

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

TAILORED PROTECTION POLICY DECLARATIONS

AGENCY ACENTRIA INSURANCE
12-0142-00 MKT TERR 052 727-393-3612

Renewal Effective 09-12-2024

POLICY NUMBER 212312-20681033-24

INSURED BROADMOOR VILLA INC
C/O AMERI-TECH COMMUNITY MANAGEMENT

Company Use 20-23-FL-2109

ADDRESS 24701 US HIGHWAY 19 N STE 102

Company
Bill

Policy Term	
12:01 a.m.	12:01 a.m.
09-12-2024	to 09-12-2025

CLEARWATER FL 33763-4086

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

55039 (11-87)

COMMON POLICY INFORMATION

Business Description: Resident Condo Assoc

Entity: Corporation

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE	\$1,213.00
EMERGENCY FLORIDA INSURANCE GUARANTY ASSOCIATION ASSESSMENT	\$12.13
TOTAL	\$1,225.13
PAID IN FULL DISCOUNT	\$122.21
TOTAL POLICY PREMIUM IF PAID IN FULL	\$1,102.92

THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.

Forms that apply to all coverage part(s) shown above (except garage liability, dealer's blanket, commercial automobile, if applicable):
55156 (07-12)

A 02% Cumulative Multi-Policy Discount applies. Supporting policies are marked with an (X):

Comm Umb(X) Comm Auto() WC() Life() Personal() Farm().

Countersigned By: ACENTRIA INSURANCE



Southern-Owners Ins. Co.

Issued 07-30-2024

AGENCY ACENTRIA INSURANCE
12-0142-00 MKT TERR 052

Company POLICY NUMBER 212312-20681033-24
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INSURED BROADMOOR VILLA INC

Term 09-12-2024 to 09-12-2025

55040 (11-87)

COMMERCIAL GENERAL LIABILITY COVERAGE

COVERAGE	LIMITS OF INSURANCE
General Aggregate (Other Than Products-Completed Operations)	\$2,000,000
Products-Completed Operations Aggregate	\$2,000,000
Personal And Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
COMMERCIAL GENERAL LIABILITY PLUS ENDORSEMENT	
Damage to Premises Rented to You (Fire, Lightning, Explosion, Smoke or Water Damage)	\$300,000 Any One Premises
Medical Payments	\$10,000 Any One Person
Limited Hired Auto & Non-Owned Auto	\$1,000,000 Each Occurrence
Expanded Coverage Details See Form:	
Extended Watercraft	
Personal Injury Extension	
Broadened Supplementary Payments	
Broadened Knowledge Of Occurrence	
Additional Products-Completed Operations Aggregate	
Blanket Additional Insured - Lessor of Leased Equipment	
Blanket Additional Insured - Managers or Lessors of Premises	
Newly Formed or Acquired Organizations Extension	
Blanket Waiver of Subrogation	

Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 month period in accordance with form 55885.

AUDIT TYPE: Non-Audited

Forms that apply to this coverage:

59350 (01-15)	55146 (06-04)	CG2106 (05-14)	CG2004 (11-85)	CG2167 (12-04)
IL0021 (07-02)	59325 (12-19)	CG0001 (04-13)	CG0220 (03-12)	IL0017 (11-85)
55513 (05-17)	55719 (05-17)	55029 (05-17)	CG2196 (03-05)	CG2132 (05-09)
CG2147 (12-07)	55885 (05-17)	CG2109 (06-15)	55881 (12-17)	65034 (06-22)

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INSURED BROADMOOR VILLA INC

Term 09-12-2024 to 09-12-2025

LOCATION 0001 - BUILDING 0001**Location:** 919 Osceola Rd, Belleair, FL 33756-7754**Territory:** 004**County:** Pinellas

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Commercial General Liability Plus Endorsement Included At 7.4% Of The Premises Operation Premium	00501	Prem/Op	Prem/Op Prem Included	Each 1 Included	Included
Condominiums - Residential - (Association Risk Only)	62003	Prem/Op Prod/Comp Op	Units 14 14	Each 1 78.549 7.216	\$1,100.00 \$101.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0001 SUMMARY

	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350	\$12.00
LOCATION 0001	\$1,213.00



