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

Policy Number: AMC-29553-12
Account Number: 2057974

Inception Date: 05/18/2026
at 12:00 AM Standard Time at the location of Described Property

Expiration Date: 05/18/2027
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:
Walsingham Apartments
24701 US Highway 19 N Ste 102
Clearwater, FL 33763

Producer:
AMRISC, LLC
Ste. 200
1700 City Plaza Drive
Spring, TX 77389

COMMERCIAL PACKAGE:	**PREMIUM:**
Commercial Property Premium:	$42,902
TRIA:	Rejected
General Liability Premium:	Not Covered
Equipment Breakdown Coverage:	$211
FEES:	
Emergency Management Preparedness and Assistance Trust Fund:	$4
Fire College Fee:	$43
Florida Insurance Guaranty Association (FIGA) Assessment:	$431
TOTAL PREMIUM AND FEES:	$43,591
TOTAL LIMIT OF LIABILITY:	$5,267,771

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

DEDUCTIBLE

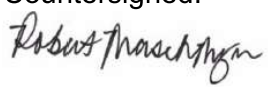
All Other Perils Deductible:	$5,000 Per Occurrence
Hurricane Deductible:	3% Per Calendar Year
Sinkhole Deductible:	Not Covered

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	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: 06/04/2026

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	14531 Walsingham Rd, Largo, FL 33774	$1,888,174	$25,000	$0
0002	0001	14531 Walsingham Rd, Largo, FL 33774	$3,193,098	$25,000	$0
0003	0001	14531 Walsingham Rd, Largo, FL 33774	$0	$0	$118,350
0004	0001	14531 Walsingham Rd, Largo, FL 33774	$0	$0	$14,830
0005	0001	14531 Walsingham Rd, Largo, FL 33774	$3,319	$0	$0

LOSS PAYEE

See Loss Payable Provisions Endorsement if Applicable

Forms and Endorsements:

COVER PAGE	N 006 04 23	AC N005 04 23	DISCLOSURES PAGE
AC CL 1 04 23	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-04-05-Schedule	AC 05 01 04 23	AC 14 20 06 12
AC 30 06 07	AC EBD 07 10	AC EBDS 07 10	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

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.