



POLICY CHANGE SUMMARY

POLICY NUMBER: 10665755 - 3	POLICY PERIOD FROM 09/17/2025 TO 09/17/2026
	at 12:01 a.m. Eastern Time
Transaction: AMENDED DECLARATIONS	Effective: 09/17/2025

Item	Prior Policy Information	Amended Policy Information
Policy Info		
First Named Insured: HICKORY GROVE CONDOMINIUM ASSOCIATION, INC.		
Company Name	Hickory Grove Condominium Association, Inc	HICKORY GROVE CONDOMINIUM ASSOCIATION, INC.
Primary Address Ext		C/O AMERI-TECH PROPERTY MGMT I, CLEARWATER, FL 33763-4086
Contact Address (First Named Insured: HICKORY GROVE CONDOMINIUM ASSOCIATION, INC.)		
Address Line 1	24701 US HIGHWAY 19 N STE 102	C/O AMERI-TECH PROPERTY MGMT I
Address Line 2	C/O AMERI-TECH PROPERTY MGMT I	24701 US HIGHWAY 19 N STE 102
Std Status Ext Internal	Standardized	Overridden
Locations and Buildings		
1: 9 TURNER ST		
1: 5 STORY 8 UNIT FR CONDO BUILDING		
Coverages		
Building Coverage		
Limit	2,784,300	3,046,200
Inflation Factor Override Ext	No	Yes
Building Coverage: Total Replacement Cost	\$2,784,300	\$3,046,200
Building Coverage: Valuation Amount	\$2,684,127	\$3,046,175
Building Coverage: Date of Valuation	03/26/2022	03/28/2025
Building Hurricane Deductible Amount	\$139,215	\$152,310
Description	8 Unit Condo Bldg	5 STORY 8 UNIT FR CONDO BUILDING
Roof Construction		Suspended Concrete
Wall Construction		Masonry - Concrete Block (CMU)
Floor Construction		Suspended Concrete Slab
Front Exposure and Distance	15 Ft Carports	15 FT CARPORTS
Left Exposure and Distance	20 ft Parking lot	20 FT PARKING LOT
Rear Exposure and Distance	10 Ft Pool	10 FT POOL
Right Exposure and Distance	50 ft Sidewalk	50 FT SIDEWALK
2: SWIMMING POOL EXCLUDING DECK		
Coverages		
Building Coverage		
Limit	69,200	179,100
Building Coverage: Total Replacement Cost	\$69,200	\$179,100
Building Coverage: Valuation Amount	\$69,190	\$179,134
Building Coverage: Date of Valuation	03/26/2023	03/28/2025

This summary is for informational purposes only and does not change any of the terms or provisions on your policy. Please carefully review your policy Declarations and any attached forms for a complete description of coverage.





POLICY CHANGE SUMMARY

Policy Number: 10665755 - 3

Effective Date: 09/17/2025 to 09/17/2026

Item	Prior Policy Information	Amended Policy Information
Building Hurricane Deductible Amount	\$3,460	\$8,955
Description	In-Ground Swimming Pool Excl/ Deck	SWIMMING POOL EXCLUDING DECK
3: 4 STALL CARPORT #1		
Coverages		
Building Coverage		
Limit	15,600	25,400
Building Coverage: Total Replacement Cost	\$15,600	\$25,400
Building Coverage: Valuation Amount	\$15,600	\$25,400
Building Coverage: Date of Valuation	03/26/2022	03/28/2025
Building Hurricane Deductible Amount	\$1,000	\$1,270
Description	4 Unit Carports	4 STALL CARPORT #1
4: 4 STALL CARPORT #2		
Coverages		
Building Coverage		
Limit	15,600	25,400
Building Coverage: Total Replacement Cost	\$15,600	\$25,400
Building Coverage: Valuation Amount	\$15,600	\$25,400
Building Coverage: Date of Valuation	03/26/2022	03/28/2025
Building Hurricane Deductible Amount	\$1,000	\$1,270
Description	4 Unit Carports	4 STALL CARPORT #2
2: 15 Turner St		
1: 3 STORY 6 UNIT FR CONDO		
Coverages		
Building Coverage		
Limit	1,746,400	1,914,600
Inflation Factor Override Ext	No	Yes
Building Coverage: Total Replacement Cost	\$1,746,400	\$1,914,600
Building Coverage: Valuation Amount	\$1,683,528	\$1,914,622
Building Coverage: Date of Valuation	03/26/2022	03/28/2025
Building Hurricane Deductible Amount	\$87,320	\$95,730
Description	6 Unit Condo	3 STORY 6 UNIT FR CONDO
Roof Construction		Suspended Concrete
Wall Construction		Masonry - Concrete Block (CMU)
Floor Construction		Suspended Concrete Slab
Front Exposure and Distance	25 Ft Parking lot	25 FT PARKING LOT
Left Exposure and Distance	20 Ft Carports	20 FT CARPORTS
Rear Exposure and Distance	10 Ft landscaping	10 FT LANDSCAPING
Right Exposure and Distance	20 Ft Street	20 FT STREET

This summary is for informational purposes only and does not change any of the terms or provisions on your policy. Please carefully review your policy Declarations and any attached forms for a complete description of coverage.



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY ST
JACKSONVILLE FL 32202

COMMERCIAL PROPERTY POLICY DECLARATIONS

POLICY NUMBER: 10665755 - 3	POLICY PERIOD FROM 09/17/2025 at 12:01 a.m. Eastern Time	TO 09/17/2026
Transaction: AMENDED DECLARATIONS	Effective: 09/17/2025	CR-M
Pay Plan: Citizens Full Pay	Bill: Insured Billed	
Named Insured and Mailing Address HICKORY GROVE CONDOMINIUM ASSOCIATION, INC. C/O AMERI-TECH PROPERTY MGMT I 24701 US HIGHWAY 19 N STE 102 CLEARWATER, FL 33763-4086	Agent JADE WALTZ George Franklin Ins Inc. 5147 S LAKELAND DR STE 3 LAKELAND, FL 33813	Fl. Agent Lic. # A277235
Telephone: 727-726-8000 x504	Telephone: 863-682-4434	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENTS.

	PREMIUM
COMMERCIAL PROPERTY COVERAGE	\$10,842.00
Required Additional Charges:	
Emergency Management Preparedness and Assistance Trust Fund (EMPA)	\$4.00
2023-A Florida Insurance Guaranty Association (FIGA) Emergency Assessment	\$108.00
State Fire Marshal Regulatory Surcharge	\$11.00
Tax-Exempt Surcharge	\$190.00
STATUTORY INSURANCE PREMIUM DISCOUNTS:	
Legislative Premium Tax Discount	(\$190)
Legislative Fire Marshal Discount	(\$34)
TOTAL:	\$10,931.00
Change in Policy Premium:	\$2,015.00

The portion of your premium for

Hurricane Coverage is: \$4,472.00

Non - Hurricane Coverage is: \$6,370.00

See Form CDEC-FE-SCH – Commercial Policy Forms And Endorsements Schedule

Authorized By: JADE WALTZ

Issued Date: 08/04/2025

Countersigned: 08/04/2025

BY:

Timothy M. Cerio
President/CEO and Executive Director
Citizens Property Insurance Corporation

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CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY ST
JACKSONVILLE FL 32202

COMMERCIAL PROPERTY POLICY DECLARATIONS

Policy Number: 10665755 - 3

Effective Date: 09/17/2025 to 09/17/2026

Insured Name: HICKORY GROVE CONDOMINIUM ASSOCIATION, INC.



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY ST
JACKSONVILLE FL 32202

COMMERCIAL PROPERTY POLICY DECLARATIONS

Policy Number: 10665755 - 3

Effective Date: 09/17/2025 to 09/17/2026

Insured Name: HICKORY GROVE CONDOMINIUM ASSOCIATION, INC.

LOCATION NO. 1		BUILDING OR SPECIAL CLASS ITEM NO. 1		CSP Code: 0331		
BUSINESS DESCRIPTION: Condominiums -residential (association risk only) - without mercantile occupancies - Up to 10 units						
DESCRIPTION OF PREMISES		1: 9 TURNER ST		5 STORY 8 UNIT FR CONDO BUILDING		
Location Address 9 TURNER ST CLEARWATER, FL 33756-5292		Group I Construction Fire Resistive Group I Territory Statewide	Group II Construction AA Group II Territory Seacoast Zone 3	Protection Class 1 Coastal Territory None	BCEGS Grade Ungraded No. of Units 8	
COVERAGES PROVIDED Insurance at the Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown.						
Coverage	Limit Of Insurance	Covered Causes Of Loss	Total Replacement Cost	Rates	Premium	First Loss
Building (Bldg)	\$3,046,200	Basic	\$3,046,200	Class	\$5,330.00	N/A
					FHCF Build-Up Premium:	\$72
OPTIONAL COVERAGES Applicable Only When Entries Are Made In The Schedule Below						
Coverage	Premium		Replacement Cost			
			Building Yes		Business Personal Property	
DEDUCTIBLE						
All Other Perils Deductible		Calendar Year Hurricane Percentage Deductible				
\$1,000		Deductible Percentage (Deductible Amount) Bldg: 5% (\$152,310)				
WINDSTORM MITIGATION FEATURES						
Terrain C	Year Built 1979	Roof Cover FBC Equivalent (Level B)	Roof Deck Level C (Reinforced Concrete Roof Deck)	Roof-Wall Connection N/A	SWR Yes	
Building Type Type II	Roof Shape N/A	Opening Protection None	FBC Wind Speed N/A	FBC Wind Design N/A		
*A premium adjustment of \$ 3,362.00 is included to reflect building code enforcement and the building's wind loss mitigation features or construction techniques that exist. Adjustments range from a 1% surcharge to a 65% credit.						
Mortgageholder(s) & Other Policyholder Interest(s) – See Policy Interest Schedule.						
PREMIUM: \$5,402.00						





CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY ST
JACKSONVILLE FL 32202

COMMERCIAL PROPERTY POLICY DECLARATIONS

Policy Number: 10665755 - 3

Effective Date: 09/17/2025 to 09/17/2026

Insured Name: HICKORY GROVE CONDOMINIUM ASSOCIATION, INC.

LOCATION NO. 1		BUILDING OR SPECIAL CLASS ITEM NO. 2		CSP Code: N/A		
BUSINESS DESCRIPTION: Swimming Pool (Inground Concrete or Metal)						
DESCRIPTION OF PREMISES		1: 9 TURNER ST		SWIMMING POOL EXCLUDING DECK		
Location Address 9 TURNER ST CLEARWATER, FL 33756-5292		Group I Construction N/A	Group II Construction N/A	Protection Class 1	BCEGS Grade Ungraded	
		Group I Territory Statewide	Group II Territory Seacoast Zone 3	Coastal Territory None	No. of Units N/A	
COVERAGES PROVIDED Insurance at the Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown.						
Coverage	Limit Of Insurance	Covered Causes Of Loss	Total Replacement Cost	Rates	Premium	First Loss
Special Class Item	\$179,100	Basic	\$179,100	Class	\$923.00	N/A
					FHCF Build-Up Premium:	\$12
OPTIONAL COVERAGES Applicable Only When Entries Are Made In The Schedule Below						
Coverage	Premium		Replacement Cost			
			Building		Business Personal Property	
			Yes			
DEDUCTIBLE						
All Other Perils Deductible		Calendar Year Hurricane Percentage Deductible				
		Deductible Percentage (Deductible Amount)				
\$1,000		Bldg: 5% (\$8,955)				
WINDSTORM MITIGATION FEATURES						
Terrain C	Year Built 1979	Roof Cover N/A	Roof Deck N/A	Roof-Wall Connection N/A	SWR N/A	
Building Type N/A	Roof Shape N/A	Opening Protection N/A	FBC Wind Speed N/A	FBC Wind Design N/A		
*A premium adjustment of \$ 0.00 is included to reflect building code enforcement and the building's wind loss mitigation features or construction techniques that exist. Adjustments range from a 1% surcharge to a 65% credit.						
Mortgageholder(s) & Other Policyholder Interest(s) – See Policy Interest Schedule.						
PREMIUM: \$935.00						



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY ST
JACKSONVILLE FL 32202

COMMERCIAL PROPERTY POLICY DECLARATIONS

Policy Number: 10665755 - 3

Effective Date: 09/17/2025 to 09/17/2026

Insured Name: HICKORY GROVE CONDOMINIUM ASSOCIATION, INC.

LOCATION NO. 1		BUILDING OR SPECIAL CLASS ITEM NO. 3		CSP Code: N/A		
BUSINESS DESCRIPTION: Detached Open-Sided Structures (Sheds, Carports, Cabanas, Mail Kiosks)						
DESCRIPTION OF PREMISES		1: 9 TURNER ST		4 STALL CARPORT #1		
Location Address 9 TURNER ST CLEARWATER, FL 33756-5292		Group I Construction Non-Combustible Group I Territory Statewide	Group II Construction N/A Group II Territory Seacoast Zone 3	Protection Class 1 Coastal Territory None	BCEGS Grade Ungraded No. of Units N/A	
COVERAGES PROVIDED Insurance at the Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown.						
Coverage	Limit Of Insurance	Covered Causes Of Loss	Total Replacement Cost	Rates	Premium	First Loss
Special Class Item	\$25,400	Basic	\$25,400	Class	\$959.00	N/A
					FHCF Build-Up Premium:	\$19
OPTIONAL COVERAGES Applicable Only When Entries Are Made In The Schedule Below						
Coverage	Premium		Replacement Cost			
			Building Yes Business Personal Property			
DEDUCTIBLE						
All Other Perils Deductible		Calendar Year Hurricane Percentage Deductible				
\$1,000		Deductible Percentage (Deductible Amount) Bldg: 5% (\$1,270)				
WINDSTORM MITIGATION FEATURES						
Terrain C	Year Built 1979	Roof Cover N/A	Roof Deck N/A	Roof-Wall Connection N/A	SWR N/A	
Building Type N/A	Roof Shape N/A	Opening Protection N/A	FBC Wind Speed N/A	FBC Wind Design N/A		
*A premium adjustment of \$ 0.00 is included to reflect building code enforcement and the building's wind loss mitigation features or construction techniques that exist. Adjustments range from a 1% surcharge to a 65% credit.						
Mortgageholder(s) & Other Policyholder Interest(s) – See Policy Interest Schedule.						
PREMIUM: \$978.00						





CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY ST
JACKSONVILLE FL 32202

COMMERCIAL PROPERTY POLICY DECLARATIONS

Policy Number: 10665755 - 3

Effective Date: 09/17/2025 to 09/17/2026

Insured Name: HICKORY GROVE CONDOMINIUM ASSOCIATION, INC.

LOCATION NO. 1		BUILDING OR SPECIAL CLASS ITEM NO. 4		CSP Code: N/A		
BUSINESS DESCRIPTION: Detached Open-Sided Structures (Sheds, Carports, Cabanas, Mail Kiosks)						
DESCRIPTION OF PREMISES		1: 9 TURNER ST		4 STALL CARPORT #2		
Location Address 9 TURNER ST CLEARWATER, FL 33756-5292		Group I Construction Non-Combustible Group I Territory Statewide		Group II Construction N/A Group II Territory Seacoast Zone 3		Protection Class 1 Coastal Territory None
						BCEGS Grade Ungraded No. of Units N/A
COVERAGES PROVIDED Insurance at the Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown.						
Coverage	Limit Of Insurance	Covered Causes Of Loss	Total Replacement Cost	Rates	Premium	First Loss
Special Class Item	\$25,400	Basic	\$25,400	Class	\$959.00	N/A
					FHCF Build-Up Premium:	\$19
OPTIONAL COVERAGES Applicable Only When Entries Are Made In The Schedule Below						
Coverage	Premium		Replacement Cost			
			Building Yes		Business Personal Property	
DEDUCTIBLE						
All Other Perils Deductible		Calendar Year Hurricane Percentage Deductible				
\$1,000		Deductible Percentage (Deductible Amount) Bldg: 5% (\$1,270)				
WINDSTORM MITIGATION FEATURES						
Terrain C	Year Built 1979	Roof Cover N/A	Roof Deck N/A	Roof-Wall Connection N/A	SWR N/A	
Building Type N/A	Roof Shape N/A	Opening Protection N/A	FBC Wind Speed N/A	FBC Wind Design N/A		
*A premium adjustment of \$ 0.00 is included to reflect building code enforcement and the building's wind loss mitigation features or construction techniques that exist. Adjustments range from a 1% surcharge to a 65% credit.						
Mortgageholder(s) & Other Policyholder Interest(s) – See Policy Interest Schedule.						
PREMIUM: \$978.00						



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY ST
JACKSONVILLE FL 32202

COMMERCIAL PROPERTY POLICY DECLARATIONS

Policy Number: 10665755 - 3

Effective Date: 09/17/2025 to 09/17/2026

Insured Name: HICKORY GROVE CONDOMINIUM ASSOCIATION, INC.

LOCATION NO. 2		BUILDING OR SPECIAL CLASS ITEM NO. 1		CSP Code: 0331		
BUSINESS DESCRIPTION: Condominiums -residential (association risk only) - without mercantile occupancies - Up to 10 units						
DESCRIPTION OF PREMISES		2: 15 Turner St		3 STORY 6 UNIT FR CONDO		
Location Address 15 TURNER ST CLEARWATER, FL 33756-5236		Group I Construction Fire Resistive	Group II Construction AA	Protection Class 1	BCEGS Grade Ungraded	
		Group I Territory Statewide	Group II Territory Seacoast Zone 3	Coastal Territory None	No. of Units 6	
COVERAGES PROVIDED Insurance at the Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown.						
Coverage	Limit Of Insurance	Covered Causes Of Loss	Total Replacement Cost	Rates	Premium	First Loss
Building (Bldg)	\$1,914,600	Basic	\$1,914,600	Class	\$2,528.00	N/A
					FHCF Build-Up Premium:	\$21
OPTIONAL COVERAGES Applicable Only When Entries Are Made In The Schedule Below						
Coverage	Premium		Replacement Cost			
			Building Yes		Business Personal Property	
DEDUCTIBLE						
All Other Perils Deductible		Calendar Year Hurricane Percentage Deductible				
\$1,000		Deductible Percentage (Deductible Amount) Bldg: 5% (\$95,730)				
WINDSTORM MITIGATION FEATURES						
Terrain C	Year Built 1979	Roof Cover Reinforced	Roof Deck Reinforced	Roof-Wall Connection	SWR N/A	
		Concrete Roof Deck	Concrete Roof Deck	N/A		
Building Type Type I	Roof Shape Flat	Opening Protection None	FBC Wind Speed N/A	FBC Wind Design N/A		
*A premium adjustment of \$ 2,946.00 is included to reflect building code enforcement and the building's wind loss mitigation features or construction techniques that exist. Adjustments range from a 1% surcharge to a 65% credit.						
Mortgageholder(s) & Other Policyholder Interest(s) – See Policy Interest Schedule.						
PREMIUM: \$2,549.00						





CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY ST
JACKSONVILLE FL 32202

COMMERCIAL PROPERTY POLICY DECLARATIONS

Policy Number: 10665755 - 3

Effective Date: 09/17/2025 to 09/17/2026

Insured Name: HICKORY GROVE CONDOMINIUM ASSOCIATION, INC.

**WARNING: PREMIUM PRESENTED COULD
INCREASE IF CITIZENS IS REQUIRED TO CHARGE
ASSESSMENTS FOLLOWING A MAJOR CATASTROPHE.**

FLOOD COVERAGE IS NOT PROVIDED BY THIS POLICY.

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

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

**THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY
RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

TO REPORT A LOSS OR CLAIM CALL 866.411.2742

THIS POLICY CONTAINS LIMITS ON CERTAIN COVERED LOSSES, ALL SUBJECT TO THE TERMS AND CONDITIONS OF YOUR POLICY. THESE LIMITS INCLUDE, FOR EXAMPLE, A LIMIT OF UP TO THE GREATER OF \$15,000 OR 3% OF A SEPARATE BUILDING LIMIT OF INSURANCE, FOR EMERGENCY MEASURES INCLUDING BUT NOT LIMITED TO TEMPORARY REPAIRS, TARPING, SHRINK WRAP, WATER MITIGATION, BOARD-UP, AND SIMILAR MEASURES, OF THAT BUILDING.

PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY. IF YOU ARE UNABLE TO CONTACT YOUR AGENT, YOU MAY REACH CITIZENS AT 866.411.2742.



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY ST
JACKSONVILLE FL 32202

COMMERCIAL PROPERTY POLICY DECLARATIONS

Policy Number: 10665755 - 3

Effective Date: 09/17/2025 to 09/17/2026

Insured Name: HICKORY GROVE CONDOMINIUM ASSOCIATION, INC.





CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY ST
JACKSONVILLE FL 32202

COMMERCIAL PROPERTY POLICY FORMS AND ENDORSEMENTS SCHEDULE

POLICY NUMBER 10665755 - 3	POLICY PERIOD FROM 09/17/2025	TO 09/17/2026
	at 12:01 a.m. Eastern Time	

Named Insured HICKORY GROVE CONDOMINIUM ASSOCIATION, INC.

An entry below of "All" indicates the form applies to all items scheduled in the policy

Location No.	Building No.	Form No.	Edition Date	Description
ALL	ALL	CP 00 90	07 88	COMMERCIAL PROPERTY CONDITIONS
ALL	ALL	CIT 00 02	10 24	TABLE OF CONTENTS -CONDOMINIUM ASSOCIATION
ALL	ALL	IL 00 17	11 98	COMMON POLICY CONDITIONS
ALL	ALL	CIT 01 75	07 23	FLORIDA CHANGES - LEGAL ACTION AGAINST US
ALL	ALL	CIT CR 01 25	10 24	FLORIDA CHANGES
ALL	ALL	CP 10 10	06 07	CAUSES OF LOSS - BASIC FORM
ALL	ALL	CIT 02 55	10 24	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
ALL	ALL	CIT 14 20	12 23	ADDITIONAL PROPERTY NOT COVERED
ALL	ALL	IL 09 35	07 02	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
ALL	ALL	CIT 01 91	10 24	FLORIDA CHANGES - RESIDENTIAL CONDOMINIUM ASSOCIATIONS
ALL	ALL	CP 01 40	07 06	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
ALL	ALL	IL 09 53	01 15	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
ALL	ALL	IL P 001	01 04	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
ALL	ALL	CIT 03 23	12 23	FLORIDA CALENDAR YEAR HURRICANE PERCENTAGE DEDUCTIBLE (RESIDENTIAL RISKS)
1	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
2	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM

Issued Date: 08/04/2025

First Named Insured Copy

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CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY ST
JACKSONVILLE FL 32202

COMMERCIAL PROPERTY POLICY
POLICY INTEREST SCHEDULE

POLICY NUMBER	10665755 - 3	POLICY PERIOD	FROM 09/17/2025	TO 09/17/2026
at 12:01 a.m. Eastern Time				

Named Insured HICKORY GROVE CONDOMINIUM ASSOCIATION, INC.

Location No.	Building No.	Interest Type	Name and Mailing Address
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No Additional Interests.

Issued Date: 08/04/2025

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