



INSURANCE

Underwritten by: First Protective Insurance Company
PO Box 958405
Lake Mary, FL 32795

Table with Policy Information: Policy Type: COMMERCIAL PROPERTY, Policy Number: 5109326290, Policy Effective Date: 12/30/2023, Policy Expiration Date: 12/30/2024, Amended Date: 12/30/2023, Reason Amended: Amend Location, Pro-rated change in Premium: \$0.00, Date Printed: 03/25/2024

Business Description:

IF YOU HAVE QUESTIONS ABOUT YOUR POLICY, PLEASE CONTACT YOUR AGENT AT 727-360-8190. TO REPORT A CLAIM, CALL 1-800-675-0145.

Table with Agency Contact Information: Agency Name Mitchell Insurance Services, Agency Address: 6534 CENTRAL AVE, SAINT PETERSBURG, FL 33707-1330, Email, Phone: 727-360-8190

Table with Named Insured(s): Named Insured: EL MAR OF NORTH REDINGTON CONDOMINIUM ASSOCIATION, Mailing Address: 24701 US HIGHWAY 19 N SUITE 102, C/O AMERI-TECH COMMUNITY MANAGEMENT INC, CLEARWATER, FL 33763-4086, Email Address, Phone Number: 727-726-8000 x506

Table with Premium Information: Commercial Package, Commercial Property Premium: \$72,758.00, Fees: 2023 FLORIDA INSURANCE GUARANTY ASSOCIATION SURCHARGE \$727.58, FIRE MARSHALL REGULATORY ASSESSMENT TAX \$73.00, 2022B FLORIDA INSURANCE GUARANTY ASSOCIATION SURCHARGE \$509.31, EMPA \$4.00, POLICY FEE \$25.00, Total Premium and Fees: \$74,096.89, Total Limit of Liability: \$6,111,931.00, Hurricane Premium: \$53,174.00

Table with Covered Cause of Loss: SPECIAL

Table with Deductibles: LOC NO 1, BLDG NO 1, COVERAGE BUILDING COVERAGE, AOP \$10,000, OTHER WIND/HAIL \$10,000, HURRICANE PERCENTAGE 5%



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Amended Date: 12/30/2023
Reason Amended: Amend Location
Pro-rated change in Premium: \$0.00
Date Printed: 03/25/2024

Business Description:

Optional Coverages	
Description	Amount
Valuation – Building	Replacement Cost
Valuation – Contents	
Valuation – Roofs	Replacement Cost
Co-Insurance – Building Coverage and Contents	See Coverages Provided
Ordinance and Law	See Schedule
TRIA	Excluded
Sinkhole	Excluded

Coverages Provided					
(Insurance at the Described Premises Applies Only For Coverages For Which a Limit of Insurance is Shown)					
Described Loc No	Location Bldg No	Premises Address	Limit of Insurance		
			Building	Contents	Other
1	1	17035 GULF BLVD, NORTH REDINGTON BEACH, FL, 33708 Coinsurance: Agreed Value	\$6,041,662		\$70,269

Additional Interest



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Table with 1 column: Policy Information. Rows include: Policy Type: COMMERCIAL PROPERTY, Policy Number: 5109326290, Policy Effective Date: 12/30/2023, Policy Expiration Date: 12/30/2024, Amended Date: 12/30/2023, Reason Amended: Amend Location, Pro-rated change in Premium: \$0.00, Date Printed: 03/25/2024

Business Description:

Forms/Endorsement Applicable:

Table with 3 columns: Form Number, Form Edition, Form Name. Lists various forms such as DECLARATIONS PAGE, TABLE OF CONTENTS - CONDOMINIUM ASSOCIATION, OFAC ADVISORY NOTICE, etc.

Notices

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

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVERAGE COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

A Rate Adjustment of 0.0% is included to reflect the Building Code Endorsement Grade (BCEG) in your area. Adjustments range from 1.2% Surcharge to 12.4% Credit.

FRONTline

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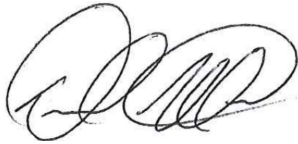
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Business Description:

Premium change due to coverage change: \$0.00

Countersigned By:



Date Signed: 03/25/2024

FRONTLINE WEBSITE: www.frontlineinsurance.com
TO REPORT A CLAIM, CALL 1-800-675-0145