



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

3/9/2022

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Northeast Underwriters, Inc. 4790 1st Street North St. Petersburg FL 33703		PHONE (A/C, No, Ext): (727) 521-4253	COMPANY American Coastal Insurance Company 20405 SH 249, Suite 550 Houston TX 77070	
FAX (A/C, No): (727) 527-9455	E-MAIL ADDRESS: jtaylor@neu-ins.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00055805		LOAN NUMBER		POLICY NUMBER AMC3491004
INSURED The Gardens of Forest Lakes Condominium Association 5434 Grand Blvd. New Port Richey FL 34652		EFFECTIVE DATE 3/13/2022	EXPIRATION DATE 3/13/2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

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 INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building, Replacement Cost, Special form	746,165	5,000
Hurricane		2%
Sinkhole		3%

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 BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
--

ADDITIONAL INTEREST

NAME AND ADDRESS FOR INFORMATIONAL PURPOSES ONLY	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE Jeff Taylor/TIF	

ACORD 27 (2009/12)

INS027 (200912).02

© 1993-2009 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

Additional Named Insureds

Other Named Insureds

C/O AmeriTech Community Management Inc

Doing Business As

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001, 127 Camphor Circle, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
3	00001, 128 Camphor Circle, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
4	00001, 129 Camphor Circle, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
5	00001, 135 Hunter Lake Drive, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
6	00001, 137 Hunter Lake Drive, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
7	00001, 138 Hunter Lake Drive, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
8	00001, 139 Hunter Lake Drive, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
9	00001, 140 Hunter Lake Drive, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
10	00001, 121 Loblolly Ct, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
11	00001, 122 Loblolly Ct, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
12	00001, 123 Loblolly Ct, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
13	00001, 124 Loblolly Ct, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
14	00001, 126 Loblolly Ct, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
15	00001, 130 Sabal Ct, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
16	00001, 131 Sabal Ct, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
17	00001, 132 Sabal Ct, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
18	00001, 133 Sabal Ct, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
19	00001, 134 Sycamore Ln, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
20	00001, 136 Sycamore Ln, Building	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
746,165			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type

Additional Named Insureds

Other Named Insureds

C/O AmeriTech Community Management Inc

Doing Business As

ADDITIONAL COVERAGES

Ref #	Description Increased employer's liability	Coverage Code INEL	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium \$75.00				
Ref #	Description Expense constant	Coverage Code EXCNT	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium \$160.00				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				