

POLICY NUMBER: 14022859 - 1	POLICY PERIOD FROM 11/27/2024	TO 11/27/2025
	at 12:01 a.m. Eastern Time	
Transaction: AMENDED DECLARATIONS	Effective: 11/27/2024	CR-M
Pay Plan: Citizens Full Pay	Bill: Insured Billed	
Named Insured and Mailing Address	Agent	Fl. Agent Lic. #
EASTWOOD SHORES CONDOMINIUM NO.4 ASSOCIATION, INC. 24701 US HIGHWAY 19 N STE 102 CLEARWATER, FL 33763-4086	ANTHONY LOSCHIAVO FAKO INSURANCE PLUS INC 2752 66TH STREET NORTH ST PETERSBURG, FL 33710	E001339
Telephone : 727-726-8000	Telephone: 727-343-8899	

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.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENTS.

	PREMIUM
COMMERCIAL PROPERTY COVERAGE	\$126,782.00
Required Additional Charges:	
Emergency Management Preparedness and Assistance Trust Fund (EMPA) 2023-A Florida Insurance Guaranty Association (FIGA) Emergency Assessment State Fire Marshal Regulatory Surcharge Tax-Exempt Surcharge	\$4.00 \$1,268.00 \$127.00 \$2,219.00
TOTAL:	\$130,400.00
Change in Policy Premium:	\$0.00

The portion of your premium for

Hurricane Coverage is: \$86,415.00

Non - Hurricane Coverage is: \$40,367.00

See Form CDEC-FE-SCH – Commercial Policy Forms And Endorsements Schedule

Authorized By: ANTHONY LOSCHIAVO

Issued Date: 12/02/2024

Countersigned: 12/02/2024

BY:

Timothy M. Cerio

President/CEO and Executive Director Citizens Property Insurance Corporation

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POLICY CHANGE SUMMARY

POLICY NUMBER: 14022859 - 1

POLICY PERIOD FROM

11/27/2024

TO 11/27/2025

at 12:01 a.m. Eastern Time

Transaction: AMENDED DECLARATIONS

Effective: 11/27/2024

Item	Prior Policy Information	Amended Policy Information
Policy Info		
Billing Contact: FIRST INSURANCE FUNDING CORP		Added
Premium Finance Company Ext		FIRST INSURANCE FUNDING CORP

This summary is for informational purposes only and does not change any of the terms or provisions on your policy. Please carefully review your policy Declarations and any attached forms for a complete description of coverage.



Policy Number: 14022859 - 1 Effective Date: 11/27/2024 to 11/27/2025

	1: 1837	BOUGH AVE Group I Construction Joisted Masonry Group I Territory Statewide Described Premis Covered Causes Of Loss	2 ST COM	TORY 4 UNINDOMINIUM truction ritory one 3	IT JOISTED MASC M BUILDING Protection Class 1 Coastal Territory None	BCEGS Grade Ungraded No. of Units 4
Location Address 1837 BOUGH AVE CLEARWATER, FL 33760-1558 COVERAGES PROVIDED Is	surance at the Shown. Limit Of Insurance	Group I Construction Joisted Masonry Group I Territory Statewide Described Premis Covered Causes Of Loss	Group II Cons B Group II Ter Seacoast Zo ses Applies Only F	NDOMINIUM truction ritory one 3	Protection Class 1 Coastal Territory None	BCEGS Grade Ungraded No. of Units 4
1837 BOUGH AVE CLEARWATER, FL 33760-1558 COVERAGES PROVIDED Is Coverage	surance at the Shown. Limit Of Insurance	Joisted Masonry Group I Territory Statewide Described Premi Covered Causes Of Loss	B Group II Ter Seacoast Zo ses Applies Only F Total	ritory one 3	1 Coastal Territory None	Ungraded No. of Units 4
Coverage Is	Shown. Limit Of Insurance	Covered Causes Of Loss	Total	or Coveraç	ges For Which A L	imit Of Insuranc
	Insurance	Causes Of Loss				
Dalialing (Diag)	Ψ02 <i>1</i> ,400	Basic			Premium	First Loss
<u> </u>		Basic	\$627,400	Class	\$7,767.00 FHCF Build-Up Premius	N/A m: \$304
OPTIONAL COVERAGES A	pplicable Only	When Entries Ar	e Made In The Sch	edule Belo		1: \$304
Coverage		emium			eplacement Cost	
			Ві	u ilding Yes	-	rsonal Property
DEDUCTIBLE						
All Other Perils Deduc	tible	Percentag	ear Hurricane e Deductible			
Φ Γ 000			ge (Deductible Amount)			
\$5,000		Bldg: 5%	G (\$31,370)			
WINDSTORM MITIGATION FE	ATURES					
	r Built 1980	Roof Cover FBC Equivalent	Roof Deck Level A	Co	coof-Wall connection Toe Nail	SWR No
Building Type Type I	Roof Shape Hip		Protection one	FBC Wind S N/A	Speed FBC	Wind Design N/A
*A premium adjustment of \$ 2,1 or construction techniques that	193.00 is include exist. Adjustme	ed to reflect buildin	g code enforcemer % surcharge to a 6	nt and the bu	uilding's wind loss i	nitigation feature
Mortgageholder(s) & Other Po						
PREMIUM: \$8,071.00		() ====	,			







Policy Number: 14022859 - 1

Effective Date: 11/27/2024 to 11/27/2025

LOCATION NO. 2	BUILDING O	R SPECIAL CLA	SS ITEM NO. 1	CSP C	ode: 0331		
BUSINESS DESCRIPTION: (Condominiums -re	sidential (associa	tion risk only) - witho	ut mercan	tile occupancies - Up	to 10 units	
DESCRIPTION OF PREMISE	S 2: 1839	BOUGH AVE			UNIT JOISTED MASONRY NIUM BUILDING		
Location Address 1839 BOUGH AVE CLEARWATER, FL 33760-1588		Group I Construction Joisted Masonry Group I Territory Statewide	B Group II Terr i Seacoast Zoi	Group II Territory Seacoast Zone 3		BCEGS Grade Ungraded No. of Units 4	
	nsurance at the l s Shown.		ses Applies Only Fo	or Covera	ges For Which A Lin	nit Of Insuran	
Coverage	Limit Of Insurance	Covered Causes Of Loss	Total Replacement Cost	Rates	Premium	First Loss	
Building (Bldg)	\$627,400	Basic	\$627,400	Class	\$7,522.00	N/A	
					FHCF Build-Up Premium:	\$291	
OPTIONAL COVERAGES	Applicable Only	When Entries Ar	e Made In The Sche	dule Belo	w		
Coverage	Pre	mium		R	Replacement Cost		
			III .	ilding Yes	Business Pers	onal Property	
DEDUCTIBLE			***				
All Other Perils Dedu	ıctible		ear Hurricane e Deductible				
		Deductible Percenta	ge (Deductible Amount)				
\$5,000		Bldg: 5%	6 (\$31,370)				
WINDSTORM MITIGATION F	EATURES						
Terrain Ye C	ear Built 1980	Roof Cover FBC Equivalent	Roof Deck Level C			SWR Yes	
Building Type Type I	Roof Shape Hip		Protection F lone	BC Wind N/A	Speed FBC \	Wind Design N/A	
*A premium adjustment of \$ 2 or construction techniques that	2,438.00 is include at exist. Adjustme	ed to reflect building nts range from a	ng code enforcement 1% surcharge to a 65	t and the b 5% credit.	uilding's wind loss m	itigation featur	
Mortgageholder(s) & Other	Policyholder Inte	erest(s) – See Po	licy Interest Sched	ule.			
PREMIUM: \$7.813.00			· · · · · · · · · · · · · · · · · · ·				

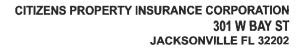


Policy Number: 14022859 - 1

Effective Date: 11/27/2024 to 11/27/2025

LOCATION NO. 3	BUILDING C	OR SPECIAL CLA	SS ITEM NO. 1	CSP C	ode: 0331			
BUSINESS DESCRIPTION: (Condominiums -re	esidential (associal	tion risk only) - wit	hout mercan	tile occupancies - U	p to 10 units		
DESCRIPTION OF PREMISE	S 3: 1841	I BOUGH AVE			IT JOISTED MASOI M BUILDING	NRY		
Location Address 1841 BOUGH AVE CLEARWATER, FL 33760-1589	(Group I Construction Joisted Masonry Group I Territory Statewide	B Group II Te	Group II Construction B Group II Territory Seacoast Zone 3		BCEGS Grade Ungraded No. of Units 4		
	nsurance at the s Shown.	Described Premis	ses Applies Only	For Covera	ges For Which A Li	mit Of Insuran		
Coverage	Limit Of Insurance	Covered Causes Of Loss	Total Replacement Co	est Rates	Premium	First Loss		
Building (Bldg)	\$627,400	Basic	\$627,400	Class	\$6,957.00	N/A		
					FHCF Build-Up Premium	\$262		
		When Entries Are	Made In The Sc					
Coverage	Pre	Premium		F		Replacement Cost		
			В	B uilding Yes	Business Pers	sonal Property		
DEDUCTIBLE								
All Other Perils Dedu	ctible	Calendar Y	ear Hurricane					
			e Deductible					
		Deductible Percenta	ge (Deductible Amount)				
\$5,000		Bldg: 5%	5 (\$31,370)					
WINDSTORM MITIGATION F	EATURES							
Terrain Ye C	ear Built 1980	Roof Cover FBC Equivalent	Roof Deck Level A		Roof-Wall onnection Clips	SWR No		
Building Type Type I	Roof Shape Hip		Protection one	FBC Wind N/A	Speed FBC	Wind Design N/A		
*A premium adjustment of \$ 3 or construction techniques that	,003.00 is include It exist. Adjustme	ed to reflect buildin nts range from a 1	g code enforceme % surcharge to a	ent and the b 65% credit.	uilding's wind loss m	nitigation featur		
Mortgageholder(s) & Other I	Policyholder Inte	erest(s) – See Pol	icy Interest Sche	dule.				
PREMIUM: \$7,219.00		1-7	,					



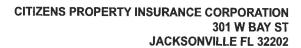




Policy Number: 14022859 - 1

Effective Date: 11/27/2024 to 11/27/2025

LOCATION NO. 4	BUILDING OR	SPECIAL CLASS	ITEM NO. 1	CSP Co	ode: 0331	
BUSINESS DESCRIPTION:	Condominiums -resid	dential (associatio	n risk only) - without	mercanti	le occupancies - U	to 10 units
DESCRIPTION OF PREMISES 4: 1843 BOUGH AV					FJOISTED MASON BUILDING	I RY
Location Address 1843 BOUGH AVE CLEARWATER, FL 33760-1590	Statewide Seacoast Zone 3		гу 3	Protection Class 1 Coastal Territory None	BCEGS Grade Ungraded No. of Units 4	
COVERAGES PROVIDED	Insurance at the De Is Shown.		s Applies Only For	Coverage	es For Which A Li	mit Of Insuranc
Coverage	Limit Of Insurance	Covered Causes Of Loss R	Total eplacement Cost	Rates	Premium	First Loss
Building (Bldg)	\$627,400	Basic	\$627,400	Class	\$5,979.00	N/A
J . J,	•			F	FHCF Build-Up Premium	\$212
OPTIONAL COVERAGES	Applicable Only W	hen Entries Are N	lade in The Sched	ule Belov	v	
Coverage	Prem	ium		Re	placement Cost	
			Build Ye	_	Business Pers	sonal Property
DEDUCTIBLE			"			
All Other Perils Dec	ductible	Calendar Yea Percentage				
		Deductible Percentage	(Deductible Amount)			
\$5,000		Bldg: 5% (\$31,370)			
WINDSTORM MITIGATION	FEATURES					
Terrain C		Roof Cover BC Equivalent	Roof Deck Level C	Co	oof-Wall nnection gle Wraps	SWR No
Building Type Type I	Roof Shape Hip	Opening P Nor		C Wind S N/A	Speed FBC	Wind Design N/A
*A premium adjustment of \$ or construction techniques t					ilding's wind loss n	nitigation feature
Mortgageholder(s) & Othe	r Policyholder Intere	est(s) – See Polic	y Interest Schedul	e.		
PREMIUM: \$6,191.00						
· ·						





Policy Number: 14022859 - 1

Effective Date: 11/27/2024 to 11/27/2025

BUSINESS DESCRIPTION: (DESCRIPTION OF PREMISE Location Address 1845 BOUGH AVE CLEARWATER, FL 33760-1591	:S 5: 1845	BOUGH AVE Group I Construction Joisted Masonry		2 STO	RY 4 UNI	ile occupancies - U _l T JOISTED MASON I BUILDING	
Location Address 1845 BOUGH AVE CLEARWATER, FL 33760-1591		Group I Construction Joisted Masonry	on Grou				I RY
1845 BOUGH AVE CLEARWATER, FL 33760-1591	(Joisted Masonry	on Grou			DOILDING	
		Group I Territory Statewide		Group II Construction B Group II Territory Seacoast Zone 3		Protection Class 1 Coastal Territory None	BCEGS Grade Ungraded No. of Units 4
COVERAGES PROVIDED	nsurance at the ls Shown.	Described Premis	ses Applie	es Only For	Coverag	es For Which A Li	nit Of Insuranc
Coverage Building (Bldg)	Limit Of Insurance \$627,400	Covered Causes Of Loss Basic	Replacen	otal ment Cost	Rates Class	Premium	First Loss
Januaria (Blag)	Ψ027,400	Dasic	φ027	,400		\$7,604.00	N/A : \$296
OPTIONAL COVERAGES	Applicable Only	When Entries Are	e Made In	The Sched		FHCF Build-Up Premium:	<u>ф290</u>
Coverage	Premium				Replacement Cost		
				Building Business Personal Pro			onal Property
DEDUCTIBLE							
All Other Perils Dedu	ıctible	Calendar Y					
		Deductible Percenta					
\$5,000		Bldg: 5%	6 (\$31,370))			
WINDSTORM MITIGATION F	EATURES						
Terrain Ye C	ear Built 1980	Roof Cover FBC Equivalent		of Deck evel C	Co	oof-Wall nnection Toe Nail	SWR No
Building Type Type I	Roof Shape Hip		Protection lone	n FB	C Wind S N/A	Speed FBC	Wind Design N/A
A premium adjustment of \$ 2 or construction techniques that	,356.00 is include at exist. Adjustmer	d to reflect buildin nts range from a 1	ig code enf % surchar	forcement a	nd the bu	ilding's wind loss m	itigation feature
Mortgageholder(s) & Other							
PREMIUM: \$7,900.00							

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COMMERCIAL PROPERTY POLICY DECLARATIONS

Policy Number: 14022859 - 1 **Effective Date:** 11/27/2024 **to** 11/27/2025

OCATION NO. 6	BUILDING OR	SPECIAL CLAS	SS ITEM NO. 1	CSP C	ode: 0331		
BUSINESS DESCRIPTION:	Condominiums -resi	dential (associal	* '				
DESCRIPTION OF PREMIS	ES 6: 1849 E	OUGH AVE			JNIT JOISTED MASONRY IUM BUILDING		
ocation Address 1849 BOUGH AVE CLEARWATER, FL 33760-1593		oup I Construction Joisted Masonry Group I Territory Statewide	n Group II Constru B Group II Territo Seacoast Zono	огу	Protection Class 1 Coastal Territory None	BCEGS Grade Ungraded No. of Units 4	
COVERAGES PROVIDED	Insurance at the Do Is Shown.	escribed Premis	ses Applies Only For	Coverag	ges For Which A Li	mit Of Insuran	
Coverage	Limit Of Insurance	Covered Causes Of Loss	Total Replacement Cost	Rates	Premium	First Loss	
Building (Bldg)	\$627,400	Basic	\$627,400	Class	\$6,387.00	N/A	
ADTIONAL CONTENA OF A	A I' I O . I W	F4-! A	Madala The Cohes		FHCF Build-Up Premium	: \$233	
OPTIONAL COVERAGES	Applicable Unity W		Made In The Sched		w eplacement Cost		
Coverage	Field		Bui le Ye	ding	Business Pers	sonal Property	
DEDUCTIBLE							
All Other Perils Ded	luctible		ear Hurricane e Deductible				
		Deductible Percenta	ge (Deductible Amount)				
\$5,000		Bldg: 5%	6 (\$31,370)				
WINDSTORM MITIGATION	FEATURES						
Terrain C		Roof Cover BC Equivalent	Roof Deck Level C		Roof-Wall onnection Clips	SWR Yes	
Building Type Type I	Roof Shape Hip		Protection FE	BC Wind : N/A	Speed FBC	Wind Design N/A	
*A premium adjustment of \$ or construction techniques t					uilding's wind loss n	nitigation featur	
Mortgageholder(s) & Othe	r Policyholder Inter	est(s) – See Po	licy Interest Schedu	le.			
PREMIUM: \$6,620.00		-					





Policy Number: 14022859 - 1

Effective Date: 11/27/2024 to 11/27/2025

LOCATION NO. 7	BUILDING (OR SPECIAL CLA	SS ITEM NO.	1 CSP	Code: 0331		
BUSINESS DESCRIPTION:	Condominiums -re	esidential (associa	ition risk only) -	without mercar	ntile occupancies - U	p to 10 units	
DESCRIPTION OF PREMIS	ES 7: 185				Y 4 UNIT JOISTED MASONRY DMINIUM BUILDING		
Location Address 1851 BOUGH AVE CLEARWATER, FL 33760-1564		Group I Construction Joisted Masonry Group I Territory Statewide	Group	Construction B II Territory ast Zone 3	Protection Class 1 Coastal Territory None	BCEGS Grade Ungraded No. of Units 4	
COVERAGES PROVIDED	Insurance at the Is Shown.	Described Premi	ses Applies O	nly For Covera	ges For Which A Li	mit Of Insuran	
Coverage	Limit Of Insurance	Covered Causes Of Loss	Total Replacement	t Cost Rates	Premium	First Loss	
Building (Bldg)	\$627,400	Basic	\$627,400	Class	\$7,522.00	N/A	
OPTIONAL COVERAGES	A	350 = ()			FHCF Build-Up Premium:	\$291	
Coverage	Applicable Only	wnen Entries Are	e Made in The				
Ooverage	Premiun				Replacement Cost		
				Building Yes	Business Pers	onal Property	
DEDUCTIBLE							
All Other Perils Ded	uctible		ear Hurricane Deductible				
		Deductible Percenta		ount)			
\$5,000			6 (\$31,370)				
WINDSTORM MITIGATION	FEATURES						
Terrain Y C	ear Built 1980	Roof Cover FBC Equivalent	Roof De Level		Roof-Wall onnection Toe Nail	SWR Yes	
Building Type Type I	Roof Shape Hip		Protection lone	FBC Wind N/A		Wind Design N/A	
A premium adjustment of \$ 2 or construction techniques the	2,438.00 is include at exist. Adjustme	ed to reflect buildin	ig code enforce % surcharge to	ement and the b	uilding's wind loss m	itigation featur	
Mortgageholder(s) & Other							
PREMIUM: \$7,813.00		.(-,					

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Policy Number: 14022859 - 1

Effective Date: 11/27/2024 to 11/27/2025

SUSINESS DESCRIPTION:	Condominiums -res					
		sidential (associa				
DESCRIPTION OF PREMIS	ES 8: 1853	S 8: 1853 BOUGH AVE 2 STORY 4 UNIT JOISTED MASONRY CONDOMINIUM BUILDING				
ocation Address 853 BOUGH AVE LEARWATER, FL 33760-1559		roup I Construction Joisted Masonry Group I Territory Statewide	B Group II Terri Seacoast Zon	t ory e 3	Protection Class 1 Coastal Territory None	BCEGS Grade Ungraded No. of Units 4
OVERAGES PROVIDED	Insurance at the I Is Shown.		ses Applies Only Fo	r Covera	ges For Which A Li	mit Of Insuranc
Coverage	Limit Of Insurance	Covered Causes Of Loss	Total Replacement Cost	Rates	Premium	First Loss
Building (Bldg)	\$627,400	Basic	\$627,400	Class	\$7,522.00	N/A
					FHCF Build-Up Premium	: \$291
PTIONAL COVERAGES	Applicable Only V	When Entries Are	Made In The Sche			
Coverage	Premium			eplacement Cost		
			III.	lding 'es	Business Pers	sonal Property
DEDUCTIBLE						
All Other Perils Ded	luctible		ear Hurricane e Deductible			
		Deductible Percenta	ge (Deductible Amount)			
\$5,000		Bldg: 5%	6 (\$31,370)			
WINDSTORM MITIGATION	FEATURES					
Terrain C	Year Built 1980	Roof Cover FBC Equivalent	Roof Deck Level C	_	Roof-Wall onnection Toe Nail	SWR Yes
Building Type Type I	Roof Shape Hip		Protection F lone	BC Wind N/A	•	Wind Design N/A
A premium adjustment of \$ or construction techniques the	2,438.00 is include hat exist. Adjustme	ed to reflect building ts range from a	ng code enforcement 1% surcharge to a 65	and the b % credit.	ouilding's wind loss r	nitigation featur
Mortgageholder(s) & Othe	r Policyholder Inte	erest(s) – See Po	licy Interest Sched	ıle.		
PREMIUM: \$7,813.00						





Policy Number: 14022859 - 1

Insured Name: EASTWOOD SHORES CONDOMINIUM NO.4 ASSOCIATION, INC.

Effective Date: 11/27/2024 to 11/27/2025

LOCATION NO. 9 BUILDING OR SPECIAL CLASS ITEM NO. 1 CSP Code: 0331 BUSINESS DESCRIPTION: Condominiums -residential (association risk only) - without mercantile occupancies - Up to 10 units 2 STORY 4 UNIT JOISTED MASONRY DESCRIPTION OF PREMISES 9: 1855 BOUGH AVE CONDOMINIUM BUILDING **Group I Construction Group II Construction BCEGS Grade Protection Class** Location Address Joisted Masonry Ungraded 1855 BOUGH AVE Group | Territory **Group II Territory** Coastal Territory No. of Units CLEARWATER, FL 33760-1596 Statewide Seacoast Zone 3 None Insurance at the Described Premises Applies Only For Coverages For Which A Limit Of Insurance **COVERAGES PROVIDED** Is Shown. Covered Limit Of Causes Total Coverage Insurance Of Loss Replacement Cost Rates **Premium First Loss** Building (Bldg) \$627,400 Basic \$627,400 Class \$6,468.00 N/A FHCF Build-Up Premium: \$237 OPTIONAL COVERAGES Applicable Only When Entries Are Made In The Schedule Below Coverage Premium **Replacement Cost** Building **Business Personal Property** Yes **DEDUCTIBLE** All Other Perils Deductible Calendar Year Hurricane **Percentage Deductible** Deductible Percentage (Deductible Amount) \$5.000 Bldg: 5% (\$31,370)

WINDSTORM	MITICATION	CEATURES
AAIMDOLOKM	MILLIGATION	FEATURES

Terrain Year Built **Roof Cover Roof Deck** Roof-Wall SWR С 1980 **FBC** Equivalent Level C Connection No Clips **Building Type Roof Shape Opening Protection FBC Wind Design FBC Wind Speed** Type I Hip None N/A N/A

*A premium adjustment of \$ 3,492.00 is included to reflect building code enforcement and the building's wind loss mitigation features or construction techniques that exist. Adjustments range from a 1% surcharge to a 65% credit.

Mortgageholder(s) & Other Policyholder Interest(s) – See Policy Interest Schedule.

PREMIUM: \$6,705.00



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Policy Number: 14022859 - 1

Effective Date: 11/27/2024 to 11/27/2025

LOCATION NO. 10	BUILDING O	R SPECIAL CLA	SS ITEM NO. 1	CSP C	ode: 0331	
BUSINESS DESCRIPTION:	Condominiums -re	sidential (associa	tion risk only) - withou	t mercan	tile occupancies - Up	to 10 units
DESCRIPTION OF PREMISE	ES 10: 185	7 BOUGH AVE			IT JOISTED MASON M BUILDING	IRY
Location Address 1857 BOUGH AVE CLEARWATER, FL 33760-1597	Ć	Group I Construction Joisted Masonry Group I Territory Statewide	on Group II Const ru B Group II Territ o Seacoast Zone	огу	Protection Class 1 Coastal Territory None	BCEGS Grade Ungraded No. of Units 4
CUVERAGES PROVIDED	Insurance at the l Is Shown.	Described Premis	ses Applies Only For	Coveraç	ges For Which A Lin	nit Of Insurance
Coverage Building (Bldg)	Limit Of Insurance \$627,400	Covered Causes Of Loss Basic	Total Replacement Cost \$627,400	Rates Class	Premium \$7,604.00	First Loss N/A
OPTIONAL COVERAGES	Applicable Only	When Entries Are	e Made In The Sched		FHCF Build-Up Premium:	\$296
Coverage		mium	1		eplacement Cost	
			Build Ye		Business Pers	onal Property
DEDUCTIBLE		21	М			
All Other Perils Ded	uctible		ear Hurricane e Deductible			
		Deductible Percenta	ge (Deductible Amount)			
\$5,000		Bldg: 5%	% (\$31,370)			
WINDSTORM MITIGATION	FEATURES					
Terrain Y C	ear Built 1980	Roof Cover FBC Equivalent	Roof Deck Level C	C	Roof-Wall onnection Toe Nail	SWR No
Building Type Type I	Roof Shape Hip		Protection FE	BC Wind N/A	Speed FBC \	Wind Design N/A
*A premium adjustment of \$ 2 or construction techniques th					uilding's wind loss m	itigation feature
Mortgageholder(s) & Other	Policyholder Inte	erest(s) – See Po	licy Interest Schedu	le.		
PREMIUM: \$7,900.00						



Policy Number: 14022859 - 1 **Effective Date**: 11/27/2024 to 11/27/2025

LOCATION NO. 11	BUILDING O	R SPECIAL CLA	SS ITEM NO. 1	CSP (Code: 0331		
BUSINESS DESCRIPTION:	Condominiums -re	sidential (associa	tion risk only) -	without mercar	ntile occupancies - U	p to 10 units	
ESCRIPTION OF PREMISES 11: 1859 BOUGH AVE				2 STORY 4 UN CONDOMINIU	IIT JOISTED MASO M BUILDING	NRY	
ocation Address 1859 BOUGH AVE CLEARWATER, FL 33760-1598	Ó	Group I Construction Joisted Masonry Group I Territory Statewide	Group I	Construction B I Territory ast Zone 3	Protection Class 1 Coastal Territory None	BCEGS Grade Ungraded No. of Units 4	
COVERAGES PROVIDED	Insurance at the I Is Shown.	Described Premi	ses Applies Or	nly For Covera	ges For Which A Li	mit Of Insuran	
Coverage	Limit Of Insurance	Covered Causes Of Loss	Total Replacement	Cost Rates	S Premium	First Loss	
Building (Bldg)	\$627,400	Basic	\$627,400	Class	\$7,767.00	N/A	
ORTIONAL COVERAGES					FHCF Build-Up Premium	1: \$304	
	Applicable Only		e Made In The				
Coverage	Premium		1	F	Replacement Cost		
	Ų.			Building Yes	Business Per	sonal Property	
DEDUCTIBLE							
All Other Perils Ded	uctible		ear Hurricane e Deductible				
		Deductible Percenta	ge (Deductible Amo	ount)			
\$5,000		Bldg: 5%	6 (\$31,370)				
WINDSTORM MITIGATION	FEATURES						
Terrain Y C	'ear Built 1980	Roof Cover FBC Equivalent	Roof De Level		Roof-Wall connection Toe Nail	SWR No	
Building Type Type I	Roof Shape Hip		Protection lone	FBC Wind N/A		Wind Design N/A	
A premium adjustment of \$ 2 or construction techniques the	2,193.00 is include at exist. Adjustmer	d to reflect buildin nts range from a 1	ng code enforce % surcharge to	ment and the b	ouilding's wind loss n	nitigation featur	
Mortgageholder(s) & Other	Policyholder Inte	rest(s) – See Pol	licy Interest So	chedule.			
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Policy Number: 14022859 - 1 Effective Date: 11/27/2024 to 11/27/2025

OCATION NO. 12	BUILDING O	R SPECIAL CLAS	SS ITEM NO. 1	CSP C	ode: 0331	
BUSINESS DESCRIPTION:	Condominiums -re	sidential (associat	ion risk only) - wi	ithout mercan	tile occupancies - l	Jp to 10 units
DESCRIPTION OF PREMISI	ES 12: 186	1 BOUGH AVE		STORY 4 UNI ONDOMINIUM	IT JOISTED MASC M BUILDING	DNRY
ocation Address 861 BOUGH AVE CLEARWATER, FL 33760-1599		Group I Constructio Joisted Masonry Group I Territory Statewide	B Group II T Seacoast	Territory Zone 3	Protection Class 1 Coastal Territory None	BCEGS Grade Ungraded No. of Units 4
COVERAGES PROVIDED	Insurance at the Is Shown.		ses Applies Only	/ For Covera	ges For Which A L	imit Of Insuranc
Coverage	Limit Of Insurance	Covered Causes Of Loss	Total Replacement C	ost Rates	Premium	First Loss
Building (Bldg)	\$627,400	Basic	\$627,400	Class	\$7,604.00	N/A
					FHCF Build-Up Premiu	m: \$296
OPTIONAL COVERAGES			Made In The So			
Coverage	Fre	emium		Building Yes	eplacement Cost Business Pe	rsonal Property
DEDUCTIBLE						
All Other Perils Ded	luctible		ear Hurricane e Deductible			
		Deductible Percentage	ge (Deductible Amour	nt)		
\$5,000		Bldg: 5%	(\$31,370)			
WINDSTORM MITIGATION	FEATURES					
Terrain Y C	/ear Built 1980	Roof Cover FBC Equivalent	Roof Dec Level C	C	Roof-Wall onnection Toe Nail	SWR No
Building Type Type I	Roof Shape Hip		Protection one	FBC Wind N/A	Speed FB0	C Wind Design N/A
*A premium adjustment of \$ or construction techniques th					uilding's wind loss	mitigation featur
Mortgageholder(s) & Other	Policyholder Inte	erest(s) – See Pol	licy Interest Sch	nedule.		
montgagenolaer(s) a outer	i oncynolaei int	3,001(0) 000.0.	,			



Policy Number: 14022859 - 1

Effective Date: 11/27/2024 to 11/27/2025

LOCATION NO. 13	BUILDING OI	R SPECIAL CLA	SS ITEM NO.	1 C	SP Code: 0331	
BUSINESS DESCRIPTION:	Condominiums -res	sidential (associa	tion risk only) -	without me	rcantile occupand	cies - Up to 10 units
DESCRIPTION OF PREMISE	IS 13: 1863	13: 1863 BOUGH AVE 2 STORY 4 UNIT JOISTED MASON CONDOMINIUM BUILDING				
Location Address 1863 BOUGH AVE CLEARWATER, FL 33760-1557	G	roup I Construction Joisted Masonry Group I Territory Statewide	Group	Construction B II Territory ast Zone 3	Protection C 1 Coastal Terr None	Ungraded
COVERAGES PROVIDED	Insurance at the D Is Shown.	escribed Premi	ses Applies O	nly For Co	verages For Whi	ch A Limit Of Insuran
Coverage	Limit Of Insurance	Covered Causes Of Loss	Total Replacement	Cost R	ates Prer	mium First Loss
Building (Bldg)	\$627,400	Basic	\$627,400) C	class \$7,5	22.00 N/A
ODTIONAL COVERAGE					FHCF Build-Up	Premium: \$291
	Applicable Only V		e Made In The	Schedule		
Coverage	Prer	Premium		Replacer		Cost
				Building Yes	Busine	ss Personal Property
DEDUCTIBLE						
All Other Perils Ded	uctible		ear Hurricane e Deductible			
		Deductible Percenta	ge (Deductible Am	ount)		
\$5,000		Bldg: 5%	6 (\$31,370)			
WINDSTORM MITIGATION I	EATURES					
Terrain Y C	ear Built 1980 F	Roof Cover FBC Equivalent	Roof Do Level		Roof-Wall Connection Toe Nail	SWR Yes
Building Type Type I	Roof Shape Hip		Protection one		find Speed N/A	FBC Wind Design N/A
A premium adjustment of \$ 2 or construction techniques the	2,438.00 is included at exist. Adjustmen	to reflect building ts range from a 1	g code enforce % surcharge to	ement and to	he building's wind	loss mitigation featur
Mortgageholder(s) & Other						
PREMIUM: \$7,813.00	.,					







Policy Number: 14022859 - 1

Effective Date: 11/27/2024 to 11/27/2025

USINESS DESCRIPTION:	Condominiums -re	-1441-171-4					
ESCRIPTION OF DREMISE		sidentiai (associai	tion risk only) - wi	thout mercan	tile occupancies -	Up to 10 units	
LOCKIT HOW OF FREMISE	2 STORY 4 UNIT JOISTED MASONR' CONDOMINIUM BUILDING					ONRY	
ocation Address 865 BOUGH AVE LEARWATER, FL 33760-4500		Froup I Construction Joisted Masonry Group I Territory Statewide	B Group II T Seacoast	erritory Zone 3	Protection Class 1 Coastal Territory None	BCEGS Grade Ungraded No. of Units 4	
	Insurance at the I Is Shown.		ses Applies Only	For Covera	ges For Which A	Limit Of Insurance	
overage	Limit Of Insurance	Covered Causes Of Loss	Total Replacement C	ost Rates	Premium	First Loss	
uilding (Bldg)	\$627,400	Basic	\$627,400	Class	\$7,522.00		
					FHCF Build-Up Premi	um: \$291	
	Applicable Only \		Made In The So				
Coverage	Pre	mium		Replaceme Building Busir Yes		ent Cost iness Personal Property	
DEDUCTIBLE							
All Other Perils Ded	uctible		ear Hurricane e Deductible				
		_	ge (Deductible Amour	nt)			
\$5,000		Bldg: 5%	6 (\$31,370)				
VINDSTORM MITIGATION	FEATURES						
Terrain Y C	'ear Built 1980	Roof Cover FBC Equivalent	Roof Dec Level C		Roof-Wall onnection Toe Nail	SWR Yes	
Building Type Type I	Roof Shape Hip		Protection lone	FBC Wind N/A		BC Wind Design N/A	
A premium adjustment of \$ 3 or construction techniques th					ouilding's wind lose	s mitigation feature	
lortgageholder(s) & Other	Policyholder Inte	erest(s) – See Po	licy Interest Sch	edule.			
PREMIUM: \$7,813.00							





Policy Number: 14022859 - 1

Effective Date: 11/27/2024 to 11/27/2025

LOCATION NO. 15	BUILDING C	R SPECIAL CLA	SS ITEM NO. 1	CSP C	ode: 0331		
BUSINESS DESCRIPTION:	Condominiums -re	esidential (associal	tion risk only) - withou	ıt mercant	ile occupancies - Up	to 10 units	
DESCRIPTION OF PREMISE	ES 15: 300	00 BOUGH AVE			T JOISTED MASON I BUILDING	RY	
Location Address 3000 BOUGH AVE CLEARWATER, FL 33760-4501	(Group I Construction Joisted Masonry Group I Territory Statewide	Group II Constru B Group II Territ Seacoast Zon	ory	Protection Class 1 Coastal Territory None	BCEGS Grade Ungraded No. of Units 4	
	Insurance at the Is Shown.	Described Premis	ses Applies Only Fo	r Coveraç	ges For Which A Lin	nit Of Insuran	
Coverage Building (Bldg)	Limit Of Insurance \$627,400	Covered Causes Of Loss	Total Replacement Cost	Rates	Premium	First Loss	
odilding (blug)	φ027,400	Dasic	\$627,400	Class	\$6,387.00 FHCF Build-Up Premium:	N/A \$233	
OPTIONAL COVERAGES	Applicable Only	When Entries Are	Made In The Scheo			ΨΖΟΟ	
Coverage	Premium			Replacement Cost			
			Building Yes		Business Personal Property		
DEDUCTIBLE							
All Other Perils Ded	uctible	Percentag	ear Hurricane e Deductible				
\$5,000			ge (Deductible Amount)				
₩INDSTORM MITIGATION I	CEATURE C	Bidg: 5%	5 (\$31,370) 				
	ear Built	Roof Cover	Doof Dools		£ 38/-11	OMD	
C		FBC Equivalent	Roof Deck Level C		coof-Wall connection Clips	SWR Yes	
Building Type Type I	Roof Shape Hip		Protection FE	BC Wind S N/A	Speed FBC \	Wind Design N/A	
A premium adjustment of \$ 3 or construction techniques the	3,573.00 is include at exist. Adjustme	ed to reflect buildin nts range from a 1	g code enforcement % surcharge to a 659	and the bu	uilding's wind loss m	itigation featur	
Mortgageholder(s) & Other	Policyholder Inte	erest(s) - See Po	licy Interest Schedu	le.			
PREMIUM: \$6,620.00							







Policy Number: 14022859 - 1

Effective Date: 11/27/2024 to 11/27/2025

LOCATION NO. 16	BUILDING OR	SPECIAL CLA	SS ITEM NO. 1	CSP C	ode: 0331		
BUSINESS DESCRIPTION:	Condominiums -resi	dentiał (associa	tion risk only) - with	nout mercan	tile occupancies - Uք	to 10 units	
DESCRIPTION OF PREMIS	ES 16: 3004	2 STORY 4 UNIT JOISTED MAS CONDOMINIUM BUILDING					
Location Address 3004 BOUGH AVE CLEARWATER, FL 33760-4502		oup I Construction Joisted Masonry Group I Territory Statewide	on Group II Cons B Group II Te Seacoast Z	rritory	Protection Class 1 Coastal Territory None	BCEGS Grade Ungraded No. of Units 4	
COVERAGES PROVIDED	Insurance at the De Is Shown.	escribed Premi	ses Applies Only	For Coveraç	ges For Which A Lir	mit Of Insurance	
Coverage Building (Bldg)	Limit Of Insurance \$627,400	Covered Causes Of Loss	Total Replacement Co \$627,400	st Rates	Premium \$6,387,00	First Loss N/A	
building (blag)	Ψ027,400	Dasic	Ψ027,400		FHCF Build-Up Premium:		
OPTIONAL COVERAGES	Applicable Only W	hen Entries Ar	e Made In The Sci			¥-22	
Coverage	Prem				placement Cost		
			В	Building Business Personal Yes			
DEDUCTIBLE							
All Other Perils Ded		Percentag	ear Hurricane Je Deductible				
			ge (Deductible Amount)				
\$5,000		Bldg: 5%	6 (\$31,370)				
WINDSTORM MITIGATION	FEATURES						
Terrain C		Roof Cover BC Equivalent	Roof Deck Level C		Roof-Wall onnection Clips	SWR Yes	
Building Type Type I	Roof Shape Hip		Protection lone	FBC Wind N/A	Speed FBC	Wind Design N/A	
*A premium adjustment of \$ or construction techniques the					uilding's wind loss m	itigation feature	
Mortgageholder(s) & Other	Policyholder Inter	est(s) – See Po	licy Interest Sche	dule.			
PREMIUM: \$6,620.00							



Policy Number

COMMERCIAL PROPERTY POLICY DECLARATIONS

Policy Number: 14022859 - 1 Effective Date: 11/27/2024 to 11/27/2025

LOCATION NO. 17	BUILDING C	OR SPECIAL CLA	SS ITEM I	NO. 1	CSP C	ode: 0331		
BUSINESS DESCRIPTION:	Condominiums -re	esidential (associa	tion risk or	nly) - withou	ut mercant	ile occupanci	es - Up	to 10 units
DESCRIPTION OF PREMIS	SES 17: 184	17 BOUGH AVE				T JOISTED N I BUILDING	MASONF	RY
Location Address 1847 BOUGH AVE CLEARWATER, FL 33760-1592		Group I Construction Joisted Masonry Group I Territory Statewide	В		tory	Protection Cl 1 Coastal Territ None		BCEGS Grade Ungraded No. of Units 4
COVERAGES PROVIDED	Insurance at the Is Shown.	Described Premis	ses Applie	es Only Fo	r Coveraç	es For Whic	h A Lim	it Of Insuranc
Coverage Building (Bldg)	Limit Of Insurance \$627,400	Covered Causes Of Loss Basic	Replacer	otal nent Cost		Prem		First Loss
ballaling (blag)	\$627,400	Basic	\$62	7,400	Class	\$7,60		N/A
OPTIONAL COVERAGES	Applicable Only	When Entries Ar	e Made In	The Scher		FHCF Build-Up F	remium:	\$296
OPTIONAL COVERAGES Applicable Only When Entries Are Made In The Schedule Below Coverage Premium Replacement Cost								
, roman				Building Business Personal Property Yes				
DEDUCTIBLE								
All Other Perils Dec	luctible	Calendar Y Percentag						
		Deductible Percenta	ige (Deductib	le Amount)				
\$5,000		Bldg: 5%	6 (\$31,370)				
WINDSTORM MITIGATION	FEATURES							
Terrain C	Year Built 1980	Roof Cover FBC Equivalent		of Deck evel C	Co	oof-Wall onnection Toe Nail		SWR No
Building Type Type I	Roof Shape Hip		Protectione	n Fl	BC Wind S	Speed	FBC W	ind Design N/A
*A premium adjustment of \$ or construction techniques tl	2,356.00 is include nat exist. Adjustme	ed to reflect buildin nts range from a 1	ng code en 1% surchai	forcement ge to a 65°	and the bu % credit.	ilding's wind	loss miti	gation feature
Mortgageholder(s) & Othe	r Policyholder Inte	erest(s) – See Pol	licy Intere	st Schedu	ıle.			
PREMIUM: \$7,900.00								

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Policy Number: 14022859 - 1 Effective Date: 11/27/2024 to 11/27/2025

Insured Name: EASTWOOD SHORES CONDOMINIUM NO.4 ASSOCIATION, INC.

WARNING: PREMIUM PRESENTED COULD INCREASE IF CITIZENS IS REQUIRED TO CHARGE ASSESSMENTS FOLLOWING A MAJOR CATASTROPHE.

FLOOD COVERAGE IS NOT PROVIDED BY THIS POLICY.

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

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

TO REPORT A LOSS OR CLAIM CALL 866.411.2742

THIS POLICY CONTAINS LIMITS ON CERTAIN COVERED LOSSES, ALL SUBJECT TO THE TERMS AND CONDITIONS OF YOUR POLICY. THESE LIMITS INCLUDE, FOR EXMAPLE, A LIMIT OF UP TO THE GREATER OF \$15,000 OR 3% OF A SEPARATE BUILDING LIMIT OF INSURANCE, FOR EMERGENCY MEASURES INCLUDING BUT NOT LIMITED TO TEMPORARY REPAIRS, TARPING, SHRINK WRAP, WATER MITIGATION, BOARD-UP, AND SIMILAR MEASURES, OF THAT BUILDING.

PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY. IF YOU ARE UNABLE TO CONTACT YOUR AGENT, YOU MAY REACH CITIZENS AT 866.411.2742.





Policy Number: 14022859 - 1 Effective Date: 11/27/2024 to 11/27/2025

insured Name: EASTWOOD SHORES CONDOMINIUM NO.4 ASSOCIATION, INC.



12/13 69C019 00 121320000016482



COMMERCIAL PROPERTY POLICY FORMS AND ENDORSEMENTS SCHEDULE

POLICY NUMBER

14022859 - 1

POLICY PERIOD FROM 11/27/2024

TO 11/27/2025

at 12:01 a.m. Eastern Time

Named Insured

EASTWOOD SHORES CONDOMINIUM NO.4 ASSOCIATION, INC.

An entry below of "All" indicates the form applies to all items scheduled in the policy						
Location No.	Building No.	Form No.	Edition Date	Description		
ALL	ALL	CIT 01 91	10 24	FLORIDA CHANGES - RESIDENTIAL CONDOMINIUM ASSOCIATIONS		
ALL	ALL	CP 01 40	07 06	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA		
ALL	ALL	CIT 14 20	12 23	ADDITIONAL PROPERTY NOT COVERED		
ALL	ALL	IL 09 35	07 02	EXCLUSION OF CERTAIN COMPUTER- RELATED LOSSES		
ALL	ALL	IL P 001	01 04	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS		
ALL	ALL	CIT 03 23	12 23	FLORIDA CALENDAR YEAR HURRICANE PERCENTAGE DEDUCTIBLE (RESIDENTIAL RISKS)		
ALL	ALL	IL 09 53	01 15	EXCLUSION OF CERTIFIED ACTS OF TERRORISM		
ALL	ALL	CIT 00 02	10 24	TABLE OF CONTENTS -CONDOMINIUM ASSOCIATION		
ALL	ALL	IL 00 17	11 98	COMMON POLICY CONDITIONS		
ALL	ALL	CP 00 90	07 88	COMMERCIAL PROPERTY CONDITIONS		
ALL	ALL	CP 10 10	06 07	CAUSES OF LOSS - BASIC FORM		
ALL	ALL	CIT 02 55	10 24	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL		
ALL	ALL	CIT 01 75	07 23	FLORIDA CHANGES - LEGAL ACTION AGAINST US		
ALL	ALL	CIT CR 01 25	10 24	FLORIDA CHANGES		
1	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM		
2	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM		
3	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM		
4	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM		

Issued Date: 12/02/2024

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COMMERCIAL PROPERTY POLICY FORMS AND ENDORSEMENTS SCHEDULE

POLICY NUMBER 14022859 - 1

Named Insured

POLICY PERIOD FROM 11/27/2024

TO 11/27/2025

at 12:01 a.m. Eastern Time

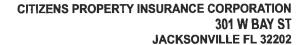
EASTWOOD SHORES CONDOMINIUM NO.4 ASSOCIATION, INC.

Location No.	Building No.	Form No.	Edition Date	Description
5	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
6	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
7	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
8	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
9	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
10	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
11	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
12	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
13	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
14	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
15	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
16	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
17	ALL	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM

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COMMERCIAL PROPERTY POLICY POLICY INTEREST SCHEDULE

POLICY NUMBER

14022859 - 1

POLICY PERIOD FROM 11/27/2024

TO 11/27/2025

at 12:01 a.m. Eastern Time

Named Insured

EASTWOOD SHORES CONDOMINIUM NO.4 ASSOCIATION, INC.

Location No.

Building No.

Interest Type

Name and Mailing Address

No Additional Interests.

Issued Date: 12/02/2024

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