



**POLICY CHANGES
COVER NOTE**

Endorsement No.: 01

POLICY NUMBER AMC-36584-05	POLICY CHANGES EFFECTIVE 05/30/2024	COMPANY AMERICAN COASTAL INSURANCE COMPANY
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NAMED INSURED
 SPANISH PINES II CONDOMINIUM ASSOCIATION INC

CHANGES

It is agreed that the named insured is amended to read as follows:

Spanish Pines II Condominium Association Inc

All other terms and conditions of the policy shall remain unchanged.

\$	0.00	Return Premium
\$	0.00	EBD Premium
\$	0.00	EMPA Fee
\$	0.00	Citizens Assessment
\$	0.00	FHCF Fee
\$	0.00	Fire College Fee
\$	0.00	FIGA Assessment
	REJECTED	TRIA
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\$	0.00	Total Return Due

DECLARATIONS PAGE

COMMERCIAL PACKAGE
AMERICAN COASTAL INSURANCE COMPANY
800 2nd Avenue South
St. Petersburg, FL 33701
(281) 257-6700



Policy Number: AMC-36584-05
Account Number: 1147258
Endorsement No.: 01
Change Effective: 05/30/2024
Policy Changes: INSUREDS NAME

Claims and Customer Service: Toll Free (252) 247-8774

Inception Date: 05/30/2024
at 12:01 AM Standard Time at the location of Described Property

Expiration Date: 05/30/2025
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:
SPANISH PINES II CONDOMINIUM ASSOCIATION INC
Advanced Property Management
1035 Collier Center Way #7
Naples, FL 34110

Producer:
AMRISC, LLC
STE 200
1700 City Plaza Dr.
Spring, TX 77389
Sub-Producer: 0001

COMMERCIAL PACKAGE:

Commercial Property Premium:
TRIA:
General Liability Premium:
Equipment Breakdown Coverage:

PREMIUM:
\$76,549
Rejected
Not Covered
\$191

FEES:

Emergency Management Preparedness and Assistance Trust Fund:
Fire College Fee:
Florida Insurance Guaranty Association (FIGA) Assessment:

\$4
\$77
\$767

TOTAL PREMIUM AND FEES:
TOTAL LIMIT OF LIABILITY:

\$77,588
\$4,728,388

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

DEDUCTIBLE

All Other Perils Deductible: \$10,000 Per Occurrence
Hurricane Deductible: 5% Per Occurrence
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:

Robert Maschmeyer
Senior Vice President of Underwriting
Authorized Representative
St. Petersburg, Florida Date: 09/11/2024

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	131 Cypress Way East Naples FL 34110	\$1,141,680		
0002	0001	135 Cypress Way East Naples FL 34110	\$1,141,680		
0003	0001	141 Cypress Way East Naples FL 34110	\$1,141,680		
0004	0001	145 Cypress Way East Naples FL 34110	\$1,045,726		
0005	0001	131 Cypress Way East Naples FL 34110			\$66,586
0006	0001	135 Cypress Way East Naples FL 34110			\$66,586
0007	0001	141 Cypress Way East Naples FL 34110			\$66,586
0008	0001	145 Cypress Way East Naples FL 34110			\$57,864

LOSS PAYEE
See Loss Payable Provisions Endorsement if Applicable

Forms and Endorsements:			
AC CL 1 04 23	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 04 23	AC 01 75 04 23	AC 04 05 07 18
AC 05 01 04 23	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 27 06 07	CP 10 30 06 07	IL 09 32 07 02	IL 09 35 07 02
IL 09 53 01 15	N 006 04 23		

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 ONE (1) YEAR 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 EIGHTEEN (18) MONTHS 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.