

Flood Insurance Policy

NOTICE TO POLICYHOLDERS

The Flood Insurance Policy is written in accordance with the coverages, rules and rates mandated by the Federal Emergency Management Agency. Flood Insurance may differ from those provided by a Homeowners/Commercial Insurance Policy.



American Bankers Insurance Company of Florida

Flood Service Center

PO Box 4276

Clinton, IA 52733-4276



For Policy Service

Phone: 1-800-423-4403

Fax: 1-714-712-3842



For Claims Service

Phone: 1-800-423-4403, option 3

Fax: 1-866-892-3066



ASSURANT[®]

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ASSURANT®

**American Bankers Insurance Company of Florida
Scottsdale, AZ**

Renewal Flood Insurance Policy Declarations

This Declarations Page is part of your Policy.

Policy Term: 08/13/2023 (12:01 a.m.) to 08/13/2024 (12:01 a.m.)

NAIC: 10111

Policy Number: 7505806546

First Mortgagee / Lender Name:

Named Insured and Mailing Address:

HICKORY GROVE CONDO ASSN
24701 US HIGHWAY 19 N STE 102
CLEARWATER, FL 33763-4086

Loan Number:

Producer Number: 10464-00247-000

Second Mortgagee / Lender Name:

Premium Payor: INSURED

Property Location:

9 TURNER ST
CLEARWATER, FL 33756-5292

Loan Number:

For Service Please Contact:

GEORGE FRANKLIN INSURANCE, INC
5147 S LAKELAND DR STE 3
LAKELAND, FL 33813-2610
863-682-4434

Other / Loss Payee:

Loan Number:

LOCATION AND PROPERTY INFORMATION

Date of Construction: 01/01/1979
Building Occupancy: Residential Condo Building
Method Used to Determine First Floor Height: FEMA determined
Building Description: Entire Residential Condo Building
Property Description: SLAB ON GRADE, THREE OR MORE FLOORS

Number Of Units: 8
Primary Residence: No
Prior NFIP Claims: 0 claim(s)
First Floor Height: 0.25 ft
Replacement Cost: \$ 2,355,900

Your property's NFIP flood claims history can affect your premium.

COVERAGE AND PREMIUM INFORMATION

Rate Category: FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 2,000,000	\$ 1,250	\$ 5,557.00
Contents	\$ 0	\$ 0	\$ 0.00
Increased Cost of Compliance:			\$ 75.00
Community Rating System Discount:			\$ -1,088.00
Full Risk Premium Excluding Fees and Surcharges:			\$ 4,544.00

STATUTORY DISCOUNTS

Discounted Premium: \$ 4,544.00

FEES AND SURCHARGES

Reserve Fund Assessment: \$ 818.00
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00
Federal Policy Fee: \$ 376.00

TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID \$ 5,988.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.
Refer to www.FloodSmart.gov/floodcosts for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 7505806546



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/05/2023

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER George Franklin Insurance Inc 5147 S Lakeland Dr #3 Lakeland, FL 33813	CONTACT NAME: Helen James	FAX (A/C, No): (727)499-7471	
	PHONE (A/C, No, Ext): (863)682-4434	E-MAIL ADDRESS: HJames@gfinetwork.com	
INSURED Hickory Grove Condominium Association, Inc C/o Ameri-Tech Property Mgmt I 24701 Us Highway 19 N Ste 102 Clearwater, FL 33763-4086	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Westchester Surplus Lines		
	INSURER B: Nautilus Insurance Company		
	INSURER C: Citizens Property Insurance		
	INSURER D: Certain Underwriters at Lloyds		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 10000886-975991 REVISION NUMBER: 67

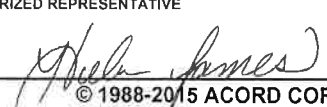
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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:			GLWF17230414 001	09/17/2023	09/17/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>			GLWF17230414 001	09/17/2023	09/17/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			AN1293689	09/17/2023	09/17/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Property*			10665755-1	09/17/2023	09/17/2024	Insured Value 4,468,000
D	DIC Wrap*			B1180D230896/2085	09/17/2023	09/17/2024	Insured Value 4,468,000

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

Unit Owner
9 or 15 Turner Street Unit #
Clearwater FL 33756

(continued on ACORD 101 Additional Remarks Schedule)

CERTIFICATE HOLDER	CANCELLATION
For Informational Purposes Only	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  (HDJ)



ADDITIONAL REMARKS SCHEDULE

AGENCY George Franklin Insurance Inc		NAMED INSURED Hickory Grove Condominium Association, Inc	
POLICY NUMBER N/A			
CARRIER Multiple Carriers	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

(continued from Description of Operations)
 Coverage Continued:

Fidelity/Crime @ \$50,000 // Carrier: Philadelphia Indemnity // Policy #:PCAC000259-0618 // Eff: 9/17/2023 to 2024

Equipment Breakdown @ \$4,468,045// Carrier: Travelers // Policy # 1X398712 // Effective 09/22/2023 to 2024

Flood: 9 Turner Street, Clearwater, FL 33756
 Carrier: American Bankers //Policy #7505806546 //Building Limit: \$2,000,000 // Deductible: \$1,250 / Eff: 8/13/2023-2024 Current Flood Zone: AE Rated Zone AE // 8 Units, Maximum limit available w/NFIP.

COVERAGE REMARKS:

*Special Form Hazard @ Replacement Cost per appraisal dated 3/26/2022 (14 Units): \$1,000 Deductible Basic Perils. \$2,500 Special Perils, 5% Calendar Year Hurricane Deductible//Ordinance Included at \$10,000

Property Management Firm included as an additional insured under general liability, Crime, Director & Officers Liability and Umbrella policies.

7. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this Insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom claim is made or "suit" is brought