



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/09/2025

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Northeast Underwriters, Inc. 4790 1st Street North St. Petersburg FL 33703	PHONE (A/C, No, Ext): (727) 521-4253	COMPANY American Coastal Insurance Company 20405 SH 249, Suite 550 Houston TX 77070
FAX (A/C, No): (727) 527-9455	E-MAIL ADDRESS: oudda@neu-ins.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: 00058643		
INSURED Mount Vernon Hermitage Condominiums 8821 Dr Martin Luther King Jr St N ST PETERSBURG FL 33702	LOAN NUMBER	POLICY NUMBER AMC-37094-06
	EFFECTIVE DATE 10/05/2025	EXPIRATION DATE 10/05/2026
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION

6360 1st St N
ST PETERSBURG,
Loc# 00001/Bldg# 00001 See Overflow

FL 33702

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

☒ SPECIAL

COVERAGE / PERILS / FORMS

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building, Replacement Cost, Special form	1,115,276	10,000
O&L A/B/C Combined all location, Replacement Cost, Special form	INCLUDED	10,000
Equipment Breakdown, Replacement Cost, Special form	INCLUDED	10,000
Hurricane		5%


REMARKS (Including Special Conditions)

6360 - 8 Units
6370 - 18 Units
Walls Out Coverage
Ordinance or Law A/B/C Combined \$500,000
Equipment Breakdown \$4,251,098
Sinkhole excluded & replaced with Catastrophic Ground Collapse

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS **** FOR INSURED'S PURPOSE****	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	MORTGAGEE		
	LOAN #		
	AUTHORIZED REPRESENTATIVE 		

ADDITIONAL COVERAGES

Ref # 2	Description 00001, 6370 1st ST N, Building				Coverage Code SPC	Form No.	Edition Date
Limit 1 3,135,822	Limit 2	Limit 3	Deductible Amount 10,000	Deductible Type	Premium		
Ref # 2	Description 00001, 6370 1st ST N, O&L A/B/C Combined a				Coverage Code SPC	Form No.	Edition Date
Limit 1 INCLUDED	Limit 2	Limit 3	Deductible Amount 10,000	Deductible Type	Premium		
Ref # 2	Description 00001, 6370 1st ST N, Equipment Breakdown				Coverage Code SPC	Form No.	Edition Date
Limit 1 INCLUDED	Limit 2	Limit 3	Deductible Amount 10,000	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/9/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Northeast Underwriters, Inc. 4790 1st Street North St. Petersburg FL 33703	CONTACT NAME: Ouddavone Khamphanh PHONE (A/C, No, Ext): (727) 521-4253 E-MAIL ADDRESS: oudda@neu-ins.com FAX (A/C, No): (727) 527-9455														
INSURED Mount Vernon Hermitage Condominiums, C/O TABS 8821 Dr Martin Luther King Jr St N ST PETERSBURG FL 33702	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Westchester Surplus Lines Ins</td><td></td></tr><tr><td>INSURER B: StarSone Specialty Insurance Comp</td><td></td></tr><tr><td>INSURER C: Philadelphia Indemnity Ins Co</td><td>18058</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Westchester Surplus Lines Ins		INSURER B: StarSone Specialty Insurance Comp		INSURER C: Philadelphia Indemnity Ins Co	18058	INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Westchester Surplus Lines Ins															
INSURER B: StarSone Specialty Insurance Comp															
INSURER C: Philadelphia Indemnity Ins Co	18058														
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 25-26 Master**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			GLWF17350572003	10/5/2025	10/5/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ Included
	OTHER:						Hired/Non-Owned Auto \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			70165J257ALI	10/5/2025	10/5/2026	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	AGGREGATE \$ 1,000,000				
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	Crime			PCAC000549-0818	10/5/2025	10/5/2026	\$250 Deductible 75,000
	Directors and Officers			PCAP013763-0818	10/5/2025	10/5/2026	\$10,000 Deductible 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

For Insured Purposes

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ken Kijowski/ALEXP

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

INS025 (201401)



A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003
Customer Service: 1-800-820-3242
Claims: 1-800-725-9472

FFL99.001 1124
0049801
5/19/25
2000 11523 FLD RCBP

FLOOD DECLARATIONS PAGE
RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1150010090 16	1150010090	Residential Condominium Building Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 6/03/25 To: 6/03/26 12:01 am Standard Time	05/19/2025	0049801	1150010090

Insured

COVINGTON COURT MOUNT VERNON CONDO ASSOCIATION, INC. NORTHEAST UNDERWRITERS

8821 M L KING ST N

4790 1ST ST N

ST PETERSBURG FL 33702

SAINT PETERSBURG FL 33703-3000

SAI@NEU-INS.COM

Property Location (if other than above)

6370 1ST ST N, ST PETERSBURG FL 33702

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine

Primary Residence: N

Building Occupancy: Residential Condominium Building

Building Description: Entire Residential Condo Building

Property Description: Slab on Grade, 3 floors

Flood Risk: AE

First Floor Height: .4 ft

Method Used to Determine First Floor Height: Elevation Certificate

Date of Construction: 10/05/1974

Prior NFIP Claims: 0

Number of Units: 18

Replacement Cost Value: 3,094,000

Coverage	Deductible	Annual Premium
BUILDING	\$3,094,000	\$2,000
CONTENTS	NO CONTENTS COVERAGE	INSURED DECLINED CONTENTS COVERAGE
		\$6,751.00
		\$0.00

Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.

ICC Premium: \$75.00
Community Rating Discount: \$1,658.00
FULL RISK PREMIUM: \$5,168.00
DISCOUNTED PREMIUM: \$5,168.00
Reserve Fund Assessment: \$930.00
Federal Policy Service Fee: \$846.00
HFIAA Surcharge: \$250.00

TOTAL ANNUAL PAYMENT \$7,194.00

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

FFL 99.310 0224 0224 WFL 99.416 1021 1021 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523

Wright National Flood Insurance Company A stock company

Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones, President

004980109115001009025139

00004

Agent



FFL99.001 1124
0049801
5/19/25

09 1150010090 16

Agent (727)521-4253
NORTHEAST UNDERWRITERS
4790 1ST ST N
SAINT PETERSBURG FL 33703-3000

Dear Mortgagee: The Reform Act of 1994 require you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgagee on the insured location.

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at www.wrightflood.com/policyforms.html. The form which applies to your policy coverage is: Residential Condominium Building Policy Form

For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit FloodSmart.gov/floodcosts.

Claims Information:

Please contact your agent or go to www.wrightflood.com to enter your claim as well as receive important information to mitigate the damage to your property. If you need to reach the insurance company the number is 1-800-725-9472.

004980109115001009025139

00004

Agent





A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003
Customer Service: 1-800-820-3242
Claims: 1-800-725-9472

FFL99.001 1124
0049801
5/19/25
2000 11523 FLD RCBP

FLOOD DECLARATIONS PAGE
RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1150010096 16	1150010096	Residential Condominium Building Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 6/03/25 To: 6/03/26 12:01 am Standard Time	05/19/2025	0049801	1150010096

Insured

MOUNT VERNON HERMITAGE CONDOMINIUMS
8821 ML KING ST N
ST PETERSBURG FL 33702-3443

NORTHEAST UNDERWRITERS
4790 1ST ST N
SAINT PETERSBURG FL 33703-3000

SAI@NEU-INS.COM

Property Location (if other than above)
6360 1ST ST N, ST PETERSBURG FL 33702

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine
Primary Residence: N
Building Occupancy: Residential Condominium Building
Building Description: Entire Residential Condo Building

Flood Risk: AE
First Floor Height: 1.0 ft
Method Used to Determine First Floor Height: FEMA Determined
Date of Construction: 10/05/1974
Prior NFIP Claims: 0
Number of Units: 8
Replacement Cost Value: 1,209,000

Property Description: Slab on Grade, 2 floors

Coverage	Deductible	Annual Premium
BUILDING	\$1,209,000	\$2,000
CONTENTS	NO CONTENTS COVERAGE	INSURED DECLINED CONTENTS COVERAGE
		\$4,383.00
		\$0.00

Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.

ICC Premium: \$75.00
Community Rating Discount: \$1,066.00
FULL RISK PREMIUM: \$3,392.00
DISCOUNTED PREMIUM: \$3,392.00
Reserve Fund Assessment: \$611.00
Federal Policy Service Fee: \$376.00
HFIAA Surcharge: \$250.00

TOTAL ANNUAL PAYMENT \$4,629.00

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

FFL 99.310 0224 0224 WFL 99.416 1021 1021 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523
Wright National Flood Insurance Company A stock company
Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones, President

004980109115001009625139

0000A

Agent



FFL99.001 1124
0049801
5/19/25

09 1150010096 16

Agent (727)521-4253
NORTHEAST UNDERWRITERS
4790 1ST ST N
SAINT PETERSBURG FL 33703-3000

Dear Mortgagee: The Reform Act of 1994 require you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgagee on the insured location.

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at www.wrightflood.com/policyforms.html. The form which applies to your policy coverage is: Residential Condominium Building Policy Form

For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit FloodSmart.gov/floodcosts.

Claims Information:

Please contact your agent or go to www.wrightflood.com to enter your claim as well as receive important information to mitigate the damage to your property. If you need to reach the insurance company the number is 1-800-725-9472.

004980109115001009625139

0000A

Agent

