

ExecPro sm **DECLARATIONS**

Community Association
Solution
Insurance Policy

Insurance is afforded by the company indicated below: (Each a capital stock corporation)

Policy Number: EPP3655455-03 Policy Form Number: D26100 (2/10)

Item 1. Name of Organization: Bordeaux Village Association No. 1, Inc.

Mailing Address: 24701 US HIGHWAY 19 N STE 102

Ameri-Tech Property Management

City, State, Zip Code: CLEARWATER, FL, 33763-4086

Item 2. **Policy Period**: From **05-31-2018** To **05-31-2019**

(Month, Day, Year) (Month, Day, Year)

(Both dates at 12:01 a.m. Standard Time at the address of the **Organization** as stated in Item 1.)

Item 3. (a) Limit of Liability for each **Policy Year**: \$1,000,000

(b) FLSA Defense Sublimit of Liability: \$150,000 – This limit is part of and not in addition to the Limit of Liability provided for in 3(a).

Item 4. Retentions:

Insuring Agreement A: \$0 Each Claim
Insuring Agreement B and/or C: \$1,000 Each Claim

Item 5. Premium: \$947.00 Annual Taxes/Surcharges: \$0.00 Annual Fees: \$0.00

Item 6. Endorsements Attached:

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Economic and Trade Sanctions Clause Lifetime Reporting D 26718 (02/10)

Terrorism Coverage Endorsement DTCV 09P (11/09)

Terrorism Coverage Premium Disclosure DTDP 09P (11/09)

Florida Amendatory Endorsement D 26314 (02/10)

Deletion of Noise Exclusion D 26714-2 (11/12)

Terrorism Coverage Policyholder Disclosure NTDN 08P (1/08)

Data Security Wrongful Acts and Privacy Wrongful Acts Coverage Endorsement D26740 (11/14)

Item 7. Notices: All notices required to be given to the **Insurer** under this policy shall be addressed to:

Great American Insurance Companies

Executive Liability Division

P.O. Box 66943

Chicago, Illinois 60666

Item 8. Prior & Pending Litigation Date: **05-31-2015**

These Declarations along with the completed and signed Proposal Form and community Associations Solution Insurance Policy shall constitute the contract between the **Insureds** and the **Insurer**.

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