous 3 Years.

See policy for exact terms, conditions, exclusions, and definitions

STARWIND

COMMUNITY ASSOCIATIONS

MOLD

For binder consideration, please upload the following documents To the Bind Request tab On CIUINS.COM:

- Signed And Completed Supplemental Applications (Must be signed by an applicant/board member)
- Annual Premium to be remitted within 10 days (Premium Finance Draft Acceptable)

**** Coverage is not bound until written notice from Coastal Insurance Underwriters is received ****

POLICY FORMS

Form Number	Form Date	Form Description
CIU0100FL	03/08	Surplus Lines Statement
SSIC CIU IL 031	06/24	Cancellation And Nonrenewal Endorsement
IL0003	09/08	Calculation of Premium
SSIC CIU IL 005	06/24	Service of Suit Clause
IL0017	11/98	Common Policy Conditions
SSIC CIU IL 0719	06/24	Trade Or Economic Sanctions
CM0001	09/04	Commercial Inland Marine Conditions
SSIC CIU CM 001	06/24	Difference in Conditions Coverage Form- Named Perils
CM0116	09/00	FL Changes - Loss Payment
IL0175	09/07	FL Changes - Legal Action
SSIC CIU CM 008	06/24	Mediation
IL P 001	01/04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders

STARWIND COMMUNITY ASSOCIATIONS

DIC & Mold/ Sewer Backup Supplemental Application

Name of Association: VILLAGE ON THE GREEN CONDOMINIUM III ASSOCIATION, INC.

Effective Date: 3/10/2026

General Applicant Information

Agency Name: Mitchell Insurance Services, Inc.

Agency Address: 319 5th Street N, Saint Petersburg, FL 33701

Producing Agent's Name: KIP KOLLMEYER License # W221139

Named Insured: VILLAGE ON THE GREEN CONDOMINIUM III ASSOCIATION, INC.

Location Address: 2501 Royal Pines Cir, Clearwater, FL 33763

Mailing Address: C/O AMERI-TECH COMMUNITY MANAGEMENT, INC, 24701 US HWY 19 N STE 102, CLEARWATER, FL 33763

Inspection Contact: Name: _____ Phone #: _____ Email: _____

Prior Carrier: _____

Loss History: _____

Underwriting Information

1. Is there any existing damage? _____ YES _____ NO

If so, explain: _____

2. Does any portion of the Association's water supply system (plumbing system) consist of Polybutylene piping? _____ YES _____ NO

3. Does any portion of any Association building have EIFS (Exterior Insulation and Finish Systems) exterior wall construction? (not including decorative EIFS)? _____ YES _____ NO

4. Any buildings undergoing any major structural renovations? _____ YES _____ NO

Signed by:
Patrick K. Leo
SAC0A2483D79456...

Agreed Signature of Applicant

3/6/2026

Date

FLI.PROCESSING@IPFS.COM
 3632 QUEEN PALM DRIVE STE 160
 TAMPA, FL 33619
 (866)412-2452 FAX: (813)886-3988
 CUSTOMER SERVICE: (866)412-2452

PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

A	CASH PRICE (TOTAL PREMIUMS)	\$170,894.47	AGENT (Name & Place of business) MITCHELL INSURANCE SERVICES INC 319 5TH STREET N ST PETERSBURG, FL 33701 (727)360-8190 FAX:	INSURED (Name & Residence or business) VILLAGE ON THE GREEN CONDOMINIUM III ASSOCIATION INC 24701 US HIGHWAY 19 N STE 102 AMERI-TECH COMMUNITY MGMT CLEARWATER, FL 33763-4086 (727)726-8000 dcannistraci@ameritechmail.com
B	CASH DOWN PAYMENT	\$34,178.00		
C	PRINCIPAL BALANCE (A MINUS B)	\$136,716.47		
D	DOC STAMP	\$478.80		

Commercial

Account #: _____

LOAN DISCLOSURE
 Additional Policies Scheduled on Page 3

Quote Number: 34337427

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	AMOUNT FINANCED The amount of credit provided to you or on your behalf.	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled
6.990%	\$4,841.35	\$137,195.27	\$142,036.62

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
11	\$12,912.42	Beginning:	MONTHLY 04/10/2026

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	03/10/2026	AMERICAN COASTAL INSURANCE CO PEACHTREE SPECIAL RISK BROKERS, LLC AMRISC LLC	PROPERTY	10.00%	12	135,056.00 Fee: 1,490.00
Broker Fee:						\$0.00
TOTAL:						\$170,894.47

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1. SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signed by:


 Signature of Insured or Authorized Agent DATE

 Signature of Agent DATE

insured and Lender further agree that: **3. POLICY EFFECTIVE DATES:** The finance charge begins to accrue as of the earliest policy effective date. **4.**

AGREEMENT EFFECTIVE DATE: This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS:** Insured will be in default if a payment is not made when it is due. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION:** Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES:** If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. **8. INSUFFICIENT FUNDS (NSF) CHARGES:** If an insured's payment is dishonored for any reason, the insured will pay to Lender a fee, if permitted by law, equal to \$15.00 or the maximum amount permitted by law. **9. MONEY RECEIVED AFTER CANCELLATION:** Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy(ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated. **10. ASSIGNMENT:** The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER:** The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any questions about this compensation you should contact your agent/broker. **12. FINANCING NOT A CONDITION:** The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS:** Insured agrees to pay attorney fees and other collection costs to Lender, not to exceed 20% of the amount due, if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. **14. LIMITATION OF LIABILITY:** The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender' gross negligence or willful misconduct. Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT:** This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES:** The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. ADDITIONAL PREMIUM FINANCING:** Insured authorizes Lender to make additional advances under this premium finance agreement at the request of either the Insured or the Insured's agent with the Insured's express authorization, and subject to the approval of Lender, for any additional premium on any policy listed in the Schedule of Policies due to changes in the insurable risk. If Lender consents to the request for an additional advance, Lender will send Insured a revised payment amount ("Revised Payment Amount"). Insured agrees to pay the Revised Payment Amount, which may include additional finance charges on the newly advanced amount, and acknowledges that Lender will maintain its security interest in the Policy with full authority to cancel all policies and receive all unearned premium if Insured fails to pay the Revised Payment Amount. **18. PRIVACY:** Our privacy policy may be found at <https://ipfs.com/Privacy>. **19. ENTIRE DOCUMENT / GOVERNING LAW:** This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Florida will govern this Agreement. **20. AUTHORIZATION:** The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **21. WAIVER OF SOVERIGN IMMUNITY:** The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

AGENT/BROKER REPRESENTATIONS

The agent/broker executing this, and any future, agreements represents, warrants and agrees: (1) installment payments totaling \$0.00 and all applicable down payment(s) have been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.

AGENCI
 (Name & Place of business)
 MITCHELL INSURANCE SERVICES INC

319 5TH STREET N

ST PETERSBURG, FL 33701
 (727)360-8190 FAX:

INSURED
 (Name & Residence or business)
 VILLAGE ON THE GREEN CONDOMINIUM
 III ASSOCIATION INC
 24701 US HIGHWAY 19 N STE 102
 AMERI-TECH COMMUNITY MGMT
 CLEARWATER, FL 33763-4086
 (727)726-8000
 dcannistraci@ameritechmail.com

Account #: _____

SCHEDULE OF POLICIES
 (continued)

Quote Number: 34337427

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	03/10/2026	SUPERIOR SPECIALTY INSURANCE COMPAN STARWIND COMMUNITY ASSOCIATIONS	ENVIRONME NT	25.00%	12	4,175.00 Fee: 300.00 Tax: 223.76
PENDING	03/10/2026	SUPERIOR SPECIALTY INSURANCE COMPAN STARWIND COMMUNITY ASSOCIATIONS	CRIME	25.00%	12	21,792.00 Fee: 750.00 Tax: 1,127.10
PENDING	03/10/2026	STARNET INSURANCE CO DISTINGUISHED PROGRAMS INS BRKG	DIRECTORS & OFFICERS	25.00%	12	2,461.00 Fee: 24.61
PENDING	03/10/2026	MIDVALE INDEMNITY COMPANY GREAT POINT INSURANCE SERVICES INC	UMBRELLA	25.00%	12	2,778.51 Fee: 716.49

Broker Fee: \$0.00

TOTAL: \$170,894.47

AutoPay

Enroll in AutoPay on ipfs.com

IPFS Corporation® has made it easier than ever to pay your insurance coverages with AutoPay. Enrolling in AutoPay is easy and provides peace of mind by allowing you to set up recurring ACH or credit card payments to make your monthly installment payment automatically. After you have received your web access code, visit ipfs.com, view your account status page, and select Set Up to get started with AutoPay*!

AutoPay Benefits:



Easily maintain coverage



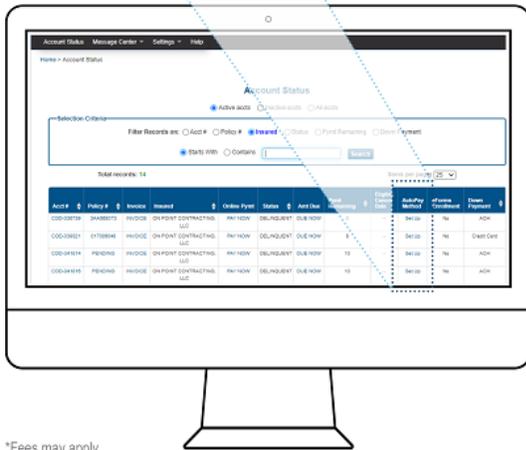
No risk of forgetting to make a payment



Less paperwork



Getting signed up is as easy as clicking the words **Set Up** on your **Account Status** page in column labeled the **AutoPay Method**.



*Fees may apply.

Please visit ipfs.com for more information



*Our payment processing service provider may charge a technology fee, where allowed by law, related to processing a payment. IPFS's payment processing service provider may charge a fee to set up AutoPay on behalf of a borrower. Imperial PFSS® is a trade name affiliated with IPFS Corporation (IPFS®), a premium finance company. Loans remain subject to acceptance by IPFS in its sole discretion; issuance of a quote does not constitute an offer to lend. Access to products and services described herein may be subject to change and is subject to IPFS's standard terms and conditions in all respects, including the terms and conditions specifically applicable to use the of IPFS's website and mobile applications, as applicable, and IPFS's eForms Disclosure and Consent Agreement. IPFS is not responsible for insufficient funds or overdraft fees. Copyright © 2023 IPFS Corporation. All rights reserved.

AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: VILLAGE ON THE GREEN CONDOMINIUM	
24701 US HIGHWAY 19 N STE 102 CLEARWATER, FL 3376	
Telephone Number: (727)726-8000	
Name & Address of Account Holder (If different from above):	
Telephone Number: () -	Email Address:
IPFS Use Only: Quote No.: <u>FLT-34337427</u>	Debit Begins: <u>04/10/2026</u>

Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title(Name): _____	[] Checking or [] Savings
Financial Institution: _____	ABA #/Routing #: _____
Address (City, State, ZIP): _____	Acct No: _____
Number of Payments: <u>11</u> Payment Amount: <u>\$12,912.42</u> First Payment Due: <u>04/10/2026</u>	

AGREEMENT

This AutoPay Authorization Agreement (this "Agreement") is made by and between IPFS Corporation ("IPFS") and the undersigned Insured/Borrower. By executing this Agreement, you authorize IPFS to initiate recurring payments from the payment method you designate, according to your Premium Finance Agreement(s) ("PFA").

Pursuant to this authorization, IPFS will debit the account designated by you for each installment on the scheduled due date. If the due date falls on a weekend or holiday, the payment will be drafted the following business day. This authorization covers all financial obligations existing from time to time under the PFA(s) you entered into with IPFS including, but not limited to, scheduled installments, down payments, revised installment amounts resulting from revisions to the PFA(s) or otherwise, and any associated fees or charges. You understand and agree that funds (including and accounting for the applicable technology fee), as applicable, must be available in the account on the date the draft is made.

If a payment is declined, IPFS may reinitiate the transaction on a date other than the scheduled due date. IPFS may also unenroll you and terminate this authorization and Agreement for any reason including, but not limited to, (i) rejection of a debit entry due to Non-Sufficient Funds (NSF) or account closed, or (ii) declined charges for any reason. Certain fees may apply due to declined payments. Autopay enrollment status can be verified by accessing your account on IPFS.com or contacting IPFS directly.

You understand and agree (A) to comply with all applicable NACHA requirements, (B) that the electronic payment processor for IPFS, AndDone, LLC ("AndDone"), may assess a \$0.00 per transaction technology fee, and (C) that each time your financial institution rejects a debit entry for NSF or account closed, your account with IPFS may be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from your financial institution account you choose to use for recurring payments. You understand and agree that enrollment for recurring payments is available at no cost if completed from your account at IPFS.com. You further understand and agree that you may request IPFS to set up the enrollment for you, and that AndDone may assess a \$15.00 fee for setting up the enrollment into the recurring payments program. IPFS requires at least five (5) business days before your next payment due date to set up ACH. If your enrollment is submitted fewer than five (5) business days before the due date, you may need to submit that certain installment(s) using a different method.

This Agreement remains in effect until terminated by you or IPFS as described herein. You may cancel this authorization or update your payment details (A) through the IPFS online portal at least two (2) business days before the next scheduled draft, or (B) by sending a signed, written notice to IPFS sent to the IPFS address set forth below by first class mail postage prepaid (allowing reasonable time for processing).

By: _____ Date _____
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: _____ DBA _____

ACH (Automated Clearing House) GUIDELINES & PROCEDURES

1. For an account to be set up on ACH, insured needs to sign an automatic debit authorization form.
 - 1a. If form is electronically signed, keep for your records only and do not mail to IPFS.
2. IPFS Needs authorization at least two business days before the next payment due date. If authorization is received less than two business days before the next payment due date, insured has to send in a payment for that period and (IPFS) will initiate debit transactions for the following installment due date.

****Send back to:**

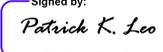
IPFS Corporation
FLT.PROCESSING@IPFS.COM TAMPA, FL 33619
Phone: (866)412-2452
FAX: (813)886-3988



Invoice

Bill To	Cust ID: 00000049
Village on the Green Condominium III Association, Inc. Attn: Dayna Cannistraci 24701 US HWY 19 N Suite 102 Clearwater FL 33763	

Date	03/06/2026
Due Date	03/21/2026
Invoice #	INV11508842
Total	\$34,178.00
Enclosed	

Description	Amount
<p>Premium Financed, Down Payment Due</p> <p>Signed by:  5AC0A2483D79456... Patrick K. Leo President 3/6/2026</p>	<p>\$34,178.00</p>
Total Due	\$34,178.00

Pay your policy online!
<https://mitchellinsurancefl.epaypolicy.com>
 Please remit and make checks payable to:
 Mitchell Insurance Services, Inc.
 319 5th St. N.
 Saint Petersburg, FL 33701
 (727)360-8190



Name: Village on the Green Condominium III Ass

Policy Number: **2026019182197Y**

Invoice Number: 7129859

This is your WorkComp Invoice

MAKE CHECKS PAYABLE TO:
CAIS, LLC

Payment by credit card or checking account can be made online via
<https://www.caislive.com/payments>.

Statement Date: 01/24/2026
Due Date: 03/10/2026
Minimum Due: \$492.00

To avoid cancellation, please pay the amount due by:
03/10/2026

POLICY INFORMATION	INSTALLMENT SCHEDULE					
POLICY #: 2026019182197Y EFFECTIVE DATE: 03/10/2026 COMPANY: Pennsylvania Manufacturers Association I AGENCY: Mitchell Insurance Services, Inc. AGENCY PHONE: 727-360-8190	INVOICE DATE	DUE DATE	AMOUNT	PAID	TOTAL	
	01/24/2026	03/10/2026	\$492.00	\$0.00	\$492.00	
<table border="1" style="margin: auto;"> <tr> <td> MINIMUM PAYMENT DUE: \$492.00 BALANCE DUE: \$492.00 </td> </tr> </table>						MINIMUM PAYMENT DUE: \$492.00 BALANCE DUE: \$492.00
MINIMUM PAYMENT DUE: \$492.00 BALANCE DUE: \$492.00						

ACTIVITY				
TRANSACTION DETAIL	DATE	AMOUNT	BALANCE	
Balance Forward		\$0.00	\$0.00	
Renew Policy	01/10/2026	\$492.00	\$492.00	

Avoid late fees and potential lapses in coverage by mailing the payment due in sufficient time to arrive on or before the due date. To pay by credit card or ACH online visit <https://www.caislive.com/payments>. Your policy may be subject to cancellation if payment is not received by the due date. For installment payment plans, submit the minimum payment due, which includes an installment fee. You may be charged a returned payment fee of up to \$25 for any check that is returned by the issuing bank.

PLEASE RETURN THIS PORTION WITH PAYMENT. DO NOT ATTACH CHECK TO STUB

Mitchell Insurance Services, Inc.
319 5th St. N.
Saint Petersburg, FL 33701

FORWARDING SERVICE REQUESTED

NAME Village on the Green Condominium III Ass	STATEMENT DATE 01/24/2026
ACCOUNT # 25568322026019182197Y	MINIMUM PAYMENT DUE 492.00
DUE DATE 03/10/2026	TOTAL PMT ENCLOSED

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT

MAKE CHECKS PAYABLE TO: "CAIS, LLC"
FOR QUESTIONS, PLEASE CALL: Mitchell Insurance Services, Inc. at 727-360-8190

Village on the Green Condominium III Ass
24701 US HIGHWAY 19 N STE 102
Clearwater, FL 33763
US

MAIL TO:


CAIS, LLC
PO Box 261567
Hartford, CT 06126-1567

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