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#### **COMMERCIAL PROPERTY POLICY DECLARATIONS**

POLICY NUMBER: 00043783 - 12	POLICY PERIOD FROM 11/10/2024	TO 11/10/2025
	at 12:01 a.m. Eastern Time	
Transaction: AMENDED DECLARATIONS	Effective: 11/10/2024	CR-M
Pay Plan: Citizens Full Pay	Bill: Insured Billed	
Named Insured and Mailing Address	Agent	Fl. Agent Lic. #
CASA PRIMA APARTMENTS ASSOCIATION INC. 24701 US HWY 19 N STE 102 C/O AMERI-TECH COMMUNITY MANAGEMENT CLEARWATER, FL 33763-4086	ROBERT MITCHELL MITCHELL INS SRVCS,INC. 319 5TH ST N ST PETERSBURG, FL 33701	P169488
Telephone: 727-726-8000 x252	Telephone: 727-360-8190	

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		\$22,647.00
Certified Acts of Terrorism Coverage		Included
Required Additional Charges:		
Emergency Management Preparedness and Assistance Trust F 2023-A Florida Insurance Guaranty Association (FIGA) Emerger State Fire Marshal Regulatory Surcharge Tax-Exempt Surcharge STATUTORY INSURANCE PREMIUM DISCOUNTS:		\$4.00 \$226.00 \$23.00 \$396.00
Legislative Premium Tax Discount Legislative Fire Marshal Discount		(\$396) (\$35)
	TOTAL:	\$22,865.00
	Change in Policy Premium:	-\$431.00

The portion of your premium for

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

**Countersigned: 07/25/2025** 

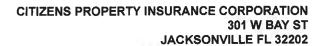
Authorized By: ROBERT MITCHELL

Issued Date: 07/25/2025

BY:

Timothy M. Cerio President/CEO and Executive Director Citizens Property Insurance Corporation

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## **POLICY CHANGE SUMMARY**

TO 11/10/2025 **POLICY NUMBER: 00043783 - 12** POLICY PERIOD FROM 11/10/2024

at 12:01 a.m. Eastern Time

Effective: 11/10/2024 Transaction: AMENDED DECLARATIONS

Item 10008.1F (0.FL	Prior Policy Information	Amended Policy Information
No change has been made to your policy.	1.0	

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.

PAA606190013290205000000

PCS 01 14





**Policy Number:** 00043783 - 12

Effective Date: 11/10/2024 to 11/10/2025

Insured Name: CASA PRIMA APARTMENTS ASSOCIATION INC.

Hurricane Coverage is: \$11,272.00

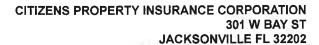
Non - Hurricane Coverage is: \$11,375.00



Policy Number: 00043783 - 12 Effective Date: 11/10/2024 to 11/10/2025

Insured Name: CASA PRIMA APARTMENTS ASSOCIATION INC.

LOCATION NO. 1	BUILDING C	R SPECIAL CLA	SS ITEM NO. 1	CSP C	ode: 0332	
BUSINESS DESCRIPTION	I: Condominiums -re	esidential (associa	tion risk only) - wit	thout mercan	tile occupancies	-11 to 30 units
DESCRIPTION OF PREMI	SES 1: 1859	SHORE DR S	30	UNIT		
Location Address 1859 SHORE DR S SOUTH PASADENA, FL 3370		Group I Construction Masonry Non- Combustible Group I Territory Statewide	Group II Con B Group II Te Seacoast	erritory	Protection Class 2 Coastal Territory None	Ungraded
COVERAGES PROVIDED	Insurance at the Is Shown.		ses Applies Only	For Covera	ges For Which A	Limit Of Insurance
Coverage	Limit Of Insurance	Covered Causes Of Loss	Total Replacement Co	ost Rates	Premiun	n First Loss
Building (Bldg)	\$5,032,900	Basic	\$5,032,900	Class	\$14,696.0	0 N/A
					FHCF Build-Up Prem	ium: \$605
OPTIONAL COVERAGES	Applicable Only	When Entries Arc	e Made In The Sc	hedule Belo	)W	
Coverage		emium		F	Replacement Cos	st
Sinkhole Loss Coverage Certified Acts of Terrorism	T - 1	046.00 5.00	E	Building Yes	Business P	ersonal Property
DEDUCTIBLE						
All Other Perils De	eductible		ear Hurricane e Deductible		Sinkhole Loss	Deductible
Deductible Percentage (Deductible Amount)  Deductible Percentage (Deductible Amount)						
\$2,500		Bldg: 3%	(\$150,987)		Bldg: 10% (\$	5503,290)
WINDSTORM MITIGATION	N FEATURES					
Terrain	Year Built	Roof Cover	Roof Deck		Roof-Wall	SWR
С	1975	FBC Equivalent	Unknown		onnection Unknown	No
<b>Building Type</b> Type l	Roof Shape Flat		Protection ass B	FBC Wind N/A	•	BC Wind Design N/A
*A premium adjustment of or construction techniques					uilding's wind los	s mitigation feature
Mortgageholder(s) & Oth	er Policyholder Inte	erest(s) - See Po	licy Interest Sche	edule.		
PREMIUM: \$22,512.00	<del> ,                                 </del>					
					~	





Policy Number: 00043783 - 12 Effective Date: 11/10/2024 to 11/10/2025

Insured Name: CASA PRIMA APARTMENTS ASSOCIATION INC.

Coverage Special Class Item	Grant Shown.  Limit Of Insurance \$101,900  pplicable Only W	SHORE DR S roup I Construct N/A Group I Territory Statewide escribed Prem Covered Causes Of Loss Basic	Prion Group II Co N// Group II T Seacoast ises Applies Only Total Replacement C	nstruction A Ferritory Zone 3 y For Coveraç	/POOL DECK Protection Class 2 Coastal Territory None ges For Which A L  Premium \$131.00	BCEGS Grade Ungraded No. of Units N/A imit Of Insurance
Location Address 1859 SHORE DR S SOUTH PASADENA, FL 33707-47  COVERAGES PROVIDED In Is  Coverage Special Class Item  OPTIONAL COVERAGES A	Gr 14 surance at the D Shown. Limit Of Insurance \$101,900 pplicable Only W	roup I Construct N/A Group I Territory Statewide escribed Prem  Covered Causes Of Loss  Basic	ion Group II Co N// Group II To Seacoast ises Applies Only  Total Replacement C \$101,900	nstruction A Ferritory Zone 3 y For Coverag	Protection Class 2 Coastal Territory None ges For Which A L Premium	Ungraded No. of Units N/A imit Of Insurance
1859 SHORE DR S SOUTH PASADENA, FL 33707-47  COVERAGES PROVIDED In Is  Coverage Special Class Item  OPTIONAL COVERAGES A Coverage	surance at the D Shown.  Limit Of Insurance \$101,900  pplicable Only W	N/A Group I Territory Statewide escribed Prem  Covered Causes Of Loss  Basic	Total Replacement C \$101,900	A Ferritory Zone 3 y For Coveraç Sost Rates	2 Coastal Territory None ges For Which A L Premium	Ungraded No. of Units N/A imit Of Insurance
Coverage Special Class Item  OPTIONAL COVERAGES A Coverage	Limit Of Insurance \$101,900 pplicable Only W	Covered Causes Of Loss Basic	Total Replacement C \$101,900	ost Rates	Premium	
Special Class Item  OPTIONAL COVERAGES A Coverage	Insurance \$101,900 pplicable Only W	Causes Of Loss Basic	Replacement C \$101,900			First Loss
OPTIONAL COVERAGES A	pplicable Only W Pren	BAS I	-POCKE	Class	¢121.00	
Coverage	Pren	/hen Entries A	11301		\$131.00	N/A
Coverage	Pren	/hen Entries A			FHCF Build-Up Premiur	n: \$3
			re Made In The S	chedule Belo	w	
	\$1.00		ob Alav	R Building Yes	eplacement Cost Business Per	rsonal Property
DEDUCTIBLE			3 T 7 7 1	MM 446	TITL 194 1-44	795.11
All Other Perils Deduc	tible		Year Hurricane ge Deductible			
			age (Deductible Amour	nt)		
\$2,500		Bldg: 3	3% (\$3,057)			
WINDSTORM MITIGATION FE	ATURES	4-20-0	vi mino			IN I
	ar Built 1977	Roof Cover N/A	Roof Dec N/A		oof- <b>W</b> all onnection N/A	SWR N/A
Building Type N/A	Roof Shape N/A	Openin	g Protection N/A	FBC Wind	Speed FBC	Wind Design N/A
*A premium adjustment of \$ 0.0 construction techniques that ex					ing's wind loss miti	gation features o
Mortgageholder(s) & Other P	olicyholder Inter	est(s) – See Pe	olicy Interest Sch	edule.		
PREMIUM: \$135.00						

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Policy Number: 00043783 - 12 Effective Date: 11/10/2024 to 11/10/2025

Insured Name: CASA PRIMA APARTMENTS 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.

# 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 EXAMPLE, 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.



## **COMMERCIAL PROPERTY POLICY** FORMS AND ENDORSEMENTS SCHEDULE

POLICY NUMBER 00043783 - 12

POLICY PERIOD FROM 11/10/2024 TO 11/10/2025

at 12:01 a.m. Eastern Time

Named Insured

CASA PRIMA APARTMENTS ASSOCIATION INC.

		An entry below of	"All" indicates the	e form applies to all items scheduled in the policy
Location No.	Building No.	Form No.	<b>Edition Date</b>	Description
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	IL 09 52	01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
ALL	ALL	IL 09 85	12 20	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
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	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	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
1	ALL	CIT 04 01	07 23	FLORIDA - SINKHOLE LOSS COVERAGE
1	1	CIT 12 09	12 23	WINDSTORM PROTECTIVE DEVICES

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## COMMERCIAL PROPERTY POLICY POLICY INTEREST SCHEDULE

**POLICY NUMBER** 

00043783 - 12

POLICY PERIOD FROM 11/10/2024

TO 11/10/2025

at 12:01 a.m. Eastern Time

Named Insured

CASA PRIMA APARTMENTS ASSOCIATION INC.

Location No.

Building No.

**Interest Type** 

Name and Mailing Address

No Additional Interests.

Issued Date: 07/25/2025

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