

**BUSINESSPRO POLICY CHANGES**

**NAMED INSURED AND ADDRESS**

**POLICY PERIOD**

Spanish Pines II Condominium Association Inc  
c/o Advanced Property Management  
1035 Collier Center Way #7  
NAPLES, FL 34110

12:01 A.M. Standard time at the address of the  
Named Insured shown at left  
From: 05-30-2024 To: 05-30-2025

**THIS ENDORSEMENT CHANGES THE POLICY AGENT'S NAME AND ADDRESS**

**PLEASE READ IT CAREFULLY**

Distinguished Programs Insurance Brokerage LLC  
1180 Avenue of the Americas, 16th Fl  
New York, NY 10036

Insurance is afforded by company indicated below:  
(Each a capital stock corporation)

- GREAT AMERICAN INSURANCE CO.       AMERICAN ALLIANCE INSURANCE CO.  
 AMERICAN NATIONAL FIRE INS. CO.       AGRICULTURAL INSURANCE CO.

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In consideration of the following additional premium change, it is hereby understood that the policy is changed as follows:

\$115.00

- A. SCHEDULE\*
- 1. The first Named Insured is changed to:
  - 2. The following Insured(s) is added to the Named Insured:
  - 3. The following Insured(s) is deleted from the Named Insured:
  - 4. The Mailing Address is changed to:
  - 5. The Location Schedule is changed as follows:
  - 6. The Limit(s) of insurance is changed as follows:
    - 1. Employee Dishonesty \$150,000
    - 2. Forgery or Alteration \$150,000
    - 3. Inside the Premises \$150,000
    - 4. Outside the Premises \$150,000
    - 5. Computer Fraud \$150,000
    - 6. Money Orders & Counterfeit Paper Currency \$150,000
    - 8. Funds Transfer Fraud \$150,000
  - 7. The Deductible Amount(s) is changed as follows:
  - 8. Other changes:

SCHEDULE\* (Continued)

\*Information required to complete this SCHEDULE, if not shown on the endorsement, will be shown in the Declarations.

**B. PROVISIONS APPLICABLE TO CRIME COVERAGE**

1. The Declarations Form is amended as shown in the SCHEDULE.
2. Applications of changes affected by this Change Endorsement.
  - a. ADDITION OF A DEDUCTIBLE OR INCREASE IN DEDUCTIBLE AMOUNT: This change applies to loss or damage resulting from acts committed or events occurring at any time, whether before or after the Effective Date of Change.
  - b. DELETION OR RESTRICTION (OTHER THAN IN a. ABOVE) OF ANY COVERAGE OR DECREASE IN ANY LIMIT OF INSURANCE: This change applies to loss or damage resulting from acts committed or events occurring:
    - (1) On or after the Effective Date of Change, and also
    - (2) Before the Effective Date of Change if discovered after one year from that date.
  - c. ALL CHANGES OTHER THAN IN a. AND b. ABOVE: This change applies to loss or damage resulting from acts committed or events occurring on or after the Effective Date of Change.
3. No Limit of Insurance during any period will be cumulative with any other amount applicable to the same coverage during any other period.

**FORMS AND ENDORSEMENTS** hereby added:

**FORMS AND ENDORSEMENTS** hereby amended:

**FORMS AND ENDORSEMENTS** hereby deleted:

Insured's Acceptance:

Date:

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Countersigned By:

Date:

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(Authorized Representative)

