

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 3/9/2022

EVIDENCE OF THO				3/9/2022
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF I ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFII COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF IN ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, A	RMATIVELY OR NEGATI SURANCE DOES NOT O ND THE ADDITIONAL IN	VELY AMEND, EXTE CONSTITUTE A CON	ND OR ALTER TH	
AGENCY PHONE (A/C, No, Ext): (727) 521-4253	COMPANY			
Northeast Underwriters, Inc.	American Coasta	l Insurance C	company	
4790 1st Street North	20405 SH 249, S	Suite 550		
St. Petersburg FL 33703	Houston	TX 770	70	
FAX (A/C, No): (727) 527-9455 E-MAIL ADDRESS: jtaylor@neu-ins.com				
CODE: SUB CODE:				
AGENCY CUSTOMER ID #: 00055805				
INSURED	LOAN NUMBER		POLICY NUMBER	
The Gardens of Forest Lakes Condominium Association			AMC3491004	
5434 Grand Blvd.	EFFECTIVE DATE	EXPIRATION DATE	CONTINUE	D LINTII
	3/13/2022	3/13/2023	CONTINUE	ED IF CHECKED
New Port Richey FL 34652	THIS REPLACES PRIOR EVIDE			
New Forc Richey Fil 54052				
PROPERTY INFORMATION				
LOCATION/DESCRIPTION				
Loc# 00001/Bldg# 00001				
125 Camphor Circle				
Oldsmar, FL 34677				
See Attached Overflow Pages				
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE IN NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CON EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY OR SHELD OF MAY ON THE TERMS. EVEL ISSUED SO AND CONDITIONS OF SUCH POLICIES.	TRACT OR OTHER DOCI IE INSURANCE AFFORDE	UMENT WITH RESPE ED BY THE POLICIES	ECT TO WHICH THIS DESCRIBED HER	S EIN IS
SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POL	ICIES. LIIVII IS SHOVVIN IN	MAT HAVE DEEN KEL	DUCED BY PAID CL	Alivio.
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COVERAGE INFORMATION				
COVERAGE INFORMATION COVERAGE / PERILS / FORMS		AMO	UNT OF INSURANCE	DEDUCTIBLE
		AMO	UNT OF INSURANCE 746,165	DEDUCTIBLE 5,000
COVERAGE/PERILS/FORMS Building, Replacement Cost, Special form		АМО		5,000
COVERAGE/PERILS/FORMS Building, Replacement Cost, Special form Hurricane		АМО		5,000 29
COVERAGE/PERILS/FORMS Building, Replacement Cost, Special form		АМО		5,000
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COVERAGE/PERILS/FORMS Building, Replacement Cost, Special form Hurricane		AMO		5,000 29
COVERAGE/PERILS/FORMS Building, Replacement Cost, Special form Hurricane Sinkhole		AMO		5,000 29
COVERAGE / PERILS / FORMS Building, Replacement Cost, Special form Hurricane Sinkhole REMARKS (Including Special Conditions)		AMO		5,000 29
COVERAGE/PERILS/FORMS Building, Replacement Cost, Special form Hurricane Sinkhole REMARKS (Including Special Conditions) Equipment Breakdown limit \$10,000,000 Ordinance & Law Full A, Combined B&C Combined 2.5% Agreed Value		AMO		5,000 29
COVERAGE/PERILS/FORMS Building, Replacement Cost, Special form Hurricane Sinkhole REMARKS (Including Special Conditions) Equipment Breakdown limit \$10,000,000 Ordinance & Law Full A, Combined B&C Combined 2.5% Agreed Value Walls out coverage		AMO		5,000 29
COVERAGE/PERILS/FORMS Building, Replacement Cost, Special form Hurricane Sinkhole REMARKS (Including Special Conditions) Equipment Breakdown limit \$10,000,000 Ordinance & Law Full A, Combined B&C Combined 2.5% Agreed Value		AMO		5,000 29
COVERAGE/PERILS/FORMS Building, Replacement Cost, Special form Hurricane Sinkhole REMARKS (Including Special Conditions) Equipment Breakdown limit \$10,000,000 Ordinance & Law Full A, Combined B&C Combined 2.5% Agreed Value Walls out coverage		AMO		5,000 29
COVERAGE/PERILS/FORMS Building, Replacement Cost, Special form Hurricane Sinkhole REMARKS (Including Special Conditions) Equipment Breakdown limit \$10,000,000 Ordinance & Law Full A, Combined B&C Combined 2.5% Agreed Value Walls out coverage		AMO		5,000 29
COVERAGE/PERILS/FORMS Building, Replacement Cost, Special form Hurricane Sinkhole REMARKS (Including Special Conditions) Equipment Breakdown limit \$10,000,000 Ordinance & Law Full A, Combined B&C Combined 2.5% Agreed Value Walls out coverage		AMO		5,000 29
COVERAGE/PERILS/FORMS Building, Replacement Cost, Special form Hurricane Sinkhole REMARKS (Including Special Conditions) Equipment Breakdown limit \$10,000,000 Ordinance & Law Full A, Combined B&C Combined 2.5% Agreed Value Walls out coverage 156 units total CANCELLATION	ORE THE EXPIRATION		746,165	5,000 29
COVERAGE/PERILS/FORMS Building, Replacement Cost, Special form Hurricane Sinkhole REMARKS (Including Special Conditions) Equipment Breakdown limit \$10,000,000 Ordinance & Law Full A, Combined B&C Combined 2.5% Agreed Value Walls out coverage 156 units total	ORE THE EXPIRATION		746,165	5,000 29
COVERAGE / PERILS / FORMS Building, Replacement Cost, Special form Hurricane Sinkhole REMARKS (Including Special Conditions) Equipment Breakdown limit \$10,000,000 Ordinance & Law Full A, Combined B&C Combined 2.5% Agreed Value Walls out coverage 156 units total CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	ORE THE EXPIRATION		746,165	5,000 29
REMARKS (Including Special Conditions) Requipment Breakdown limit \$10,000,000 Ordinance & Law Full A, Combined B&C Combined 2.5% Agreed Value Walls out coverage 156 units total CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST		DATE THEREOF, NO	746,165 OTICE WILL BE	5,000 29
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COVERAGE/PERILS/FORMS Building, Replacement Cost, Special form Hurricane Sinkhole REMARKS (Including Special Conditions) Equipment Breakdown limit \$10,000,000 Ordinance & Law Full A, Combined B&C Combined 2.5% Agreed Value Walls out coverage 156 units total CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS	MORTGAGEE LOSS PAYEE	DATE THEREOF, NO	746,165 OTICE WILL BE	5,000 29
COVERAGE/PERILS/FORMS Building, Replacement Cost, Special form Hurricane Sinkhole REMARKS (Including Special Conditions) Equipment Breakdown limit \$10,000,000 Ordinance & Law Full A, Combined B&C Combined 2.5% Agreed Value Walls out coverage 156 units total CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS	MORTGAGEE LOSS PAYEE LOAN #	DATE THEREOF, NO	OTICE WILL BE	5,000 29 39
Building, Replacement Cost, Special form Hurricane Sinkhole REMARKS (Including Special Conditions) Equipment Breakdown limit \$10,000,000 Ordinance & Law Full A, Combined B&C Combined 2.5% Agreed Value Walls out coverage 156 units total CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS FOR INFORMATIONAL PURPOSES ONLY	MORTGAGEE LOSS PAYEE LOAN # AUTHORIZED REPRESENTATIVE	DATE THEREOF, NO	OTICE WILL BE	5,000 29 39
Building, Replacement Cost, Special form Hurricane Sinkhole REMARKS (Including Special Conditions) Equipment Breakdown limit \$10,000,000 Ordinance & Law Full A, Combined B&C Combined 2.5% Agreed Value Walls out coverage 156 units total CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS FOR INFORMATIONAL PURPOSES ONLY	MORTGAGEE LOSS PAYEE LOAN #	DATE THEREOF, NO	746,165 OTICE WILL BE	5,000 29 39

Additional Named Insureds							
Other Named Insureds							
Other Named Insureds C/O AmeriTech Community Management Inc	Doing Business As						
OFAPPINF (02/2007)		COPYRIGHT 2007, AMS SERVICES INC					

			ΑC	DITIONAL COVE	RAG	ES		
Ref #	DescriptionCoverage Code00001, 127 Camphor Circle, BuildingSPC							Edition Date
L imit 1 746,165	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Ref #	Description	n 3 Camphor Circle	e, Building			Coverage Code SPC	Form No.	Edition Date
L imit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Dedu	ctible Type	Premium	
Ref#	Description	n) Camphor Circle	e, Building			Coverage Code SPC	Form No.	Edition Date
L imit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Dedu	ctible Type	Premium	
Ref#	Description	n 5 Hunter Lake D	rive, Building			Coverage Code SPC	Form No.	Edition Date
L imit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Dedu	ctible Type	Premium	
Ref#	Description 00001, 137	n 7 Hunter Lake D	rive, Building			Coverage Code SPC	Form No.	Edition Date
Limit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Dedu	ctible Type	Premium	
Ref#	Description	n 3 Hunter Lake D	rive, Building			Coverage Code SPC	Form No.	Edition Date
Limit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Dedu	ctible Type	Premium	
Ref#	Description	n) Hunter Lake D	rive, Building			Coverage Code SPC	Form No.	Edition Date
Limit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Dedu	ctible Type	Premium	
Ref#	Description 00001, 140	n) Hunter Lake D	rive, Building			Coverage Code SPC	Form No.	Edition Date
Limit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Dedu	ctible Type	Premium	
Ref # 10	Description 00001, 121	n I Loblolly Ct, Bu	ilding			Coverage Code SPC	Form No.	Edition Date
Limit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Dedu	ctible Type	Premium	
Ref #	Description	n 2 Loblolly Ct, Bu	ilding			Coverage Code SPC	Form No.	Edition Date
_ imit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Dedu	tible Type	Premium	
Ref #	Description 00001, 123	n 3 Loblolly Ct, Bu	ilding			Coverage Code SPC	Form No.	Edition Date
imit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Dedu	ctible Type	Premium	
DFADTI	LCV						Copyright 2001	, AMS Services, In

			ΑI	DDITIONAL COVE	RAGE	S		
Ref # 13	Description	n 1 Loblolly Ct, Bu	ilding			Coverage Code SPC	Form No.	Edition Date
Limit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Deduc	tible Type	Premium	'
Ref # 14	Description	n 6 Loblolly Ct, Bu	ilding			Coverage Code SPC	Form No.	Edition Date
Limit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Deduc	tible Type	Premium	·
Ref # 15	Description	n) Sabal Ct, Build	ling			Coverage Code SPC	Form No.	Edition Date
Limit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Deduc	tible Type	Premium	
Ref # 16	Description 00001, 131	n I Sabal Ct, Build	ling			Coverage Code SPC	Form No.	Edition Date
Limit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Deduc	tible Type	Premium	
Ref # 17	Description 00001, 132	n 2 Sabal Ct, Build	ling			Coverage Code SPC	Form No.	Edition Date
Limit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Deduc	tible Type	Premium	
Ref # 18	Description 00001, 133	n 3 Sabal Ct, Build	ling			Coverage Code SPC	Form No.	Edition Date
Limit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Deduc	tible Type	Premium	
Ref # 19	Description 00001, 134	n 1 Sycamore Ln,	Building			Coverage Code SPC	Form No.	Edition Date
Limit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Deduc	tible Type	Premium	
Ref # 20	Description	n 3 Sycamore Ln,	Building			Coverage Code SPC	Form No.	Edition Date
Limit 1 746,165	5	Limit 2	Limit 3	Deductible Amount 5,000	Deduc	tible Type	Premium	
Ref#	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	'
Ref#	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref#	Description	n				Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/09/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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 rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER						CONTACT NAME: Stephanie Young					
Northeast Underwriters, Inc.						PHONE (A/C, No, Ext): (727) 521-4253 FAX (A/C, No): (727) 527-9455					
4790 1st Street North						E-MAIL syoung@neu-ins.com ADDRESS:					
											NAIC #
St.	Pete	rsburg			FL 33703	INSURE	T		ance Company		NAIO II
INSL	IRED					INSURE	Ciromon!	s Fund Ins Co			21873
		The Gardens of Forest Lakes Co	ondon	ninium	n Association Inc, DBA: C/O	INSURE	Associat	ed Industries			23140
		5434 Grand Blvd.				INSURE					
						INSURE					
		New Port Richey			FL 34652	INSURE					
CO	VER	AGES CER	TIFIC	ATE	NUMBER: CL223913212	_	IXI .		REVISION NUMBER:		
_		S TO CERTIFY THAT THE POLICIES OF I				ISSUED	TO THE INSUF			OD	
C E	ERTI XCLL	ATED. NOTWITHSTANDING ANY REQUIF FICATE MAY BE ISSUED OR MAY PERTA JSIONS AND CONDITIONS OF SUCH PO	NN, TI	HE INS	SURANCE AFFORDED BY THE	POLICI	ES DESCRIBEI	D HEREIN IS SI		HIS	
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	×	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$ 1,00	0,000
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	00
									MED EXP (Any one person)	\$ 5,00	0
Α					CIUCAP40015200		03/13/2022	03/13/2023	` ' ' '	•	0,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		0,000
	×	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		0,000
		OTHER:								\$ 1,00	0,000
	ΑU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							r `	\$	
		OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
		AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
		AUTOS ONLY AUTOS ONLY							(Fel accident)	\$	
	$\overline{\mathbf{v}}$	UMBRELLA LIAB OCCUP									0,000
В		EXCESS LIAB OCCUR CLAIMS-MADE			USL01482121U165116		03/13/2022	03/13/2023	AGGREGATE	Ψ .	
		CLAIWS-WADE							AGGREGATE	\$	
	WOI	DED RETENTION \$ RKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	1	DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE								s 500,	000
С	OFF	ICER/MEMBER EXCLUDED?	N/A	AWC1178986			03/13/2022	03/13/2023	E.L. EACH ACCIDENT	φ <u>-</u>	
	If ye	ndatory in NH) s, describe under							F00 000		
	DES	CRIPTION OF OPERATIONS below							\$5,000 deductible	φ .	00.000 limit
Α		ime			CIUCAP40015200		03/13/2022	03/13/2023	, octor deddensie	Ψ1,0	00,000 111111
, ,	Dir	rectors and Officers			0.007.11.100.10200		00/10/2022	00/10/2020	\$1,000 deductible	\$1.0	00,000 limit
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	101 Additional Remarks Schedule	may he a	ttached if more sr	nace is required)	ψ1,000 deddolible	Ψ1,0	
)	o	iono, or Englished, Edgarding, VEHICE	.o (Ac	, one	or, Additional Remains Schedule,	may be a	audileu II IIIore Sp	acc is required;			
<u> </u>		ICATE HOLDED				0410	CLIATION				
CE	KIIF	ICATE HOLDER				CANC	ELLATION				
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.) BEFORE		
						AUTHO	RIZED REPRESEN	NTATIVE			
l									111 8 la		

Additional Named Insureds							
Other Named Insureds							
Other Named Insureds C/O AmeriTech Community Management Inc	Doing Business As						
OFAPPINF (02/2007)		COPYRIGHT 2007, AMS SERVICES INC					

			ADDI'	TIONAL COVER	AGE	ES		
Ref#	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$75.00	
Ref#	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$160.00)
Ref#	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref#	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref#	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref#	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref#	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref#	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref#	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref#	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref#	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
OFADTI	LCV					(Copyright 2001, AN	IS Services, Inc.