

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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	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
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : CUMIS Specialty Insurance Company Inc 12758
INSURED	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

## 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 INSR	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 <b>Includes Separation of Insured</b> 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							COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS					BODILY INJURY (Per person)	\$
	Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
									\$
	UMBRELLA LIAB		OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB		CLAIMS-MADE					AGGREGATE	\$
	DED		RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / N	N / A					PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							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

COVERAGE	DEDUCTIBLE
BUILDING: \$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 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
<b>TOTAL ANNUAL PREMIUM:</b>	<b>\$9,520.00</b>

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



PHILADELPHIA  
INSURANCE COMPANIES

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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## 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

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 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): 10.0  
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

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.

### 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
<b>TOTAL ANNUAL PREMIUM:</b>	<b>\$9,521.00</b>

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.

Policy issued by: PHILADELPHIA INDEMNITY INSURANCE COMPANY

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

Insurer NAIC Number:

18058



File: 32241634

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