

Policy Declaration Page

This Declaration Page is attached to and forms part of Policy Certificate (CML Jacket 0321)

DATE ISSUED

AUTHORITY REF. NUMBER

PREVIOUS NUMBER

02/01/2024

Refer to Contract Allocation Endorsement

AMAA0013111

POLICY NUMBER: AMAA0016024

1. NAMED INSURED AND MAILING ADDRESS

Lake Conley Mobile Home Park Condo Assn Inc. c/o Ameri-Tech Realty Inc. 24701 US Highway 19 North, Ste 102

Clearwater, FL 33763

NO FLAT CANCELLATION

2. POLICY PERIOD

TO: 01/25/2025

BOTH DAYS AT 12:01 AM STANDARD TIME

3. Insurance is effective with Insurer(s) as stated on Form CAE 8/20 - Contract Allocation Endorsement

4. AMOUNT COVERAGE PREMIUM

\$670,700

Property

I INCIMIO

Enhancement Endorsement Equipment Breakdown

Premium \$
Amwins Service Fee: \$
Surplus Lines Tax: \$
FSLSO Fee: \$
EMPA Fee: \$

Total Premium: \$

- 5. OTHER COVERAGES & ENDORSEMENTS SEE ATTACHED LIST OF FORMS AND ENDORSEMENTS
- SERVICE OF SUIT NOMINEE: REFER TO SERVICE OF SUIT FORM FOR EACH PARTICIPATING INSURER

NJ SLA NUMBER:

AmWINS Access Insurance Services, LLC. Lloyd's of London Coverholder

Correspondent and/or Program Administrator for the Company(ies)

One Gresham Landing Stockbridge, GA 30281

The Correspondent and/or Program Administrator is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever.

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

CERTIFICATE NUMBER: AMAA0016024 EFFECTIVE DATE: 01/25/2024

LOCATION/DESCRIPTION OF PREMISES PREM NO. BLDG NO. LOCATION			CONSTRUCTION	OCCUPANCY		
1	1	2020 Kahala Drive Holiday, FL 34691	Joisted Masonry	Condominiums Residential		
	2	2020 Kahala Drive Holiday, FL 34691	Non Combustible	Condominiums Residential		

FORM NO: 150P 1/96

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

CERTIFICATE NUMBER:AMAA0016024

EFFECTIVE DATE: 01/25/2024

COVERED	PROPERTY

INSURANCE AT THE DESC	RIBED PREMISES API	PLIES ONLY FOR CO\	ERAGES FO	R WHICH	A LIMIT OF I	NSURANCE IS SI	HOWN.	
PREM NO.BLDG NO.	COVERAGE	CAUSE OF LOSS	LIMITS	RATE	COINS.	VALUATION	AOP	WIND/HAIL
	Building	Special	\$375,000	0.862	90%	ACV	\$1,000	Excluded
	Business Personal Property	Special	\$50,000	0.862	90%	RC	\$1,000	Excluded
2	Building	Special	\$37,200	0.675	90%	RC	\$1,000	Excluded

FORM NO: 150P 1/96

Additional Coverages:

Loe.	# Bldg.	# Coverage	Limit	Deductible	Valuation	Coins.	Premium Type	Annual Premium
1	1	Fence	\$40,000	\$1,000	Replacement Cost	90%	Annual Premium	\$600
1	1	Pools	\$62,000	\$1,000	Replacement Cost	90%	Annual Premium	\$930
		Sheds	\$12,300	\$1,000	Replacement Cost	90%	Annual Premium	\$185
		Electronic Gate	\$65,000	\$1,000	Replacement Cost	90%	Annual Premium	\$520
		Pool Pumps	\$10,000	\$1,000	Replacement Cost	90%	Annual Premium	\$80
		Prop in Open - Pool Furniture \$2,000		\$1,000	Replacement Cost	90%	Annual Premium	\$15
	1	Shuffleboard Court	\$13,200	\$1,000	Replacement Cost	90%	Annual Premium	\$105
	2	Sheds	\$4,000	\$1,000	Replacement Cost	90%	Annual Premium	\$60