

Policy Number: AMC-33285-06
Account Number: 957494

DECLARATIONS PAGE
COMMERCIAL PACKAGE
AMERICAN COASTAL INSURANCE COMPANY
800 2nd Avenue South
St. Petersburg, FL 33701
(281) 257-6700
Claims and Customer Service: Toll Free (252) 247-8774



Inception Date: 06/30/2022
at 12:01 AM Standard Time at the location of Described Property

Expiration Date: 06/30/2023
Business Description: Condominium

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Named Insured/Mailing Address:

Apartment Owners of Carriage House Inc
Sunvast Mgmt
381 Interstate Blvd
Sarasota, FL 34240

Producer:

Chronos Retail, an AmRisc Company
STE 550
20405 State Highway 249
Houston TX 77070

Sub-Producer: 0325

COMMERCIAL PACKAGE:

Commercial Property Premium:

TRIA:

General Liability Premium:

Equipment Breakdown Coverage:

PREMIUM:

\$19,587
Rejected
Not Covered
\$64

FEES:

Emergency Management Preparedness and Assistance Trust Fund:

\$4

Fire College Fee:

\$20

Florida Insurance Guaranty Association (FIGA) Assessment:

\$138

TOTAL PREMIUM AND FEES:

\$19,813

TOTAL LIMIT OF LIABILITY:

\$1,578,390

COVERED CAUSE OF LOSS:	Special Including Theft
WINDSTORM OR HAIL:	Covered

DEDUCTIBLE

All Other Perils Deductible:	\$5,000 Per Occurrence
Hurricane Deductible:	3% Per Calendar Year
Sinkhole Deductible:	AOP Per Occurrence

OPTIONAL COVERAGES

Description	Amount
Valuation - Building	Replacement Cost Value
Valuation - Contents	Replacement Cost Value
Valuation - Roofs	Replacement Cost Value
Co-Insurance - Building Coverage and Contents	100%
TRIA	REJECTED
Ordinance or Law	INCLUDED

IN WITNESS WHEREOF, the Company has caused this policy to be executed and attested and, if required by state law, this policy shall not be valid unless countersigned by a duly authorized representative of the Company.

Countersigned:

Brad Martz, CPA
Chief Financial Officer

Authorized Representative
St. Petersburg, Florida Date: 06/15/2022

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART DECLARATIONS FORMS(S) AND FORMS AND ENDORSEMENT, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

COVERAGES PROVIDED Insurance at the Described Premises Applies Only For Coverages For Which A Limit of Insurance is shown

Described Location Premises			Limit of Insurance		
Loc No.	Bldg. No.	Address	Building	Contents	Other
0001	0001	701 Barcelona Ave. Venice FL 34285	\$1,538,475		
0002	0001	701 Barcelona Ave. Venice FL 34285			\$39,915

LOSS PAYEE

See Loss Payable Provisions Endorsement if Applicable

Forms and Endorsements:

AC CL 1 10 21	AC EBD 07 10	AC EBDS 07 10	AC SLC 03 14
AC 00 01 08 17	AC 00 10 06 07	AC 00 12 06 07	AC 00 17 06 16
AC 01 12 06 21	AC 01 25 06 21	AC 01 75 06 21	AC 04 05 07 18
AC 05 01 10 19	AC 14 20 06 12	CP P 003 07 06	CP 00 17 06 07
CP 00 90 07 88	CP 01 40 07 06	CP 01 91 07 10	CP 03 22 01 06
CP 03 23 06 07	CP 10 30 06 07	IL 09 35 07 02	IL 09 53 01 15
N 003 04 19			

PURSUANT TO SECTION 627.70132, FLORIDA STATUTES, 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 TWO (2) YEARS 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 THREE (3) YEARS AFTER THE DATE OF LOSS.

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