

POLICY NUMBER

Company Use

03-20-2025

INSURANCE COMPANY

6101 ANACAPRI BLVD., LANSING, MI 48917-3999

MCGRIFF A MMA LLC COMPANY 12-0259-00

MKT TERR 052

800-500-4945

Renewal Effective

TAILORED PROTECTION POLICY DECLARATIONS

05-05-2025

20-23-FL-2005

CAPRI ISLE GARDEN APTS II CONDO

ASSOC INC

C/O AMERI-TECH PROPERTY MGMT

ADDRESS 24701 US HIGHWAY 19 N STE 102

Company Bill

Policy Term

Issued

12:01 a.m.

12:01 a.m.

202312-20474801-25

05-05-2025

05-05-2026

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 Condo As

Entity:

INSURED

Association

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):

PREMIUM

COMMERCIAL GENERAL LIABILITY COVERAGE

\$4,035.00

EMERGENCY FLORIDA INSURANCE GUARANTY ASSOCIATION ASSESSMENT

\$40.35

TOTAL

\$4,075.35

THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Paid in Full Discount applies.

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)

Countersigned By: MCGRIFF A MMA LLC COMPANY



Southern-Owners Ins. Co.

AGENCY MCGRIFF A MMA LLC COMPANY

INSURED CAPRI ISLE GARDEN APTS II CONDO

12-0259-00

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Company POLICY NUMBER 202312-20474801-25 Bill

20-23-FL-2005

03-20-2025

Term 05-05-2025 to 05-05-2026

55040 (11-87)

COMMERCIAL GENERAL LIABILITY COVERAGE

COVERAGE	LIMITS OF INSURANCE
General Aggregate	\$2,000,000
(Other Than Products-Completed Operations)	
Products-Completed Operations Aggregate	\$2,000,000
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	\$300,000 Any One Premise
(Fire, Lightning, Explosion, Smoke or Water Damage)	
Medical Payments	\$10,000 Any One Person
Limited Hired Auto & Non-Owned Auto	\$1,000,000 Each Occurrence
Expanded Coverage Details See Form:	9-3-6
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)	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)	65034	(06-22)
CG0220	(12-24)								

Company

Bill

Southern-Owners Ins. Co.

AGENCY MCGRIFF A MMA LLC COMPANY

12-0259-00

MKT TERR 052

INSURED CAPRI ISLE GARDEN APTS II CONDO

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POLICY NUMBER 202312-20474801-25

20-23-FL-2005

Term 05-05-2025 to 05-05-2026

LOCATION 0001 - BUILDING 0001

Location: 280 126Th Ave, Treasure Island, FL 33706-4483

Γerritory: 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
Hired Auto & Non-Owned Liability	04001	Auto	Flat Charge		\$44.00
Fishing Piers	43754	Prem/Op Prod/Comp Op	Fishing Piers 1 1	Each 1 529.786 4.986	\$530.00 \$5.00
Condominiums - Residential - (Association Risk Only)	62003	Prem/Op Prod/Comp Op	Units 35 35	Each 1 92.086 5.528	\$3,223.00 \$193.00
COMMERCIAL GENERAL LIABILITY COVERAGE - LO	CATION 0	001 SUMMARY			PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350					\$40.00
			LOCATION 00	001	\$4,035.00

