



Account Number 1256603

## NOTICE OF CHANGE IN POLICY TERMS

Notice ID: N003

The purpose of this Notice of Change in Policy Terms is to inform you of changes to the terms, coverages, duties, and conditions of your renewal policy. If you choose to accept our renewal offer, you should carefully review the changes described below along with the enclosed policy. Please contact your agent if you have any questions regarding these changes. Receipt by American Coastal Insurance Company of premium payment for your renewal policy will be deemed acceptance of the new policy terms by the named insured.

### Summary of Changes

The form **AC CL 1 04 23 – Declarations Page** has replaced form **AC CL 1 10 21 – Declarations Page**. The following changes apply:

- A claim or “reopened claim” for loss or damage caused by any peril is barred unless notice of the claim was given to us in accordance with the terms of the policy within one (1) year after the date of loss.
- A “supplemental claim” is barred unless notice of the “supplemental claim” was given to us in accordance with the terms of the policy within eighteen (18) months after the date of loss.
- If applicable, your AOP deductible has changed from per occurrence to per building. Please refer to the enclosed declarations page.

The form **AC 05 01 04 23 – Florida Changes – Assignment of Benefits** has replaced form **AC 05 01 10 19 – Florida Changes – Assignment of Benefits**. The following updates are now part of the policy.

- You may not assign, in whole or in part, any post-loss insurance benefit under this Policy. Any attempt to assign post-loss property insurance benefits under this Policy is void, invalid, and unenforceable.
  - o This does not apply to a subsequent purchaser of the home, to a power of attorney, or to liability coverage under this policy.
- Please review the form in its entirety for the full terms and conditions.

The form **AC 01 25 04 23 – Florida Changes** has replaced form **AC 01 25 06 21 – Florida Changes**. The following updates are now part of the policy.

- This endorsement modifies insurance provided under the following:
  - o Commercial Property Coverage Part
  - o Causes of Loss – Special Form
  - o Business Income (And Extra Expense) Coverage Form
  - o Business Income (Without Extra Expense) Coverage Form
  - o Extra Expense Coverage Form
  - o Condominium Association Coverage Form
- Section G is amended as follows:
  - o A claim or “reopened claim” for loss or damage caused by any peril is barred unless notice of the claim was given to us in accordance with the terms of the policy within 1 year after the date of loss.
  - o A “supplemental claim” is barred unless notice of the “supplemental claim” was given to us in accordance with the terms of the policy within 18 months after the date of loss.
- Section H. (3), is amended as follows:
  - o Within 60 days of receiving notice of an initial, “reopened” or “supplemental claim”, unless we deny the claim during that time or factors beyond our control reasonably prevent such payment. If a portion of the claim is denied, then the 60-day time period for payment of claim relates to the portion of the claim that is not denied.
  - o The above paragraph applies only to the following:
    - A claim under a policy covering residential property;
    - A claim for building or contents coverage if the insured structure is 10,000 square feet or less and the policy covers only locations in Florida; or
    - A claim for contents coverage under a tenant's policy if the rented premises are 10,000 square feet or less and the policy covers only locations in Florida.



- Section J is added with the following conditions now a part of the policy:
  - o CP 10 30 06 07 Exclusions B.2.f. is removed in its entirety and replaced as follows:  
Constant or repeated seepage or leakage of water or steam or the presence or condensation of humidity, moisture or vapor that occurs over a period of 14 or more days, whether hidden or not. In the event this exclusion applies, we will not pay for any damages sustained starting from the first day the constant or repeated seepage or leakage of water or steam or the presence or condensation of humidity, moisture or vapor began;
- Section K is added with the following conditions now a part of the policy:
  - o CP 10 30 06 07 Additional Coverage Extensions F.2. Water Damage, Other Liquids, Powder or Molten Material Damage is removed in its entirety and replaced as follows:  
Water Damage, Other Liquids, Powder or Molten Material Damage  
If loss or damage caused by or resulting from covered water or other liquid, powder or molten material damage loss occurs, we will also pay the reasonable cost you spend to tear out and replace only that particular part of the building or structure necessary to gain access to the specific point of that system or appliance from which the covered water or other substances escaped. We will not pay for the cost of repairing or replacing the system or appliance itself. This Coverage Extension does not increase the Limit of Insurance. We will not pay under this additional coverage extension until the repairs or replacement are made as soon as reasonable possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.

The form **AC 01 75 04 23 – Florida Changes – Legal Action Against Us** has replaced form **AC 01 75 06 21 – Florida Changes – Legal Action Against Us**. This endorsement modifies insurance provided under the Commercial Property Conditions endorsement.



## Commercial Property Quote

Named Insured Woodlake Association Inc

Account Number 1256603

### Windstorm

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

### Flood

**FLOOD COVERAGE IS NOT PROVIDED BY THIS POLICY.**

### Policy Cancellation

#### **WARNING!**

**If your policy includes windstorm coverage and you cancel your American Coastal Insurance Company (ACIC) policy mid-term for any reason other than buildings being sold, you may not be eligible to obtain a quote or binder for a period of up to three (3) years.**

American Coastal is an admitted insurance company in the state of Florida. Our filed rates are approved by the State Office of Insurance Regulation and are based on an annual term policy even though exposure from the Wind Season is primarily during the months from June through November. Short term policies undermine the rate adequacy of the rating plan filed and approved by the State. American Coastal does not want to participate in or promote practices that undermine rate adequacy and the rate approval process of the State of Florida. If an insured cancels a policy after being in force all or part of the wind season, it may not be eligible to obtain another quote or binder from AmRisc or American Coastal for a period of up to three (3) years.

You should be aware that Citizens Property Insurance Company may not be able to offer you a policy if you purchase a short term interim policy. You should check their website for details.

<https://www.citizensfla.com> We recommend you talk to your current agent before cancelling any policy mid-term.

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisc, LLC disclaim any responsibility for your failure to reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.

## Commercial Property Quote

### General Information

Named Insured: Woodlake Association Inc

Address: 24701 US Hwy 19 N Ste 102

City, State, Zip: Clearwater FL 33763

### Company Information

Company:	<b>American Coastal Insurance Company</b>	Quote Date/Time:	05/30/2025 07:53:43PM EST
Effective Date:	05/31/2025	Quote ID:	624558
Expiration Date:	05/31/2026	Valid Until:	05/30/2025

### Policy Information

Policy Type	Commercial Property	County	PINELLAS	Location	Rest of State
Protection Class	01	BCEGS	Ungraded	EC Zone	Seacoast 3

### Coverage

Perils Covered	ISO Special	Coinsurance:	N/A Agreed Amount Scheduled
Building Valuation	RCV	AOP Deductible:	\$5,000 Per Occurrence
Pers. Prop Valuation	RCV	Sinkhole Deductible:	Excluded
Roof Valuation	RCV	Hurricane Deductible:	5% Per Calendar Year
Exclusions	Existing Damage Exclusion (AC 00 10) Additional Property Not Covered Exclusion (AC 14 20)		
		Total Limits of Liability:	\$16,742,397 (as per schedule attached, NOT blanket)

### Options/Endorsements/Standard Forms

Ordinance or Law Coverage - Y		Standard forms and endorsements to apply. Other options available upon request.
Coverage A Full Limit (y/n)	Y	Percent deductibles are per building
Coverage B Limit	\$0	10% Minimum Earned premium applies.
Coverage C Limit	\$0	This quote is subject to acceptance both sides with NO COVER GIVEN
Coverage B/C Combined Limit	\$418,561	Property Enhancement Endorsement - AC 00 01
Coverage A/B/C Combined Limit		
Any B or C or Combined Limit is sublimited to 2.5% per Building		Coverage explicitly excludes all flooding, including but not limited to flooding during windstorm events.
Equipment Breakdown Limit Not Covered		Coverage excludes all damage directly or indirectly caused by any Named Storm in existence upon receipt of written request to bind.
<u>Sinkhole Coverage</u>		
Sinkhole catastrophic ground cover collapse (AC 01 25) coverage applies.		

### Policy Totals

### Without TRIPRA

Premium Subtotal:	\$135,700.00
Equipment Breakdown:	\$0.00
TRIPRA:	\$0.00
Emergency Management Preparedness and Assistance Trust Fund:	\$4.00
Citizens 2005 Emergency Assessment:	\$0.00
Florida Hurricane Catastrophe Fund (FHCF) Emergency Assessment:	\$0.00
Fire College Trust Fund:	\$136.00
Florida Insurance Guaranty Association (FIGA) Assessment:	\$1,357.00
Total Premium:	\$137,197.00

### \* See additional options for any available quote alternatives

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## Commercial Property Quote

### Commercial Property Schedule - Building Information

Building No	BUILDINGS			CONTENTS			OTHER			Premium Subtotals
	Building Values	Premium Group I	Premium Group II	Contents Values	Premium Group I	Premium Group II	Other Values	Premium Group I	Premium Group II	
1	\$1,008,178	\$3,193	\$4,901	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$8,094</b>
2	\$1,540,425	\$4,878	\$7,488	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$12,366</b>
3	\$1,540,425	\$4,878	\$7,488	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$12,366</b>
4	\$1,261,036	\$3,993	\$6,130	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$10,123</b>
5	\$660,957	\$2,072	\$3,214	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$5,286</b>
6	\$1,540,425	\$4,878	\$7,488	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$12,366</b>
7	\$779,619	\$2,444	\$3,790	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$6,234</b>
8	\$1,261,036	\$3,993	\$6,130	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$10,123</b>
9	\$908,613	\$2,848	\$4,415	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$7,263</b>
10	\$683,553	\$2,142	\$3,323	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$5,465</b>
11	\$779,619	\$2,444	\$3,790	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$6,234</b>
12	\$1,540,425	\$4,878	\$7,488	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$12,366</b>
13	\$1,540,425	\$4,878	\$7,488	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$12,366</b>
14	\$901,705	\$2,826	\$4,382	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$7,208</b>
15	\$381,148	\$1,114	\$3,449	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$4,563</b>
16	\$0	\$0	\$0	\$0	\$0	\$0	\$385,368	\$1,371	\$1,507	<b>\$2,878</b>
17	\$0	\$0	\$0	\$0	\$0	\$0	\$29,440	\$80	\$319	<b>\$399</b>

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## Commercial Property Quote

**The following documents are required within 30 days of binding:**

- ☐ Fully Completed AmRisc SOV
- ☐ Signed Application - ACORD 125 and ACORD 140
- ☐ Prior Carrier three year loss history or signed no loss letter by corporate officer (unless the risk is a new construction or new purchase).
- ☐ Current Florida Building Code Mitigation Verification Affidavit if not on file or if out of date
- ☐ Consent to Rate Form if applicable
- ☐ Signed TRIPRA Disclosure
- ☐ Evidence of flood coverage (current DEC page or copy of quote & check) or Flood Waiver Form (Election Not To Buy Separate Flood Insurance) AC FW01
- ☐ Copy of signed Rental Occupancy Disclosure
- ☐ Copy of Signed Catastrophe Management Contact Information form

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## Commercial Property Quote

### POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium provided in the Commercial Property Quote.
<input type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant's Signature

**American Coastal Insurance Company**  
\_\_\_\_\_  
Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date

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LMA9184  
09 January 2020



## Commercial Property Quote

### Catastrophe Management Contact Information

#### Woodlake Association Inc

Like all Florida properties, your Association is exposed to potential catastrophic losses due to hurricane. In order to provide you with the best and most prompt customer service in the event of a catastrophe, we want to make sure our contact records are complete and up-to-date

Please complete and return this form with the remaining documents required at binding.

#### Insured Contact 1

Contact Name		
Title	Email Address	
Office Number	Cell Number	Fax Number

#### Insured Contact 2

Contact Name		
Title	Email Address	
Office Number	Cell Number	Fax Number

#### Management Company (if applicable)

Company Name		
Contact Name	Email Address	
Office Number	Cell Number	Fax Number

#### Retail Agent

Company Name		
Contact Name	Email Address	
Office Number	Cell Number	Fax Number

#### Wholesaler (if applicable)

Company Name		
Contact Name	Email Address	
Office Number	Cell Number	Fax Number

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## Commercial Property Quote

### Rental Occupancy Disclosure

As a condition of binding, we need to know the total number of short term rental units (or % of total) in your association's building(s). We are aware that this percentage changes throughout the year and thus only need to verify the estimated percentage of short term rentals at the time of binding and/or at renewal.

As an admitted insurance carrier domiciled in the state of Florida, American Coastal Insurance Company is required to participate in the Florida Hurricane Catastrophe Fund (FHCF) for reinsurance coverage. However, by law the FHCF does not provide reinsurance coverage for Condominium Associations and Homeowner Associations that are primarily used for short term rentals. Short term rentals are defined by the FHCF as units that are non-owner occupied and rented for six (6) or more rental periods by different parties during the course of a twelve (12) month period. As such, our intent at American Coastal is to not provide coverage for properties that are primarily used for short term rentals. Please complete the questions below and return prior to binding.

Total Number of units\_\_\_\_\_ (rental and non-rental)

Total Percentage (%) of short term rental units (circle appropriate range)

- 1) 0% to 25% Short Term Rentals
- 2) 25.1% to 50% Short Term Rentals
- 3) 50.1% to 75% Short Term Rentals
- 4) 75.1% to 100% Short Term Rentals

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title/Position

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## Commercial Property Quote

### American Coastal Insurance Company

#### Election Not To Buy Separate Flood Insurance

I, Woodlake Association Inc, have elected NOT to purchase, separate flood insurance for the property to be insured by American Coastal Insurance Company ("American Coastal") and affirm the following:

**I UNDERSTAND AMERICAN COASTAL INSURANCE COMPANY DOES NOT PROVIDE COVERAGE FOR DAMAGE CAUSED BY FLOOD.**

**MY PROPERTY WILL NOT BE COVERED FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD.**

**I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM.**

**I WILL HAVE NO COVERAGE FOR LOSSES CAUSED BY FLOOD.**

**I UNDERSTAND MY APPLICATION FOR COVERAGE MAY BE DENIED IF I DO NOT SIGN THIS FORM.**

**I UNDERSTAND MY POLICY MAY BE NONRENEWED IN THE FUTURE IF I DO NOT SIGN THIS FORM.**

**The Florida Department of Financial Services, Office of Insurance Regulation and American Coastal Insurance Company strongly recommends that property owners in "Special Flood Hazard Areas" obtain flood coverage.**

I have read and I understand the information above, and I chose **NOT** to purchase flood coverage.

I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

\_\_\_\_\_  
Application/Policy Number:

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

AC FW01 06 07

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Account ID: 1256603

Insured: Woodlake Association Inc

## Schedule of Values / Detail

Bldg	Address	County	Num Bldgs	Year Built	Building	Contents	Other	BI/ Rents	Total Value	Num Units	Bldg SqFt	ISO Constr
1	2058 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$1,008,178	\$0	\$0	\$0	\$1,008,178	6	8,446	1
2	2056 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$1,540,425	\$0	\$0	\$0	\$1,540,425	8	13,278	1
3	2054 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$1,540,425	\$0	\$0	\$0	\$1,540,425	8	13,278	1
4	2052 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$1,261,036	\$0	\$0	\$0	\$1,261,036	7	10,556	1
5	2060 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$660,957	\$0	\$0	\$0	\$660,957	4	5,412	1
6	2062 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$1,540,425	\$0	\$0	\$0	\$1,540,425	8	13,278	1
7	2064 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$779,619	\$0	\$0	\$0	\$779,619	5	6,496	1
8	2078 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$1,261,036	\$0	\$0	\$0	\$1,261,036	7	10,556	1
9	2066 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$908,613	\$0	\$0	\$0	\$908,613	5	7,476	1
10	2068 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$683,553	\$0	\$0	\$0	\$683,553	4	5,604	1
11	2070 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$779,619	\$0	\$0	\$0	\$779,619	5	6,496	1
12	2072 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$1,540,425	\$0	\$0	\$0	\$1,540,425	8	13,278	1
13	2074 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$1,540,425	\$0	\$0	\$0	\$1,540,425	8	13,278	1
14	2076 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$901,705	\$0	\$0	\$0	\$901,705	5	7,578	1
15	2052 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$381,148	\$0	\$0	\$0	\$381,148	1	2,359	1

Account ID: 1256603  
Insured: Woodlake Association Inc

Schedule of Values / Detail

Bldg	Address	County	Num Bldgs	Year Built	Building	Contents	Other	BI/ Rents	Total Value	Num Units	Bldg SqFt	ISO Constr
16	2052 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$0	\$0	\$385,368	\$0	\$385,368	1	101	6
17	2052 Sunset Point Rd Clearwater FL 33765	PINELLAS	1	1973	\$0	\$0	\$29,440	\$0	\$29,440	1	101	3
					\$16,327,589	\$0	\$414,808	\$0	\$16,742,397			

Account ID: 1256603

Insured: Woodlake Association Inc

## Schedule of Values / Detail

Bldg Num	Prot Class	AS	ACIC Class	ACIC Occupancy	Location	EC_Zone	Terrain	Group2 Constr	Roof Cover	Roof Shape	Roof Wall Attach	Roof Deck Attach	Sec Wtr	Open Prot	FBC Wind Speed	FBC Wind Des	Des Exp
1	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/ Other	Toe-Nail	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
2	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/ Other	Toe-Nail	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
3	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/ Other	Toe-Nail	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
4	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/ Other	Toe-Nail	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
5	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/ Other	Toe-Nail	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
6	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/ Other	Toe-Nail	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
7	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/ Other	Toe-Nail	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
8	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/ Other	Toe-Nail	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
9	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/ Other	Toe-Nail	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
10	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/ Other	Toe-Nail	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
11	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/ Other	Toe-Nail	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A

Account ID: 1256603

Insured: Woodlake Association Inc

## Schedule of Values / Detail

Bldg Num	Prot Class	AS	ACIC Class	ACIC Occupancy	Location	EC_Zone	Terrain	Group2 Constr	Roof Cover	Roof Shape	Roof Wall Attach	Roof Deck Attach	Sec Wtr	Open Prot	FBC Wind Speed	FBC Wind Des	Des Exp
12	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/ Other	Toe-Nail	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
13	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/ Other	Toe-Nail	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
14	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Gable/ Other	Toe-Nail	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
15	01	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Gable/ Other	N/A	N/A	N	None	N/A	N/A	N/A
16	01	N	1190	1190-1 Pool-In Grnd Cncrt or Mtl	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Superior	N/A	N/A	N/A	N/A	N	None	N/A	N/A	N/A
17	01	N	1190	1190-6 Open Sided f,JM or N-C	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	N/A	N/A	N/A	N	None	N/A	N/A	N/A

Account ID: 1256603

Insured: Woodlake Association Inc

## Schedule of Values / Detail

Bldg Num	Wind Ded	AOP Ded	Bldg Val	Roof Cover Val	AS ISO	BCEGS	Vandl Excl	Cov A	Cov BC Limit	CovA/B/C Limit
1	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$25,204	\$0.00
2	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$38,511	\$0.00
3	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$38,511	\$0.00
4	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$31,526	\$0.00
5	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$16,524	\$0.00
6	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$38,511	\$0.00
7	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$19,490	\$0.00
8	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$31,526	\$0.00
9	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$22,715	\$0.00
10	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$17,089	\$0.00
11	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$19,490	\$0.00
12	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$38,511	\$0.00
13	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$38,511	\$0.00
14	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$22,543	\$0.00
15	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$9,529	\$0.00
16	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$9,634	\$0.00
17	.05	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$736	\$0.00

Account ID: 1256603

Insured: Woodlake Association Inc

Schedule of Values / Detail

Bldg Num	Wind Ded	AOP Ded	Bldg Val	Roof Cover Val	AS ISO	BCEGS		Vandl Excl	Cov A	Cov BC Limit		CovA/B/C Limit
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Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

To the best knowledge of the applicant and the producer, the above information is true and complete.

Applicant Printed Name	Title	Producer Printed Name	Title
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Applicant Signature	Date	Producer Signature	Date
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