Commercial Lines Policy
Common Policy Declarations

This Declaration page is attached to and forms part of policy provisions (Form SLC-3 USA).

Previous No. SCP0103470 Authority Ref: B2273GP26RPSF6207 Certificate No.SCP0103640

1 Name and address of the Assured: SNUG HARBOR MASTER ASSOCIATION., INC.
7645 Kyak Ct
Micco, FL 32976

Broker: Risk Placement Services, Inc.
2400 E. Commercial Blvd., Suite 728
Fort Lauderdale, FL 33308

2 Effective from 10/2/2026 to 10/2/2027 at 12:01 A.M. Standard Time at your mailing address shown above

3 Insurance is effective with certain
Section A,B, C: Certain Underwriters at Lloyd's led by Lloyd's Syndicate Travelers 5000

4 THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Commercial Property Coverage Part		**PREMIUM**	$ 12,304.00
			$
			$
Tax & Fee Schedule		TOTAL ADVANCE PREMIUM	$ 12,304.00
Broker Fee - RPS	$ 375.00		
Inspection Fee	175.00		
Service Fee			
Surplus Lines Tax	634.99	TOTAL TAXES & FEES	$ 1192.85
Citizen's Assessment			
FHCF Assessment			
Stamping+EMPA	7.86	TOTAL	$ 13,496.85

5 **Business Description:** Clubhouse

6 **Form(s) and Endorsement(s) made a part of this policy at time of issue:**
See attached Schedule of Forms and Endorsements

7 **Service of Suit may be made upon:** See Form LMA 5020
Lloyd's America Inc., Attention: Legal Department, 280 Park Ave, East Tower, 25th Floor, New York, NY 10017, U.S.A.

Notification of Claims to RPS Claims
You can complete the FNOL at https://my.RPSins.com/claimsfnol (preferred method)
Contact us directly at (844)777-8323 / Fax the loss ACORD to (844)777-6267
Email the loss ACORD to RPS_Claims@RPSins.com

Date Issued: 09/30/2026

Retail Agent: Marsh & McLennan Agency, LLC - Bouchard - Clearwater
Address: 101 N Starcrest Drive
Clearwater, FL 33765

Surplus Lines Agent: Albert Geraci
License Number: P176271
Address: 2400 E. Commercial Blvd., Suite 728
Fort Lauderdale, FL 33308

by _____ Correspondent

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY

Lloyd's Underwriters, London, England
Schedule of Forms and Endorsements

Policy No. SCP0103640 Effective Date: 10/2/2026
12:01 A.M., Standard Time

Commercial Property

SCU 00 00 03-13	Florida Policy Holder Notice
NMA 2868A 09 25	SLC-3 Surplus Lines Certificate
SLC-3 EXT 05-13	Common Declarations
SCU 00 10a 03-10	Schedule of Forms
SCU 00-COM 01-17	Policyholder Complaints and Claims Handling Procedures
SCF 12 05a 02-95	Commercial Property Coverage Part Declarations
TOS C 6207 2026	Table of Secuirty 2026 - Commercial 6207
SCU 00 90 03-10	Minimum Earned Premium
LSW 1001 08-94	Several Liability Notice
LSW 1135B 06-03	Lloyd's Privacy Statement
IL 00 17 11-98	Common Policy Conditions
LMA 3200 10 23	Sanctions Suspension Clause
LMA 5018 09-05	Microorganism Exclusion (Absolute)
LMA 5019 09-05	Asbestos Endorsement
LMA 5021 09-05	Applicable Law (U.S.A.)
LMA 5390 01-20	US Terrorism Risk Insurance Act - Not Purchased Clause
LMA 5393 04 20 AMENDED	Communicable Disease Endorsement
LMA 5401 11-19	Property Cyber and Data Exclusion
LMA 9037 09-13	Florida Surplus Lines Notice (Guaranty Act)
LMA 9038 09-13	Florida Surplus Lines Notice (Rates and Forms)
LMA 9184 01-20	Policyholder Disclosure Notice of Terrorism Insurance Cov
NMA 464 01-38	War & Civil War Exclusion Clause
NMA 1191 05-59	Radioactive Contamination Exclusion Clause
NMA 1331 04-61	Cancellation Clause
NMA 2340 11-88	Land, Water or Air Excl
NMA 2802 12-97	Electronic Date Recognition Exclusion (EDRE)
NMA 2920 10-01	Terrorism Exclusion Endorsement
NMA 2962 02-03	Biological or Chemical Materials Exclusion
CP 00 10 10-12	Building & Personal Property Coverage Form
CP 00 90 07-88	Commercial Property Conditions
CP 01 40 07-06	Exclusion of Loss Due to Virus or Bacteria
CP 03 21 10-12	Windstorm or Hail Percentage Deductible
CP 10 30 09-17	Causes of Loss - Special
CP 10 32 08-08	Water Exclusion Endt
CP 12 11 09-17	Protective Safeguards
CP 12 18 10-12	Loss Payable Provisions
IL 09 35 07-02	Exclusion of Certain Computer-Related Losses
CP 01 25 02-12	Florida Changes for all Counties Except Pasco and Hernand
IL 01 75 07-02	Florida Changes - Legal Action Against Us
IL 02 55 03-16	Florida Changes - Cancellation and Non Renewal
IL 04 01 02-12	Florida - Sinkhole Collapse

Additional Forms and Endorsements

Claims Handling Procedures

Please forward all claims regarding this policy to:

Risk Placement Services, Inc.
190 New Camellia Blvd.
Covington, LA 70433

Phone: (844) 777-8323
Email: rps_claims@rpsins.com

Policyholder Complaints

Please forward all complaints regarding this policy to:

Risk Placement Services, Inc.
2400 E. Commercial Blvd., Suite 728
Fort Lauderdale, FL 33308

Phone: (844) 777-8323
Email: albert_geraci@rpsins.com

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

POLICY NUMBER SCP0103640 **EFFECTIVE DATE** 10/2/2026 **12:01 A.M. Standard Time**

NAMED INSURED SNUG HARBOR MASTER ASSOCIATION., INC.

BUSINESS DESCRIPTION SAME AS COMMON POLICY DECLARATIONS

DESCRIPTION OF PREMISES

PREM. NO.	BLDG NO.	LOCATION (STREET, CITY, STATE, ZIP)	CONSTRUCTION	OCCUPANCY
1	1	7645 Kyak Ct Micco, FL 32976	JM	Clubhouse

COVERAGES PROVIDED

INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN.

PREM. NO.	BLDG NO.	COVERAGE	LIMIT OF INSURANCE	COV CAUSES OF LOSS	COINSURANCE*	RATES	PREMIUM
1	1	CLUBHOUSE BUILDING	$809,838	SPECIAL	80%	1.45	11,743
1	1	CLUBHOUSE BPP	$38,724	SPECIAL	80%	1.45	561

* IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT

OPTIONAL

APPLICABLE ONLY WHEN ENTRIES ARE MADE IN THE SCHEDULE

PREM. NO.	BLDG NO.	AGREED VALUE EXPIRATION DATE	COVERAGE	AMOUNT	REPLACEMENT COST (X) BUILDING	PERSONAL PROPERTY	INCLUDING "STOCK"
1	1				X	X	

INFLATION GAURD (PERCENTAGE) BUILDING	PERSONAL PROPERTY	* MONTHLY LIMIT OF INDEMNITY (FRACTION)	* MAXIMUM PERIOD OF INDEMNITY (X)	* EXTENDED PERIOD OF INDEMNITY (DAYS)

* APPLIES TO BUSINESS INCOME ONLY

MORTGAGE HOLDERS

PREM. NO.	BLDG NO.	MORTGAGE HOLDER NAME AND MAILING ADDRESS
1	1	Everett Financial, Inc. dba Supreme Lending ISAOA/ATIMA P.O. BOX 7057 Troy MI 48007

DEDUCTIBLE

$ 2,500 Exceptions: SEE FORM CP 03 21

FORMS APPLICABLE TO THIS COVERAGE PART

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

APPLICABLE TO ALL COVERAGES

See Attached List of Forms and Endorsements

APPLICABLE TO SPECIFIC PREMISES / COVERAGES

PREM. NO.	BLDG NO.	COVERAGE	FORM NUMBERS