

NOTICE:

THIS POLICY IS A LOSS DISCOVERED POLICY, WHICH APPLIES ONLY TO LOSSES FIRST DISCOVERED DURING THE **POLICY PERIOD** OR THE EXTENDED PERIOD TO DISCOVER LOSS, IF APPLICABLE. PLEASE READ THIS POLICY CAREFULLY AND DISCUSS IT WITH YOUR INSURANCE AGENT OR BROKER.

| Named Insured and Address | | Insurer | |
|---------------------------|---|---|--|
| Item 1. | Heather Hill Apartments No.1 Condominium Association, Inc. 24701 US Hwy 19 N, Ste 201 Clearwater, FL 33761 | Ascot Insurance Company 55 W. 46th Street, 26th Floor New York, NY 10036 | |
| Policy Number | | Producer | |
| SFC00000021 02 | | Mitchell Insurance Services, Inc 6534 Central Avenue St. Petersburg, FL 33707 | |

Item 2. Policy Period: From 03/27/2025 to 03/27/2026 12:01 a.m. local standard time at the address shown in Item 1.

Item 3. Notice to Insurer:

Notice of Claim or Circumstance:
 Attention: Claims Department
 Email: <u>USClaims@AscotGroup.com</u>
 Claims Reporting tel.: 1-833-454-3023

2. All Other Notices:

Ascot Insurance Company 55 W. 46th Street, 26th Floor New York, NY 10036

3. 24-Hour Data Breach Hotline: 1-833-706-0236

Item 4. Limits and Deductibles: All limits and deductibles shown below will apply on a single loss basis.

| Coverage | Limit | Deductible |
|--|----------|------------|
| Agreement A(1)- Employee Theft | \$50,000 | \$1,000 |
| Agreement A(2) Employee Theft of Unit Owner Property | \$10,000 | \$1,000 |
| Agreement B1 & B2 - Forgery or Alteration | \$10,000 | \$1,000 |
| Agreements F1, F2 and G- Computer Crime and Funds Transfer Fraud | \$50,000 | \$1,000 |
| Insuring Agreement K – | Limit | |
| Investigative Costs Coverage | | |
| Investigative Costs Coverage | \$ 5,000 | |

Item 5. Premium: \$ 170 Total Policy Premium

TRIA Premium: \$0