

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

TAILORED PROTECTION POLICY DECLARATIONS

AGENCY MORROW INS GROUP INC OF FERNANDINA BCH
12-0370-00 MKT TERR 123 904-261-0707

Renewal Effective 03-09-2024

POLICY NUMBER 002322-78000875-24

INSURED RIDAUGHT LANDING III
ASSOCIATION INC
C/O MICHAEL J MALONEY
ADDRESS 950-23 BLANDING BLVD PMB #321

Company Use 78-23-FL-0003

ORANGE PARK FL 32065-5912

Company Bill

Policy Term	
12:01 a.m.	12:01 a.m.
03-09-2024	to 03-09-2025

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

55039 (11-87)

COMMON POLICY INFORMATION

Business Description: Homeowners Assoc

Entity: Corporation

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE	\$2,309.00
EMERGENCY FLORIDA INSURANCE GUARANTY ASSOCIATION ASSESSMENT	\$23.09
TOTAL	\$2,332.09
PAID IN FULL DISCOUNT	\$234.32
TOTAL POLICY PREMIUM IF PAID IN FULL	\$2,097.77

THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.
The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.

Forms that apply to all coverage part(s) shown above (except garage liability, dealer's blanket, commercial automobile, if applicable):
55156 (07-12)

Countersigned By: MORROW INS GROUP INC OF FERNANDINA BCH

2024 Nyikes pay Con Firm # 127960006 mmzn



Southern-Owners Ins. Co.

Issued 01-23-2024

AGENCY MORROW INS GROUP INC OF FERNANDINA BCH
12-0370-00 MKT TERR 123

Company POLICY NUMBER 002322-78000875-24
Bill 78-23-FL-0003

INSURED RIDAUGHT LANDING III

Term 03-09-2024 to 03-09-2025

55040 (11-87)

COMMERCIAL GENERAL LIABILITY COVERAGE

COVERAGE	LIMITS OF INSURANCE
General Aggregate (Other Than Products-Completed Operations)	\$1,000,000
Products-Completed Operations Aggregate	\$1,000,000
Personal And Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Damage to Premises Rented to You (Fire Damage)	\$50,000 Any One Premises
Medical Payments	\$5,000 Any One Person
Assn Directors/Officers Errors and Omissions Agg	\$1,000,000
Assn Directors/Officers Errors and Omissions Occ	\$1,000,000

Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 month period in accordance with form 55885.

AUDIT TYPE: Non-Audited

Forms that apply to this coverage:

59350 (01-15)	IL0017 (11-85)	55146 (06-04)	55084 (06-04)	CG0220 (03-12)
IL0021 (07-02)	55881 (12-17)	CG2106 (05-14)	55010 (05-17)	59325 (12-19)
CG0001 (04-13)	55513 (05-17)	55719 (05-17)	CG2109 (06-15)	55029 (05-17)
CG2196 (03-05)	CG2132 (05-09)	CG2147 (12-07)	55885 (05-17)	

LOCATION 0001 - BUILDING 0001

Location: Cr 220, Middleburg, FL 32068

Territory: 006

County: Clay

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Assn Directors/Officers Errors And Omissions	00811	Professional	Flat Charge 303		\$721.00
Homeowners &/Or Mobile Homeowners Associations - No Buildings Or Premises Owned Or Leased Except For Office Purposes. (Not-For Profit)	41670	Prem/Op Prod/Comp Op	Members	Each 1	\$1,294.00
					\$271.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0001 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350	\$23.00
LOCATION 0001	\$2,309.00