

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 12-21-2024

POLICY NUMBER 204712-20499639-24

INSURED BAY POINTE VILLAS CONDOMINIUM
ASSOCIATION INC
C/O C/O AMERI TECH

Company Use 20-47-FL-2012

ADDRESS 24701 US HIGHWAY 19 N STE 102

Company Bill	Policy Term	
	12:01 a.m. 12-21-2024	12:01 a.m. 12-21-2025

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: Residential Condomin

Entity: Association

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE	\$2,314.00
COMMERCIAL CRIME COVERAGE	\$628.00
EMERGENCY FLORIDA INSURANCE GUARANTY ASSOCIATION ASSESSMENT	\$23.14
TOTAL	\$2,965.14
PAID IN FULL DISCOUNT	\$296.31
TOTAL POLICY PREMIUM IF PAID IN FULL	\$2,668.83
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):
IL0017 (11-85) 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().

A merit rating plan factor of 0.90 applies.

Countersigned By: ACENTRIA INSURANCE



Southern-Owners Ins. Co.

Issued 11-05-2024

AGENCY ACENTRIA INSURANCE
12-0142-00 MKT TERR 052

Company POLICY NUMBER 204712-20499639-24
Bill 20-47-FL-2012

INSURED BAY POINTE VILLAS CONDOMINIUM

Term 12-21-2024 to 12-21-2025

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	\$1,000,000
Personal And Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Hired Auto & Non-Owned Auto	\$1,000,000 Each Occurrence
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
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:

59351 (01-15)	55146 (06-04)	CG2106 (05-14)	IL0021 (07-02)	59325 (12-19)
CG0001 (04-13)	CG0220 (03-12)	IL0017 (11-85)	55513 (05-17)	55719 (05-17)
CG2109 (06-15)	55029 (05-17)	CG2196 (03-05)	CG2132 (05-09)	CG2147 (12-07)
55885 (05-17)	55028 (05-17)	55881 (12-17)	65033 (06-22)	CG2004 (11-85)
CG2167 (12-04)				

Southern-Owners Ins. Co.

Issued 11-05-2024

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INSURED BAY POINTE VILLAS CONDOMINIUM

Term 12-21-2024 to 12-21-2025

LOCATION 0001 - BUILDING 0001

Location: 9485 Hamlin Blvd, Seminole, FL 33776-1085

Territory: 004

County: Pinellas

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Commercial General Liability Plus Endorsement Included At 7.0% Of The Premises Operation Premium	00514		Prem/Op Prem		
Hired Auto & Non-Owned Liability	04001	Auto	Flat Charge		\$49.00
Condominiums - Residential With Pool - (Association Risk Only)	62004	Prem/Op Prod/Comp Op	Units 23 23	Each 1 90.217 8.250	\$2,075.00 \$190.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0001 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59351	EXCLUDED
LOCATION 0001	\$2,314.00

55041 (02-88)

COMMERCIAL CRIME COVERAGE

THIS DECLARATIONS PAGE SHOWS THE COVERAGE FORM(S) AND SECTION(S) WHICH APPLY AND FOR WHICH YOU HAVE PAID A PREMIUM.

Plan: 01 Combination Crime-Separate Limits Option

Location: All Premises

COVERAGE	BY PERSON/ POSITION	SECTION	LIMIT	DEDUCTIBLE	PREMIUM
A-Blanket Employee Dishonesty			\$100,000	\$1,000	\$628.00

Cancellation of prior insurance: By acceptance of this fidelity bond you give us notice cancelling prior fidelity bond with the cancellation to be effective at the time this policy becomes effective.

Forms that apply to all premises:

IL0017 (11-85) 25028 (07-07) 55081 (05-18) IL0003 (07-02) 29415 (01-16)
29421 (12-17) 59325 (12-19) CR0001 (10-90) CR1000 (06-95) CC175 (01-86)
25053 (07-16)

COMMERCIAL CRIME COVERAGE - ALL PREMISES PREMIUM SUMMARY	PREMIUM
ALL PREMISES PREMIUM	\$628.00

