



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY The Hilb Group of Florida		NAMED INSURED Pointe Towers Condominium, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

COVERAGE CONTINUED:

Directors & Officers @ \$2,000,000 // Travelers Insurance // Policy #107033487 // Eff: 1/24/2026-27

Equipment Breakdown @ \$4,158,404 // Carrier: Hartford Insurance Company // Policy #TBD // Eff: 1/24/2026-27

PROPERTY:

Special Form Hazard Excluding Wind @ Replacement Cost // Carrier: QBE Insurance // Policy # QFE1074-12 // Effective 1/24/2026-27 // Total Insured Value: \$4,339,000 // Coinsurance- Agreed Amount Applies // \$5,000 AOP Deductible // Ordinance of Law Coverage Included // Inflation Guard Included // 14 Units

Wind Only @ Replacement Cost // Carrier: Citizens Property Insurance // Policy #: 00051741 // Effective 1/24/2026-27 // TIV: \$4,504,000 // Coinsurance Waived // 3% Hurricane Deductible // 1% AOW Deductible // Ordinance of Law Coverage Excluded // Inflation Guard Included // 14 Units

Mold Policy // Carrier: Superior Specialty Insurance Co // Policy #: TLUMLD500102-2 // Effective 1/24/2026-27 // Total Insured Value \$4,256,404 // \$5,000 Deductible // 14 Units

Coverage Remarks...

Insurance provided as required by FL Statute 718.111. Master policy covers from drywall to the outside of the building. From the paint to the inside of the unit is each individual Owner's responsibility.

Per florida Statute 627.4133, Notice of Cancellation shall be given 45 days prior to the Effective Date of the Cancellation, except, 10 day Notice of Cancellation for Non-payment of Premium.

7. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

FLOOD INSURANCE:

American Bankers Insurance Company

Effective: 1/17/2026 -27 // Replacement Cost // Zone AE // Policy # 6961546084 // Limit: \$3,500,000 // Deductible: \$2,000 // 14 Units



ASSURANT®

American Bankers Insurance Company of Florida
Scottsdale, AZ

Renewal Flood Insurance Policy Declarations

This Declarations Page is part of your Policy.

Policy Term: 01/17/2026 (12:01 a.m.) to 01/17/2027 (12:01 a.m.)

NAIC: 10111

Policy Number: 6961546084

First Mortgagee / Lender Name:

Named Insured and Mailing Address:

POINTE TOWER CONDO ASSN INC
24701 US HIGHWAY 19 N STE 102
CLEARWATER, FL 33763-4086

Loan Number:

Producer Number: 70001-06413-000

Second Mortgagee / Lender Name:

Premium Payor: INSURED

Property Location:

555 GULF WAY
ST PETE BEACH, FL 33706-0000

Loan Number:

Other / Loss Payee:

For Service Please Contact:

THE HILB GROUP OF FLORIDA, LLC
28100 US HIGHWAY 19 N STE 201
CLEARWATER, FL 33761-2656
727-446-5721

Loan Number:

LOCATION AND PROPERTY INFORMATION

Date of Construction: 01/01/1970
Building Occupancy: Residential Condo Building
Method Used to Determine First Floor Height: FEMA determined
Building Description: Entire Residential Condo Building
Property Description: SLAB ON GRADE, THREE OR MORE FLOORS

Number Of Units: 14
Primary Residence: No
Prior NFIP Claims: 1 claim(s)
First Floor Height: 1.50 ft
Replacement Cost: \$ 5,237,700

Your property's NFIP flood claims history can affect your premium. Prior Claims counted are from April 1, 2023 and after.

COVERAGE AND PREMIUM INFORMATION

Rate Category: FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 3,500,000	\$ 2,000	\$ 59,972.00
Contents	\$ 0	\$ 0	\$ 0.00
Coinsurance penalty may apply. See your Policy Form for Details.			Increased Cost of Compliance: \$ 75.00
			Community Rating System Discount: \$ -11,971.00
			Full Risk Premium Excluding Fees and Surcharges: \$ 48,076.00

STATUTORY DISCOUNTS

Annual Increase Cap Discount: \$ -28,289.00
Discounted Premium: \$ 19,787.00

FEES AND SURCHARGES

Reserve Fund Assessment: \$ 3,562.00
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00
Federal Policy Fee: \$ 658.00

TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID

\$ 24,257.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.

To prevent delays in claim handling, it is important to make sure that your policy information is up to date and accurate. Contact your insurance agent or company to make changes to your policy or visit [floodsmart.gov/flood](https://www.floodsmart.gov/flood) to learn more about flood insurance.

NFIP POLICY NUMBER: 1961546084

American Bankers Insurance Company of Florida
P.O. Box 4276, Clinton, IA 52733-4276

THE HILB GROUP OF FLORIDA, LLC
28100 US HIGHWAY 19 N STE 201
CLEARWATER FL 337612656


