

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY LANCASTER INSURANCE INC
12-0253-00 MKT TERR 052 727-461-3704

INSURED TOWNHOMES AT NORTHEAST ASSN INC
C/O:AMERI-TECH COMMUNITY MGMT INC

ADDRESS 24701 US HIGHWAY 19 N STE 102
CLEARWATER FL 33763-4086

TAILORED PROTECTION POLICY DECLARATIONS

Renewal Effective 04-12-2025

POLICY NUMBER 072312-20695708-25

Company Use 20-23-FL-0704

Company
Bill

Policy Term

12:01 a.m. to 12:01 a.m.
04-12-2025 to 04-12-2026

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

55039 (11-87)

COMMON POLICY INFORMATION

Business Description: Homeowners Assoc

Entity: Not For Profit Org

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE	\$2,086.00
EMERGENCY FLORIDA INSURANCE GUARANTY ASSOCIATION ASSESSMENT	\$20.86
TOTAL	\$2,106.86

THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Paid in Full Discount applies.

The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.

Forms that apply to all coverage part(s) shown above (except garage liability, dealer's blanket, commercial automobile, if applicable):
55156 (07-12)

Countersigned By: LANCASTER INSURANCE INC



Southern-Owners Ins. Co.

Issued 02-25-2025

AGENCY LANCASTER INSURANCE INC
12-0253-00 MKT TERR 052

Company POLICY NUMBER 072312-20695708-25
Bill 20-23-FL-0704

INSURED TOWNHOMES AT NORTHEAST ASSN INC

Term 04-12-2025 to 04-12-2026

55040 (11-87)

COMMERCIAL GENERAL LIABILITY COVERAGE

COVERAGE	LIMITS OF INSURANCE
General Aggregate (Other Than Products-Completed Operations)	\$2,000,000
Products-Completed Operations Aggregate	\$2,000,000
Personal And Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Damage to Premises Rented to You (Fire Damage)	\$50,000 Any One Premises
Medical Payments	\$5,000 Any One Person
Assn Directors/Officers Errors and Omissions Agg	\$1,000,000
Assn Directors/Officers Errors and Omissions Occ	\$1,000,000

Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 month period in accordance with form 55885.

AUDIT TYPE: Non-Audited

Forms that apply to this coverage:

59350 (01-15)	55146 (06-04)	IL0017 (11-85)	IL0021 (07-02)	55881 (12-17)
CG2106 (05-14)	55010 (05-17)	CG2002 (11-85)	59325 (12-19)	CG0001 (04-13)
55513 (05-17)	55719 (05-17)	CG2109 (06-15)	55029 (05-17)	CG2196 (03-05)
CG2132 (05-09)	CG2147 (12-07)	55885 (05-17)	CG0220 (12-24)	

LOCATION 0001 - BUILDING 0001**Location:** 4910 1St St N, Saint Petersburg, FL 33703-3022**Territory:** 004**County:** Pinellas

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Assn Directors/Officers Errors And Omissions	00811	Professional	Flat Charge 18		\$135.00
Clubs - Civic, Service Or Social - No Buildings Or Premises Owned Or Leased Except For Office Purposes (Not-For Profit)	41670	Prem/Op Prod/Comp Op	Members 42 42	Each 1 8.545 .851	\$359.00 \$36.00
Swimming Pools Noc	48925	Prem/Op Prod/Comp Op	Pools 1 1	1404.081 130.994	\$1,404.00 \$131.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0001 SUMMARY

	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350	\$21.00
LOCATION 0001	\$2,086.00