

Policy Number: AMC-36452-06
Account Number: 1231915

DECLARATIONS PAGE
COMMERCIAL PACKAGE
AMERICAN COASTAL INSURANCE COMPANY
800 2nd Avenue South
St. Petersburg, FL 33701
(281) 257-6700
Claims and Customer Service: Toll Free (252) 247-8774



Inception Date: 05/14/2025
at 12:01 AM Standard Time at the location of Described Property

Expiration Date: 05/14/2026
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:
Island Club Four Inc
777 S Federal Hwy Nectarine Bldg 4th Floor Office
Pompano Beach, FL 33062

Producer:
AMRISC, LLC
STE 200
1700 City Plaza Dr.
Spring, TX 77389
Sub-Producer: 0008

COMMERCIAL PACKAGE:

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

PREMIUM:
\$298,044
Rejected
Not Covered
\$894

FEES:

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

\$4
\$299
\$2,989

TOTAL PREMIUM AND FEES:
TOTAL LIMIT OF LIABILITY:

\$302,230
\$22,354,253

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

DEDUCTIBLE

All Other Perils Deductible: \$10,000 Per Occurrence
Hurricane Deductible: 5% Per Calendar Year
Sinkhole Deductible: Excluded

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	N/A Agreed Amount Scheduled
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: 06/11/2025

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	777 S. Federal Highway Pompano Beach FL 33062	\$2,639,625		
0002	0001	777 S. Federal Highway Pompano Beach FL 33062	\$2,474,306		
0003	0001	777 S. Federal Highway Pompano Beach FL 33062	\$3,860,503		
0004	0001	777 S. Federal Highway Pompano Beach FL 33062	\$7,723,287		
0005	0001	777 S. Federal Highway Pompano Beach FL 33062	\$5,656,532		

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 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	AC 30 06 07	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 23 06 07	CP 10 30 06 07	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.