



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/29/2025

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Northeast Underwriters, Inc. 4790 1st Street North  St. Petersburg FL 33703	PHONE (A/C, No, Ext): (727) 521-4253	COMPANY Frontline Insurance Co PO BOX 958405  Lake Mary FL 32795
FAX (A/C, No): (727) 527-9455	E-MAIL ADDRESS: syoung@neu-ins.com	
CODE: 5232321294	SUB CODE:	
AGENCY CUSTOMER ID #: 00054981		
INSURED Lake Overlook Unit 4 Association, Inc. C/O Ameri Tech Property Management 28050 US HWY 19 N Suite 509  Clearwater FL 33761	LOAN NUMBER	POLICY NUMBER 8309691232
	EFFECTIVE DATE 12/19/2025	EXPIRATION DATE 12/19/2026
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

## PROPERTY INFORMATION

LOCATION/DESCRIPTION 4595 Chancellor St NE Saint Petersburg FL 33703 Loc# 00001/Bldg# 00001 See Overflow
---

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

## COVERAGE INFORMATION

PERILS INSURED  BASIC  BROAD  SPECIAL  SPCL

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building, Replacement Cost, SPCL	10,248,612	5,000
Hurricane		3%
All Other Wind		1%
Equipment Breakdown with Chubb 25-26 Policy 76446240	8,394,677	2,500

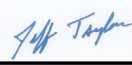
## REMARKS (Including Special Conditions)

50 units  
Walls Out Coverage  
O&L Full A, 2.5% B&C Combined  
Sinkhole Excluded and Replaced with Catastrophic Ground Cover Collapse

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

NAME AND ADDRESS  For Insured Purposes	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	MORTGAGEE		
	LOAN #		
	AUTHORIZED REPRESENTATIVE  		



A Stock Company  
 P.O. Box 33003  
 St. Petersburg, FL 33733-8003  
 Customer Service: 1-800-820-3242  
 Claims: 1-800-725-9472

FFL99.001 1124  
 0049801  
 6/25/25  
 2000 11523 FLD RCBP

**FLOOD DECLARATIONS PAGE**  
 RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1152339152 02	1152339152	Residential Condominium Building Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 7/19/25 To: 7/19/26 12:01 am Standard Time	06/25/2025	0049801	8706276106

Insured  
 LAKE OVERLOOK UNIT 4  
 28050 US HIGHWAY 19 N STE 509  
 CLEARWATER FL 33761-2630

NORTHEAST UNDERWRITERS  
 4790 1ST ST N  
 SAINT PETERSBURG FL 33703-3000

SAI@NEU-INS.COM

Property Location (if other than above)

4601 CHANCELLOR ST NE, SAINT PETERSBURG FL 33703

Address may have been changed in accordance with USPS standards.

**Rating Information**

Rate Category: Rating Engine  
 Primary Residence: N  
 Building Occupancy: Residential Condominium Building  
 Building Description: Entire Residential Condo Building

Flood Risk: AE  
 First Floor Height: 1.1 ft  
 Method Used to Determine First Floor Height: FEMA Determined  
 Date of Construction: 01/01/1973  
 Prior NFIP Claims: 0  
 Number of Units: 8  
 Replacement Cost Value: 2,000,000

Property Description: Slab on Grade, 2 floors

Coverage	Deductible	Annual Premium
BUILDING	\$2,000,000	\$22,442.00
CONTENTS NO CONTENTS COVERAGE	INSURED DECLINED CONTENTS COVERAGE	\$0.00

Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.

ICC Premium: \$75.00  
 Community Rating Discount: \$5,581.00  
 FULL RISK PREMIUM: \$16,936.00  
 DISCOUNTED PREMIUM: \$16,936.00  
 Reserve Fund Assessment: \$3,048.00  
 Federal Policy Service Fee: \$376.00  
 HFIAA Surcharge: \$250.00  
 TOTAL ANNUAL PAYMENT \$20,610.00

**THIS IS NOT A BILL**

Premium Paid by: Insured

**Forms and Endorsements:**

FFL 99.310 0224 0224 WFL 99.416 1021 1021 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523  
 Wright National Flood Insurance Company A stock company  
 Copy Sent To: As indicated on back or additional pages, if any.

*Patricia Templeton-Jones*  
 Patricia Templeton-Jones, President

004980109115233915225176

00004

Agent



FFL99.001 1124  
0049801  
6/25/25

09 1152339152 02

Agent (727)521-4253  
NORTHEAST UNDERWRITERS  
4790 1ST ST N  
SAINT PETERSBURG FL 33703-3000

**Dear Mortgagee:** The Reform Act of 1994 require you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

**The above message applies only when there is a mortgagee on the insured location.**

**Special Provisions:**

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at [www.wrightflood.com/policyforms.html](http://www.wrightflood.com/policyforms.html). The form which applies to your policy coverage is: Residential Condominium Building Policy Form

For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit [FloodSmart.gov/floodcosts](http://FloodSmart.gov/floodcosts).

**Claims Information:**

Please contact your agent or go to [www.wrightflood.com](http://www.wrightflood.com) to enter your claim as well as receive important information to mitigate the damage to your property. If you need to reach the insurance company the number is 1-800-725-9472.

004980109115233915225176

00004

Agent





NORTHEAST UNDERWRITERS  
PO BOX 1049  
LA GRANGE, GA 30241-0019



APRIL 23, 2026

LAKE OVERLOOK UNIT 4  
28050 US HIGHWAY 19 N STE 509  
CLEARWATER, FL 33761

Policy Number: 09-6821040163-00

Insured(s): LAKE OVERLOOK UNIT 4  
Property Location: 4595 CHANCELLOR ST NE  
SAINT PETERSBURG, FL 33703-4369

If you would like to electronically view or print a copy of the Standard Flood Insurance Policy, please visit <https://floodportal.manageflood.com>, click View Important Flood Documents link and select from the list of documents. Your consent to this policy delivery option is assumed, unless you contact us to request a mailed or e-mailed copy of the policy.

If you would like a copy of the Standard Flood Insurance Policy e-mailed or mailed to you, please contact our customer service team at 866-356-6335 or [flood@bankersinsurance.com](mailto:flood@bankersinsurance.com).





NORTHEAST UNDERWRITERS  
PO BOX 1049  
LA GRANGE, GA 30241-0019

Agency Phone: (727) 521-4253

NFIP Policy Number: 6821040163  
Company Policy Number: 09-6821040163-00  
Agent: 49801 NORTHEAST UNDERWRITERS

Payor: INSURED  
Policy Term: 05/07/2026 12:01 AM - 05/07/2027 12:01 AM  
Policy Form: RCBAP

To report a claim visit or call us at: <https://floodportal.manageflood.com>  
(800) 765-9700

## REVISED FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS	INSURED NAME(S) AND MAILING ADDRESS
LAKE OVERLOOK UNIT 4 28050 US HIGHWAY 19 N STE 509 CLEARWATER, FL 33761	LAKE OVERLOOK UNIT 4 28050 US HIGHWAY 19 N STE 509 CLEARWATER, FL 33761

COMPANY MAILING ADDRESS	INSURED PROPERTY LOCATION
First Community Insurance Company PO BOX 209888 DALLAS, TX 75320-9888	4595 CHANCELLOR ST NE SAINT PETERSBURG, FL 33703-4369

RATING INFORMATION	BUILDING DESCRIPTION: ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
<b>BUILDING OCCUPANCY:</b> RESIDENTIAL CONDOMINIUM BUILDING	<b>BUILDING DESCRIPTION DETAIL:</b> N/A
<b>NUMBER OF UNITS:</b> 42 UNITS	<b>REPLACEMENT COST VALUE:</b> \$10,500,000.00
<b>PRIMARY RESIDENCE:</b> NO	<b>DATE OF CONSTRUCTION:</b> 01/01/1975
<b>PROPERTY DESCRIPTION:</b> SLAB ON GRADE (NON-ELEVATED), 3 FLOOR(S)	<b>CURRENT FLOOD ZONE:</b> AE
<b>PRIOR NFIP CLAIMS:</b> 1 CLAIM(S) FROM 4/1/2023 TO CURRENT	<b>FIRST FLOOR HEIGHT (FFH):</b> 0.0 FEET
	<b>MOST FAVORABLE FFH METHOD:</b> ELEVATION CERTIFICATE

MORTGAGEE / ADDITIONAL INTEREST INFORMATION	LOAN NO:
<b>FIRST MORTGAGEE:</b>	N/A
<b>SECOND MORTGAGEE:</b>	N/A
<b>ADDITIONAL INTEREST:</b>	N/A
<b>DISASTER AGENCY:</b>	CASE NO: N/A DISASTER AGENCY: N/A

RATE CATEGORY — RATING ENGINE	COMPONENTS OF TOTAL AMOUNT DUE																																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><u>COVERAGE</u></td> <td style="text-align: center;"><u>DEDUCTIBLE</u></td> </tr> <tr> <td><b>BUILDING:</b></td> <td style="text-align: center;">\$10,500,000</td> <td style="text-align: center;">\$1,250</td> </tr> <tr> <td><b>CONTENTS:</b></td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> </table> <p>COVERAGE LIMITATIONS AND A COINSURANCE PENALTY MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS. YOUR PROPERTY'S NFIP FLOOD CLAIMS HISTORY CAN AFFECT OUR PREMIUM. TO PREVENT DELAYS IN CLAIM HANDLING, IT IS IMPORTANT TO MAKE SURE THAT YOUR POLICY INFORMATION IS UP TO DATE AND ACCURATE. CONTACT YOUR INSURANCE AGENT OR COMPANY FOR QUESTIONS AND TO MAKE CHANGES TO YOUR POLICY OR VISIT <a href="https://floodsmart.gov/flood">FLOODSMART.GOV/FLOOD</a> TO LEARN MORE ABOUT FLOOD INSURANCE.</p> <p><b>ENDORSEMENT EFFECTIVE DATE:</b> 05/23/2026 12:01 AM <b>ENDORSEMENT PREMIUM:</b> \$639.00 <b>CHANGES APPLIED TO:</b> BUILDING COVERAGE</p>		<u>COVERAGE</u>	<u>DEDUCTIBLE</u>	<b>BUILDING:</b>	\$10,500,000	\$1,250	<b>CONTENTS:</b>	N/A	N/A	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><b>BUILDING PREMIUM:</b></td> <td style="text-align: right;">\$46,708.00</td> </tr> <tr> <td><b>CONTENTS PREMIUM:</b></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><b>INCREASED COST OF COMPLIANCE (ICC) PREMIUM:</b></td> <td style="text-align: right;">\$75.00</td> </tr> <tr> <td><b>MITIGATION DISCOUNT:</b></td> <td style="text-align: right;">(\$0.00)</td> </tr> <tr> <td><b>COMMUNITY RATING SYSTEM REDUCTION:</b></td> <td style="text-align: right;">(\$11,648.00)</td> </tr> <tr> <td><b>FULL RISK PREMIUM:</b></td> <td style="text-align: right;"><b>\$35,135.00</b></td> </tr> <tr> <td><b>ANNUAL INCREASE CAP DISCOUNT:</b></td> <td style="text-align: right;">(\$0.00)</td> </tr> <tr> <td><b>STATUTORY DISCOUNTS:</b></td> <td style="text-align: right;">(\$0.00)</td> </tr> <tr> <td><b>DISCOUNTED PREMIUM:</b></td> <td style="text-align: right;"><b>\$35,135.00</b></td> </tr> <tr> <td><b>RESERVE FUND ASSESSMENT:</b></td> <td style="text-align: right;">\$6,324.00</td> </tr> <tr> <td><b>HFIAA SURCHARGE:</b></td> <td style="text-align: right;">\$250.00</td> </tr> <tr> <td><b>FEDERAL POLICY FEE:</b></td> <td style="text-align: right;">\$1,360.00</td> </tr> <tr> <td><b>PROBATION SURCHARGE:</b></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><b>TOTAL ANNUAL PREMIUM:</b></td> <td style="text-align: right;"><b>\$43,069.00</b></td> </tr> <tr> <td><b>PRORATA PREMIUM ADJUSTMENT:</b></td> <td style="text-align: right;">(\$29.00)</td> </tr> <tr> <td><b>ADJUSTED ANNUAL PREMIUM:</b></td> <td style="text-align: right;"><b>\$43,040.00</b></td> </tr> </table>	<b>BUILDING PREMIUM:</b>	\$46,708.00	<b>CONTENTS PREMIUM:</b>	\$0.00	<b>INCREASED COST OF COMPLIANCE (ICC) PREMIUM:</b>	\$75.00	<b>MITIGATION DISCOUNT:</b>	(\$0.00)	<b>COMMUNITY RATING SYSTEM REDUCTION:</b>	(\$11,648.00)	<b>FULL RISK PREMIUM:</b>	<b>\$35,135.00</b>	<b>ANNUAL INCREASE CAP DISCOUNT:</b>	(\$0.00)	<b>STATUTORY DISCOUNTS:</b>	(\$0.00)	<b>DISCOUNTED PREMIUM:</b>	<b>\$35,135.00</b>	<b>RESERVE FUND ASSESSMENT:</b>	\$6,324.00	<b>HFIAA SURCHARGE:</b>	\$250.00	<b>FEDERAL POLICY FEE:</b>	\$1,360.00	<b>PROBATION SURCHARGE:</b>	\$0.00	<b>TOTAL ANNUAL PREMIUM:</b>	<b>\$43,069.00</b>	<b>PRORATA PREMIUM ADJUSTMENT:</b>	(\$29.00)	<b>ADJUSTED ANNUAL PREMIUM:</b>	<b>\$43,040.00</b>
	<u>COVERAGE</u>	<u>DEDUCTIBLE</u>																																								
<b>BUILDING:</b>	\$10,500,000	\$1,250																																								
<b>CONTENTS:</b>	N/A	N/A																																								
<b>BUILDING PREMIUM:</b>	\$46,708.00																																									
<b>CONTENTS PREMIUM:</b>	\$0.00																																									
<b>INCREASED COST OF COMPLIANCE (ICC) PREMIUM:</b>	\$75.00																																									
<b>MITIGATION DISCOUNT:</b>	(\$0.00)																																									
<b>COMMUNITY RATING SYSTEM REDUCTION:</b>	(\$11,648.00)																																									
<b>FULL RISK PREMIUM:</b>	<b>\$35,135.00</b>																																									
<b>ANNUAL INCREASE CAP DISCOUNT:</b>	(\$0.00)																																									
<b>STATUTORY DISCOUNTS:</b>	(\$0.00)																																									
<b>DISCOUNTED PREMIUM:</b>	<b>\$35,135.00</b>																																									
<b>RESERVE FUND ASSESSMENT:</b>	\$6,324.00																																									
<b>HFIAA SURCHARGE:</b>	\$250.00																																									
<b>FEDERAL POLICY FEE:</b>	\$1,360.00																																									
<b>PROBATION SURCHARGE:</b>	\$0.00																																									
<b>TOTAL ANNUAL PREMIUM:</b>	<b>\$43,069.00</b>																																									
<b>PRORATA PREMIUM ADJUSTMENT:</b>	(\$29.00)																																									
<b>ADJUSTED ANNUAL PREMIUM:</b>	<b>\$43,040.00</b>																																									

In witness whereof, we, as officers of the stock Company declared on the Declarations Page, have cause this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

John A. Strong / Chairman & CEO

Richard Torra / General Counsel Corp. Sec.

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

**Zero Balance Due - This Is Not A Bill**

Policy issued by: First Community Insurance Company

Insurer NAIC Number: 13990



File: 33250595

Page 1 of 1



DocID: 269924334

First Community Insurance Company

PO Box 33060

St. Petersburg, FL 33733

1-866-356-6335

## **PRIVACY STATEMENT**

This Privacy Statement is provided by Bankers Financial Corporation and its subsidiary companies (collectively called "Bankers"): including but not limited to Bankers Insurance Group; Bankers Insurance Company; Bankers Life Insurance Company; First Community Insurance Company; Bankers Specialty Insurance Company; Bankers Underwriters of Texas, Inc.; Bankers Underwriters, Inc.; Bankers Credit Insurance Services, Inc.; Bankers Insurance Services, Inc.; G.D. Van Wagenen Financial Services, Inc.; Bonded Builders Home Warranty Association; Bonded Builders Insurance Services, Inc.; Bankers Surety Services, Inc.

To our Customers: As your insurance company, we recognize our obligation to keep information about you secure and confidential. Most of the information we use in evaluating your application and servicing your policy comes to us directly from you. In addition, we may collect nonpublic personal information from your application and from any of your transactions with Bankers or other companies. Depending on your insurance coverage, we may also collect information about you from third parties, such as other people proposed for coverage under your policy or the state Motor Vehicle Department concerning your driving report. We may also receive information about you from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. In some cases this may mean information can be disclosed to third parties without your authorization; however, we maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard your nonpublic personal information. Information about you is given to those of our employees who need it in order to provide you with products, benefits or services.

You have the right to obtain access to certain information and the right to request correction of information you feel is inaccurate. A copy of our detailed privacy policy can be found on our website at [www.bankersinsurance.com](http://www.bankersinsurance.com) <<http://www.bankersinsurance.com>> .

To have a copy of our detailed privacy policy mailed to you or to access your information, write: Privacy Compliance, Bankers Insurance Group, PO Box 15707, St. Petersburg, FL 33733.

### Important Notice:

In compliance with requirements of the Fair Credit Reporting Act (Public Law 91-508), Bankers advises that as part of our routine procedure for reviewing applications for certain types of insurance or renewals of certain policies, we may procure a consumer report including information as to the consumer's character, general reputation, personal characteristics or mode of living. If such insurance is for an individual and is primarily for personal, family or household purposes, such information may be obtained through personal interviews with neighbors, friends or others with whom the consumer is acquainted. Upon request to our company, in the manner as noted above, we will provide in writing a complete and accurate disclosure of the nature and scope of the consumer report requested or advise that no investigation was conducted.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Northeast Underwriters, Inc. 4790 1st Street North  St. Petersburg FL 33703	<b>CONTACT NAME:</b> Stephanie Young <b>PHONE (A/C No. Ext):</b> (727) 521-4253 <b>E-MAIL ADDRESS:</b> syoung@neu-ins.com	<b>FAX (A/C, No):</b> (727) 527-9455	
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Lake Overlook Unit 4 Association, Inc. C/O Ameri Tech Property Management 28050 US HWY 19 N Suite 509 Clearwater FL 33761	<b>INSURER A:</b> Superior Specialty Insurance Company		<b>NAIC #</b>
	<b>INSURER B:</b> Midvale Indemnity Company		<b>27138</b>
	<b>INSURER C:</b> Am Trust Group		<b>42376</b>
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 25-26 Master


REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TLUCAP501199-01	12/19/2025	12/19/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							HNOA	\$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PRP-229824000-02-2050770	12/19/2025	12/19/2026	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TWC4733671	12/19/2025	12/19/2026	PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	<b>Crime</b> Directors and Officers			TLUCAP501199-01	12/19/2025	12/19/2026	\$2,000 Deductible	500,000
				TLUCAP501199-01	12/19/2025	12/19/2026	\$2,500 Deductible	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

For Insured Purposes	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Jeff Taylor/ALEXP 

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

INS025 (201401)