

ACORDTM**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 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: Carmen Gonzalez PHONE (A/C, No, Ext): 954 233-7068 FAX (A/C, No): 866 881-5271 E-MAIL ADDRESS: Carmen.Gonzalez@MarshMMA.com														
INSURED Gulf Front Lagoon Condo Assoc Inc c/o Ameri-Tech Community Mgmt 24701 US Highway 19 North Suite 102 Clearwater, FL 33763-4086	<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	11523
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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:			CIUCAP10061903	12/23/2025	12/23/2026	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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 <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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 \$
B	Property			111140023	12/23/2025	12/23/2026	SEE DESCRIPTION SECTION
C	Crime			TLUCAP50117400	12/23/2025	12/23/2026	SEE DESCRIPTION SECTION
D	Equip Breakdown			76446231	12/23/2025	12/23/2026	\$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# 111140023, Effective 12/23/25-12/23/26, Basic/Replacement Cost; Total Insured Value, \$14,146,200/ Deductibles: \$5,000 All Other Perils/5% Calendar Year Hurricane 10% Sinkhole
Total # of Units: 40 Units
Property breakout:
502 S Florida Ave, Bldg. 1, Tarpon Springs, FL 34689, 20 Units, Building Limit \$7,320,600
(See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

Gulf Front Lagoon Condo Assoc Inc c/o Ameri-Tech Community Mgmt 24701 US Highway 19 North Suite 102 Clearwater, FL 33763-4086	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)

504 S Florida Ave, Bldg. 2, Tarpon Springs, FL 34689, 20 Units, Building Limit \$7,320,600

B) Property, Citizens, Basic/Replacement Cost, Policy #138564852, Effective 11/2/25-11/2/26, Total Insured value \$917,700 /Deductibles: \$1,000 All Other Perils/ 5% Windstorm or Hail

Property breakout:

500 S Florida Ave, Bldg. 1, Tarpon Club Clubhouse, \$874,700

500 S Florida Ave, Bldg. 2, Pumphouse, \$43,000

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: 12/23/25-12/23/26; Limit: \$15,201,562/\$2,500 Ded

E) Flood - RCBAP, Policy #8702109644, Eff 8/13/25-26

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 8/13/25-26

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

#09115145859209, eff 9/14/25 to 9/14/26, \$500,000/ \$1,250 deductible

G) Difference in Conditions, Wilshire Insurance Company, NAIC #13234, Policy #IMP400195701, effective 12/23/2025- 12/23/26 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 12/23/2025- 12/23/26, \$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

*** For Information Purpose Only ***



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: 08/13/2025 12:01 AM - 08/13/2026 12:01 AM
Policy Form: RCBAP

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

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

GULF FRONT LAGOON
24701 US HIGHWAY 19 N STE 102
C/O AMERI-TECH COMMUNITY MANAGEMENT
CLEARWATER, FL 337634086

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

COMPANY MAILING ADDRESS

PHILADELPHIA INDEMNITY INSURANCE COMPANY
PO BOX 200584
DALLAS, TX 75320-0584

INSURED PROPERTY LOCATION

502 S FLORIDA AVE BLDG 1
TARPON SPRINGS, FL 346892750

RATING INFORMATION

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)

BUILDING DESCRIPTION: ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
BUILDING DESCRIPTION DETAIL: N/A

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

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: LOAN NO: N/A

SECOND MORTGAGEE: LOAN NO: N/A

ADDITIONAL INTEREST: LOAN NO: N/A

DISASTER AGENCY: CASE NO: N/A
DISASTER AGENCY: N/A

RATE CATEGORY — RATING ENGINE

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

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 [FLOODSMART.GOV/FLOOD](https://floodsmart.gov/flood) TO LEARN MORE ABOUT FLOOD INSURANCE.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$38,292.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$9,544.00)
FULL RISK PREMIUM:	\$28,823.00
ANNUAL INCREASE CAP DISCOUNT:	(\$21,764.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$7,059.00
RESERVE FUND ASSESSMENT:	\$1,271.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$940.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$9,520.00

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: 32241641

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DocID: 258481445

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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: 08/13/2025 12:01 AM - 08/13/2026 12:01 AM
Policy Form: RCBAP

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DELIVERY ADDRESS

GULF FRONT LAGOON
24701 US HIGHWAY 19 N STE 102
C/O AMERI-TECH COMMUNITY MANAGEMENT
CLEARWATER, FL 337634086

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

COMPANY MAILING ADDRESS

PHILADELPHIA INDEMNITY INSURANCE COMPANY
PO BOX 200584
DALLAS, TX 75320-0584

INSURED PROPERTY LOCATION

504 S FLORIDA AVE BLDG 2
TARPON SPRINGS, FL 346892765

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 20 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: ELEVATED WITH ENCLOSURE NOT ON POSTS, PILES OR
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DISASTER AGENCY: CASE NO: N/A
DISASTER AGENCY: N/A

RATE CATEGORY — RATING ENGINE

BUILDING: COVERAGE DEDUCTIBLE
\$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.

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:	(\$36,377.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$7,060.00
RESERVE FUND ASSESSMENT:	\$1,271.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$940.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$9,521.00

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John Glomb / President and CEO

Edward Sayago / VP & Deputy CLO

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Insurer NAIC Number: 18058



File: 32241634

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