PHILADELPHIA INDEMNITY INSURANCE COMPANY PI-CAP-002 (11/17)
One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004

610.617.7900 Fax: 610.617.7940

COMMUNITY ASSOCIATION EXECUTIVE ADVANTAGE POLICY

DECLARATIONS

NOTICE: THIS IS A CLAIMS-MADE POLICY. THIS POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF APPLICABLE, AND REPORTED TO THE INSURER AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN 90 DAYS AFTER THE END OF THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

UNLESS AMENDED BY ENDORSEMENT, AMOUNTS INCURRED AS DEFENSE COSTS SHALL BE IN ADDITION TO THE LIMIT OF LIABILITY AND SHALL NOT BE APPLIED AGAINST THE APPLICABLE RETENTION.

THE INSURER HAS THE DUTY TO DEFEND.

POLICY NUMBER: PCAP048930-0225 **PRODUCER: GIG Insurance Group, Inc.**

RENEWAL OF: PCAP048930-0125

ITEM I. NAME AND ADDRESS OF PARENT ORGANIZATION:

Physical:
Capri Isle Garden Apartments No. 1 Association, Inc.
250 126th Ave
Treasure Island, FL 33706

Mailing: C/O Ameri-Tech Community Management Partne
Capri Isle Garden Apartments No. 1 Association, Inc.
6415 1st Ave S
St. Petersburg, FL 33707

ITEM II. POLICY PERIOD: Inception Date: 05/22/2026 Expiration Date: 05/22/2027
(12:01 A.M. at the address set forth in Item I)

ITEM III. LIMIT OF LIABILITY: $1,000,000 in the aggregate for the **Policy Year**

ITEM IV. RETENTION: $1,000 in the aggregate each **Claim**

ITEM V. PRIOR LITIGATION DATE: 05/22/2018

ITEM VI. PREMIUM: $1,741.00 TRIA Premium: $0.00
Florida Issuance Guaranty Association (Add to Annual Premium) 1.0%: $17.41

ITEM VII. ENDORSEMENTS FORMING PART OF THIS POLICY AT ISSUANCE:

FL.PCAP-PIBELL1-BELL.	FL.PCAP-PICAPFL1-AMEND.	FL.PCAP-PISLD001-TRIACAPLC	FL.PCAP-PITERDN1-TRIANOTI(
FL.PCAP-PICAP025-RESERVES	FL.PCAP-PICAP024-EVACUATI(	FL.PCAP-PICAP026-FORECLOS	PCAP-PICYBE001-CYBER.
PCAP-PICAPETS-OFAC.	PCAP-PICME1-CRISIS.	PCAP-PICAP021-WAGEHOUR.	PCAP-PICAP022-DEFENSECOS

This Declarations page, together with the **Application**, the attached Community Association Policy Form, and all endorsements thereto, shall constitute the contract between the Insurer and the **Insureds**.

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy not be valid unless signed by our authorized representative.

President & CEO **Secretary**

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