

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 any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER McGriff, a MMA LLC Company 12485 28th St. North, Third Fl St Petersburg, FL 33716	CONTACT NAME: Heather Strangeflower PHONE (A/C, No, Ext): 239-433-7134 E-MAIL ADDRESS: certificate@mcgriff.com	FAX (A/C, No): 866-881-5271													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : CUMIS Specialty Insurance Company Inc</td> <td>12758</td> </tr> <tr> <td>INSURER B : Citizens Property Insurance Company</td> <td>10064</td> </tr> <tr> <td>INSURER C : Superior Specialty Insurance Company</td> <td>16551</td> </tr> <tr> <td>INSURER D : Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER E : Philadelphia Indemnity Insurance Co.</td> <td>18058</td> </tr> <tr> <td>INSURER F : Wright National Flood Insurance Co</td> <td>11523</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : CUMIS Specialty Insurance Company Inc	12758	INSURER B : Citizens Property Insurance Company	10064	INSURER C : Superior Specialty Insurance Company	16551	INSURER D : Federal Insurance Company	20281	INSURER E : Philadelphia Indemnity Insurance Co.	18058	INSURER F : Wright National Flood Insurance Co
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INSURED Gulf Front Lagoon Condo Assoc Inc c/o Ameri-Tech Community Mgmt 24701 US Highway 19 North Suite 102 Clearwater, FL 33763-4086															

COVERAGES CERTIFICATE NUMBER: 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 INSR	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 <input checked="" type="checkbox"/> Includes Separation of Insured GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CIUCAP100619	12/23/2024	12/23/2025	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Property			111140022	12/23/2024	12/23/2025	(See Desc. section)
C	Crime			TLUCAP50120300	12/23/2024	12/23/2025	(See Desc. section)
D	Equip Breakdown			BME13X45310ATXS2	12/23/2024	12/23/2025	\$15,201,562/\$2,500 ded.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
B) Property, Citizens, Policy# 111140022, Effective 12/23/24-12/23/25, Basic/Replacement Cost; Total Insured Value, \$14,146,000/ Deductibles: \$5,000 All Other Perils/5% Calendar Year Hurricane Total # of Units: 40 Units Property breakout: (See Attached Descriptions)

CERTIFICATE HOLDER **Gulf Front Lagoon Condo Assoc c/o Ameri-Tech Community Mgmt 24701 US Highway 19 North Suite 102 Clearwater, FL 33763-0000	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. AUTHORIZED REPRESENTATIVE 
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DESCRIPTIONS (Continued from Page 1)

502 S Florida Ave, Bldg. 1, Tarpon Springs, FL 34689, 20 Units, Building Limit \$7,073,000

504 S Florida Ave, Bldg. 2, Tarpon Springs, FL 34689, 20 Units, Building Limit \$7,073,000

B) Property, Citizens, Basic/Replacement Cost, Policy #138564851, Effective 11/2/24-11/2/25, Total Insured value \$886,600/Deductibles: \$1,000 All Other Perils/ 5% Windstorm or Hail

Property breakout:

500 S Florida Ave, Bldg. 1, Tarpon Club Clubhouse, \$845,100

500 S Florida Ave, Bldg. 2, Pumphouse, \$41,500

C) Crime (Tarpon Club Association) Policy #TLUCAP50120300 - Limit \$250,000

Crime (Gulf Front Lagoons) Policy #TLUCAP50117400 Limit \$300,000

D) Equipment Breakdown: Policy #BME17J800961TIA23, eff date: 12/23/24-12/23/25; Limit: \$15,201,562/\$2,500 deductible

E) Flood - RCBAP, Policy #8702109644, Eff 8/13/24-25, Flood Policy is 100% Replacement Cost up to Policy Limit, Address: 502 S. Florida Ave, Bldg. 1, Tarpon Springs, FL, 34689 - 20 Units, \$5,000,000 limit/\$1,250 deductible, MAXIMUM LIMIT ALLOWED BY FEMA; Current Zone VE / Grandfathered Flood Zone: A12

E) Flood - RCBAP, Policy #8702109649, Eff 8/13/24-25, Flood Policy is 100% Replacement Cost up to Policy Limit Address: 504 S. Florida Ave, Bldg. 2, Tarpon Springs, FL, 34689 - 20 Units,\$5,000,000 limit/\$1,250 deductible, MAXIMUM LIMIT ALLOWED BY FEMA; Current Zone VE / Grandfathered Flood Zone: AE

F) Flood- Wright National Flood Ins Svcs LLC, 500 S. Florida Ave, Tarpon Springs, FL. 34689, Policy #09115145859207, eff 9/14/24 to 9/14/25, \$500,000/ \$1250 deductible

G) Difference in Conditions, Wilshire Insurance Company, NAIC #13234, Policy #IMP400195701, effective 12/23/2024- 12/23/25, Special/Replacement Cost; Total Insured Value \$14,146,000, Deductibles: \$10,000 All Other Perils/\$25,000 water/ \$250,000 Ordinance or Law

H) Directors & Officer, The Travelers Group, Policy #106217783, effective 12/23/2024- 12/23/25, \$1,000,000 limit/ \$1,000 Deductible

*Management, Board Members, and Board approved volunteers are covered under the Fidelity Bond and Directors & Officers Liability.

*Separation of Insureds or Severability is included as part of the General Liability coverage form.

*Cancellation Policy: 10 day notification for non-payment of premium, 45 days all other reasons.

*Transfer of Rights of Recovery against others included.

*Walls Out Coverage Only

Client or mortgagee information not submitted, therefore an info only certificate was generated.



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 1021
0084268
9/17/24
2000 11523 FLD RGLR

FLOOD DECLARATIONS PAGE
RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1151458592 08	1151458592	General Property Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 9/14/24 To:9/14/25 12:01 am Standard Time	09/17/2024	0084268	09 1151458592 07

Agent (727)327-7070
MCGRIFF INSURANCE SERVICES LLC
12485 28TH ST N FL 3
SAINT PETERSBURG FL 33716-1825

TARPON CLUB INC
24701 US HIGHWAY 19 N STE 102
CLEARWATER FL 33763-4086

HEATHER.SMITH@MCGRIFF.COM

Property Location (if other than above)
500 S FLORIDA AVE, TARPON SPGS FL 34689

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine
Primary Residence: N
Building Occupancy: Non-Residential Building
Building Description: Recreation Building

Flood Risk: X
First Floor Height: 1.1 ft
Method Used to Determine First Floor Height: FEMA Determined
Date of Construction: 12/30/1974
Prior NFIP Claims: 0

Property Description: Slab on Grade, 2 floors

Replacement Cost Value: 890,776

Coverage	Deductible	Annual Premium
BUILDING	\$500,000	\$6,946.00
CONTENTS	\$166,000	\$2,381.00

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

ICC Premium: \$75.00
Mitigation Discount: \$457.00
Community Rating Discount: \$2,188.00
FULL RISK PREMIUM: \$6,757.00
Statutory Discounts
Annual Increased Cap Discount: \$2,863.00
DISCOUNTED PREMIUM: \$3,894.00
Reserve Fund Assessment: \$701.00
Federal Policy Service Fee: \$47.00
HFIAA Surcharge: \$250.00
TOTAL WRITTEN PREMIUM AND FEES: \$4,892.00

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

WFL 99.415 1021 1021 FFL 99.310 0224 0224 WFL 99.118 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

008426809115145859224261

0000D

Company





A Member of the Tokio Marine Group
 MCGRIFF INSURANCE SERVICES INC
 12485 28TH ST N FL 2ND
 SAINT PETERSBURG, FL 337161825

Agency Phone: (727) 327-7070

NFIP Policy Number: 8702109649
 Company Policy Number: 87021096492021
 Agent: TRACI PUTT

Payor: INSURED
 Policy Term: 08/13/2024 12:01 AM - 08/13/2025 12:01 AM
 Policy Form: RCBAP

To report a claim visit or call us at: <https://phlyflood.manageflood.com>
 (888) 200-5603

REVISED FLOOD INSURANCE POLICY DECLARATIONS
 NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS	INSURED NAME(S) AND MAILING ADDRESS
GULF FRONT LAGOON 24701 US HIGHWAY 19 N STE 102 C/O AMERI-TECH COMMUNITY MANAGEMENT CLEARWATER, FL 337634086	GULF FRONT LAGOON 24701 US HIGHWAY 19 N STE 102 C/O AMERI-TECH COMMUNITY MANAGEMENT CLEARWATER, FL 337634086

COMPANY MAILING ADDRESS	INSURED PROPERTY LOCATION
PHILADELPHIA INDEMNITY INSURANCE COMPANY PO BOX 200584 DALLAS, TX 75320-0584	504 S FLORIDA AVE BLDG 2 TARPON SPRINGS, FL 346892765

RATING INFORMATION	BUILDING DESCRIPTION:	BUILDING DESCRIPTION DETAIL:
BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING NUMBER OF UNITS: 20 UNITS PRIMARY RESIDENCE: NO PROPERTY DESCRIPTION: ELEVATED WITH ENCLOSURE NOT ON POSTS, PILES OR PIERS (SOLID FOUNDATION WALLS), 1 FLOOR(S) PRIOR NFIP CLAIMS: 0 CLAIM(S)	ENTIRE RESIDENTIAL CONDOMINIUM BUILDING	N/A

MORTGAGEE / ADDITIONAL INTEREST INFORMATION	REPLACEMENT COST VALUE:	DATE OF CONSTRUCTION:	CURRENT FLOOD ZONE:	FIRST FLOOR HEIGHT (FEET):	FIRST FLOOR HEIGHT METHOD:
FIRST MORTGAGEE: SECOND MORTGAGEE: ADDITIONAL INTEREST: DISASTER AGENCY:	\$8,761,475.00	07/01/1980	AE	10.0	ELEVATION CERTIFICATE

RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	\$5,000,000	\$1,250
CONTENTS:	N/A	N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.
 Please review this declaration page for accuracy. If any changes are needed, contact your agent.
 Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.

ENDORSEMENT EFFECTIVE DATE: 08/13/2024 12:01 AM
 ENDORSEMENT PREMIUM: \$0.00
 CHANGES APPLIED TO:
 RATING ELEMENTS

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$43,362.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$0.00)
FULL RISK PREMIUM:	\$43,437.00
ANNUAL INCREASE CAP DISCOUNT:	(\$37,454.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$5,983.00
RESERVE FUND ASSESSMENT:	\$1,077.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$940.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$8,250.00
PRORATA PREMIUM ADJUSTMENT:	\$0.00
ADJUSTED ANNUAL PREMIUM:	\$8,250.00

IN WITNESS WHEREOF, we have signed this policy below and hereby enter into this insurance agreement.

John Glomb / President and CEO

Edward Sayago / VP & Deputy CLO

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: PHILADELPHIA INDEMNITY INSURANCE COMPANY

Insurer NAIC Number: 18058



File: 30717924

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DocID: 240542196



A Member of the Tokio Marine Group
 MCGRIFF INSURANCE SERVICES INC
 12485 28TH ST N FL 2ND
 SAINT PETERSBURG, FL 337161825

Agency Phone: (727) 327-7070

NFIP Policy Number: 8702109644
 Company Policy Number: 87021096442021
 Agent: TRACI PUTT

Payor: INSURED
 Policy Term: 08/13/2024 12:01 AM - 08/13/2025 12:01 AM
 Policy Form: RCBAP

To report a claim visit or call us at: <https://phlyflood.manageflood.com>
 (888) 200-5603

REVISED FLOOD INSURANCE POLICY DECLARATIONS
 NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS	INSURED NAME(S) AND MAILING ADDRESS
GULF FRONT LAGOON 24701 US HIGHWAY 19 N STE 102 C/O AMERI-TECH COMMUNITY MANAGEMENT CLEARWATER, FL 337634086	GULF FRONT LAGOON 24701 US HIGHWAY 19 N STE 102 C/O AMERI-TECH COMMUNITY MANAGEMENT CLEARWATER, FL 337634086

COMPANY MAILING ADDRESS	INSURED PROPERTY LOCATION
PHILADELPHIA INDEMNITY INSURANCE COMPANY PO BOX 200584 DALLAS, TX 75320-0584	502 S FLORIDA AVE BLDG 1 TARPON SPRINGS, FL 346892750

RATING INFORMATION	BUILDING DESCRIPTION:	BUILDING DESCRIPTION DETAIL:
BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING NUMBER OF UNITS: 20 UNITS PRIMARY RESIDENCE: NO PROPERTY DESCRIPTION: ELEVATED WITH ENCLOSURE NOT ON POSTS, PILES OR PIERS (SOLID FOUNDATION WALLS), 1 FLOOR(S) PRIOR NFIP CLAIMS: 0 CLAIM(S)	ENTIRE RESIDENTIAL CONDOMINIUM BUILDING	N/A

MORTGAGEE / ADDITIONAL INTEREST INFORMATION	REPLACEMENT COST VALUE:	DATE OF CONSTRUCTION:	CURRENT FLOOD ZONE:	FIRST FLOOR HEIGHT (FEET):	FIRST FLOOR HEIGHT METHOD:
FIRST MORTGAGEE: SECOND MORTGAGEE: ADDITIONAL INTEREST: DISASTER AGENCY:	\$8,761,475.00	07/01/1980	AE	9.0	ELEVATION CERTIFICATE

RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	\$5,000,000	\$1,250
CONTENTS:	N/A	N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.
 Please review this declaration page for accuracy. If any changes are needed, contact your agent.
 Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.

ENDORSEMENT EFFECTIVE DATE: 08/13/2024 12:01 AM
 ENDORSEMENT PREMIUM: \$0.00
 CHANGES APPLIED TO:
 RATING ELEMENTS

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$34,350.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$0.00)
FULL RISK PREMIUM:	\$34,425.00
ANNUAL INCREASE CAP DISCOUNT:	(\$28,442.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$5,983.00
RESERVE FUND ASSESSMENT:	\$1,077.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$940.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$8,250.00
PRORATA PREMIUM ADJUSTMENT:	\$0.00
ADJUSTED ANNUAL PREMIUM:	\$8,250.00

IN WITNESS WHEREOF, we have signed this policy below and hereby enter into this insurance agreement.

John Glomb / President and CEO

Edward Sayago / VP & Deputy CLO

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

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Policy issued by: PHILADELPHIA INDEMNITY INSURANCE COMPANY

Insurer NAIC Number: 18058



File: 30717926

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