12-0016-00
BOUCHARD-CENTRAL FLORIDA
PO BOX 6090
CLEARWATER, FL 33758-6090

Agency phone: 727.447.6481

Auto-Owners INSURANCE
LIFE • HOME • CAR • BUSINESS
PO BOX 30660 • LANSING, MI 48909-8160

06-16-2026

SOUTHERN-OWNERS INSURANCE COMPANY

This is not a bill. The premium can be paid before a bill is sent using any of the following methods:

Pay Online
www.auto-owners.com
Pay My Bill

Pay by Phone
1.800.288.8740

Pay by Mail
AUTO-OWNERS INSURANCE
PO BOX 740312
CINCINNATI, OH 45274-0312

SNUG HARBOR MASTER ASSN INC
7645 KYAK CT
MICCO, FL 32976-7900

RE: Policy A106-578-422 Billing Account 013280139

Thank you for selecting Auto-Owners Insurance Group to service your insurance needs!

Auto-Owners and its affiliate companies offer a full complement of policies, each of which has its own eligibility requirements, coverages, and rates. Please take this opportunity to review your insurance needs with your Auto-Owners agent **727.447.6481**, and discuss which company and program might be appropriate for you. After talking with your agent, if there are any unanswered questions, please contact us at 517.323.1200.

Auto-Owners Insurance Company was formed in 1916. Our A+ (Superior) rating by AM Best signifies that we have the financial strength to provide the insurance protection you need. The Auto-Owners Insurance Group is comprised of five property and casualty companies and a life insurance company.

Serving Our Policyholders and Agents Since 1916

Southern-Owners

Issued 06-16-2026

INSURANCE COMPANY 36455
6101 ANACAPRI BLVD, LANSING, MI 48917-3968
517-323-1321

AGENCY BOUCHARD-CENTRAL FLORIDA
12-0016-00 MKT TERR 051 (727) 447-6481

Endorsement Effective 03-01-2026

POLICY NUMBER **A106-578-422**

INSURED SNUG HARBOR MASTER ASSN INC

Company Use 72-17-FL-0326

ADDRESS 7645 KYAK CT

MICCO, FL 32976-7900

Company Bill

POLICY PERIOD
12:01 A.M. 03-01-2026 to 12:01 A.M. 03-01-2027

Workers Compensation
DESCRIPTION OF CHANGES EFFECTIVE 03-01-2026
(See Declarations Attached)

CHANGED **LOCATION 001: 7645 KYAK CT, MICCO, FL 32976-7900**
Changed Classification: 8810 001 CLERICAL OFFICE EMPLOYEES NOC
Changed Remuneration from $51,474 to $65,319
Changed Full Time from 2 to 1
Added Part Time 1

Southern-Owners

Issued 06-16-2026

INSURANCE COMPANY
6101 ANACAPRI BLVD, LANSING, MI 48917-3968

NCCI Carrier Code: 36455

WORKERS COMPENSATION AND EMPLOYERS LIABILITY
INSURANCE POLICY INFORMATION PAGE

POLICY NUMBER: A106-578-422
PRIOR POLICY NUMBER: 72083000
FEIN #: 592977603

Item 1. The Insured: SNUG HARBOR MASTER ASSN INC

Mailing Address: 7645 KYAK CT
MICCO, FL 32976-7900

Legal Entity Type: Association

Other Workplaces not shown above: See "Extension of Information Page"

Item 2. The policy period is from 03-01-2026 to 03-01-2027 At 12:01 a.m. standard time at the insured's mailing address.

Item 3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: FL

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	$1,000,000	each accident
Bodily Injury by Disease	$1,000,000	policy limit
Bodily Injury by Disease	$1,000,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states and U.S. territories except monopolistic states (Ohio, Washington, Wyoming & North Dakota), Puerto Rico, the U.S. Virgin Islands, and the states designated in item 3.A. of the Information Page.

D. This policy includes these endorsements and schedules: See "Extension of Information Page".

Item 4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Class Code	Premium Basis Total Estimated Annual Remuneration	Rate Per $100 of Remuneration	Estimated Annual Premium
See "Extension of Information Page"				

Minimum Premium: $291 FLORIDA

Total Estimated Annual Premium:	$	196
Expense Constant:	$	160
FL Workers Compensation Ins Guaranty Assoc Surcharge:	$	0
Total Estimated Cost:	$	356

Countersigned by: BOUCHARD-CENTRAL FLORIDA Date: 06-12-2026

Agency Name: BOUCHARD-CENTRAL FLORIDA
12-0016-00 MKT TERR 051 (727) 447-6481

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EXTENSION OF INFORMATION PAGE
ITEM 4. SCHEDULE OF PREMIUM

Issued by: SOUTHERN-OWNERS INS. CO. Policy Number: A106-578-422

Agency: BOUCHARD-CENTRAL FLORIDA
12-0016-00 MKT TERR 051 (727) 447-6481

Insured: SNUG HARBOR MASTER ASSN INC

Address: 7645 KYAK CT
MICCO, FL 32976-7900

Item 4. of the Information Page is extended to include:

State of: **FLORIDA**
Risk ID #:

Classifications	Class Code	Premium Basis Total Estimated Annual Remuneration	Rate Per $100 of Remuneration	Estimated Annual Premium
See LOC NUM 001 DESC 001				
CLERICAL OFFICE EMPLOYEES NOC	8810	65,319	0.105	69
FLORIDA PREMIUM SUMMARY				
TOTAL				69
Increased Limits 3 B			1	70
Increased Limits Min Premium Diff			119	189
TOTAL STATE ESTIMATED ANNUAL PREMIUM				189
POLICY PREMIUM SUMMARY				
Expense Constant			160	349
Terrorism - See Form 27317			7	356
FL Workers Compensation Ins Guaranty Assoc Surcharge			0	356
TOTAL ESTIMATED ANNUAL PREMIUM				356
ADDITIONAL PREMIUM				17

COUNTY: 005

FL NUMBER OF EMPLOYEES: 2

AUDIT IS: ANNUAL

FL NAICS: 561110

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EXTENSION OF INFORMATION PAGE
ITEM 1. OTHER WORKPLACES

Issued by: SOUTHERN-OWNERS INS. CO. Policy Number: A106-578-422

Agency: BOUCHARD-CENTRAL FLORIDA
12-0016-00 MKT TERR 051 (727) 447-6481

Insured: SNUG HARBOR MASTER ASSN INC

Address: 7645 KYAK CT
MICCO, FL 32976-7900

Item 1. of the Information Page is extended to include:

WORKPLACE ADDRESS

LOC NUM 001	
STATE	FL
FEIN	592977603
ENTITY	ASSOCIATION
NUMBER OF EMPLOYEES	2
NAICS	561110
NAME & ADDRESS	SNUG HARBOR MASTER ASSN INC 7645 KYAK CT MICCO FL 32976-7900

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EXTENSION OF INFORMATION PAGE
ITEM 1. ADDITIONAL NAMED INSURED

Issued by: SOUTHERN-OWNERS INS. CO. Policy Number: A106-578-422

Agency: BOUCHARD-CENTRAL FLORIDA
12-0016-00 MKT TERR 051 (727) 447-6481

Insured: SNUG HARBOR MASTER ASSN INC

Address: 7645 KYAK CT
MICCO, FL 32976-7900

Item 1. of the Information Page is extended to include:

ADDITIONAL NAMED INSURED	FEIN

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EXTENSION OF INFORMATION PAGE
ITEM 3.D. FORMS AND ENDORSEMENTS

Issued by: SOUTHERN-OWNERS INS. CO. Policy Number: A106-578-422

Agency: BOUCHARD-CENTRAL FLORIDA
12-0016-00 MKT TERR 051 (727) 447-6481

Insured: SNUG HARBOR MASTER ASSN INC

Address: 7645 KYAK CT
MICCO, FL 32976-7900

It is hereby understood and agreed that the following forms and endorsements are attached to and are a part of this policy:

FORM NUMBER/DESCRIPTION	EDITION DATE
27320	(12-24)
27395	(10-14)A(WC000000C)
27539	(08-17)
27942	(01-19) (WC000414A)
14019	(09-20)
27192	(02-14)B
27394	(07-12)
27397	(01-14)A(WC090401)
27498	(11-19)
27531	(03-24) (WC090407A)
27542	(07-19) (WC090408)
27589	(01-21) (WC090607A)
27987	(01-21) (WC090403)
59243	(06-00)
27672	(07-24) (WC090409)
27673	(07-24) (WC090609)

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