ASSURANT®

American Bankers Insurance Company of Florida
P.O. Box 662888
Dallas, Texas 75266-2888
1-800-423-4403

FLOOD INSURANCE RENEWAL BILLING NOTICE

IMPORTANT: Your policy currently receives an Annual Increase Cap Discount of ($1,585). If your policy lapses, you will lose the Annual Increase Cap Discount and your premium will be higher.

Policy Number: 7506092498
NFIP Policy Number:
Insured's Name and Address
CAMBRIDGE VILLAGE HOME ASSOC
3203 CAMBRIDGE AVE
BRADENTON, FL 34207-5033

Notice Date: November 19, 2025
Policy Expiration Date: 12/24/2025 12:01 a.m.
Premium Due Date: 12/24/2025

Insured Property Location
3203 CAMBRIDGE DR W
BRADENTON, FL 34205-2820

Thank you for purchasing your National Flood Insurance Program (NFIP) Flood policy with us. Here is your new NFIP Flood policy summary.

Your flood insurance policy covers building and contents damages related to flooding. To maintain coverage of this policy you must renew the policy each year by submitting premium per the instructions on the back of this bill.

You may choose to renew this policy with the current coverage limits shown below or increase your coverage with Option B. The increased coverage available with Option B accounts for an inflation factor of 10% for building coverage and 5% for contents.

*The maximum coverages available are $500,000 for building and $100,000 for contents.

Please indicate below if you would like to renew your current coverage amounts or increase your coverage (if available).

Coverage Options	Coverages		Deductibles		Amount Due
	Building	Contents	Building	Contents	
A. Renewal coverage	$ 363,000	$ 34,000	$ 1,250	$ 1,250	$ 1,298
B. Increased coverage	$ 399,000	$ 36,000	$ 1,250	$ 1,250	$ 1,325

Please see the reverse side for additional important information.

Representative:

BOYD INSURANCE & INVESTMENT SERVICS, INC
717 MANATEE AVE W STE 300
BRADENTON, FL 34205-8654

941-745-8300

Payor's Name and Address:

CAMBRIDGE VILLAGE HOME ASSOC
3203 CAMBRIDGE AVE
BRADENTON, FL 34207-5033

Please return this portion with your payment to the address indicated below. Make check payable to American Bankers Insurance Company of Florida. Insureds may also submit premium online through the self-service portal at www.AssurantFlood.com.

Policy Number: 7506092498
Billing ID: FLQ3YS8WH

CAMBRIDGE VILLAGE HOME ASSOC
3203 CAMBRIDGE AVE
BRADENTON, FL 34207-5033

Select renewal option:

		Building / Contents Coverage	Amount Due
	A.	$ 363,000 / $ 34,000	$ 1,298
	B.	$ 399,000 / $ 36,000	$ 1,325

Amount Enclosed

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA
P.O. BOX 662888
DALLAS, TEXAS 75266-2888

662888 003 212242025 7506092498 0001298000001325000000000000 8

BOYD | INSURANCE & INVESTMENTS

INVOICE

Cambridge Village Association Inc.
3203 Cambridge Avenue
Bradenton, FL 34207
(412) 916-3159

Lookup code/Account Number: CAMBVIL-01

Date of Invoice: December 18, 2025

INSURANCE COMPANY	POLICY NUMBER	EFFECTIVE	EXPIRES

INVOICE DETAIL

ITEM DESCRIPTION	AMOUNT
26-27 General Liability Premium	$23,452.80
26-27 Property Policy Premium (Clubhouse)	$10,246.75
26-27 Property Policy Premium (Maintenance Bldg)	$949.00
26-27 Directors & Officers Policy Premium	$2,181.60
26-27 Crime Policy Premium	$319.12
Invoice Total:	**$37,149.27**

To Pay Online: PAY NOW

Please make check payable to:

Payment due in our office by: **12/29/25**

Please remit payment to:

phone. 941.745.8300	website. Boydinsurance.com	email. info@boydinsurance.com

Please note that payment made via the Pay Now link button above via credit card will result in a 3.5% fee. Payment via ACH will result in a flat $4 fee. Thank you for your business!

12-0116-00
BOYD INSURANCE & INVESTMENT SVCS INC
717 MANATEE AVE W STE 300
BRADENTON FL 34205-8654

Agency phone: 941.745.8300

Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

PO BOX 30660 • LANSING, MI 48909-8160

12-29-2025

Southern-Owners Insurance Company

You can view your policy or change your paperless options at any time online at www.auto-owners.com.

CAMBRIDGE VILLAGE ASSOCIATION INC
3203 CAMBRIDGE AVE
BRADENTON FL 34207-5033

RE: Policy 222312-20711189-26

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 **941.745.8300**, 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.

Southern-Owners

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

Issued 12-29-2025

TAILORED PROTECTION POLICY DECLARATIONS

AGENCY BOYD INSURANCE & INVESTMENT SVCS INC
12-0116-00 MKT TERR 068 941-745-8300

Renewal Effective 01-01-2026

INSURED CAMBRIDGE VILLAGE ASSOCIATION INC

POLICY NUMBER **222312-20711189-26**
Company Use 20-23-FL-2201

ADDRESS 3203 CAMBRIDGE AVE

BRADENTON FL 34207-5033

Company Bill

Policy Term
12:01 a.m. 01-01-2026 to 12:01 a.m. 01-01-2027

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

55039 (11-87)

COMMON POLICY INFORMATION

Business Description: Condominium Assoc

Entity: Corporation

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE	$2,875.00
EMERGENCY FLORIDA INSURANCE GUARANTY ASSOCIATION ASSESSMENT	$28.75
TOTAL	**$2,903.75**

THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.
Paid in Full Discount applies.
The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.

Forms that apply to all coverage part(s) shown above (except garage liability, dealer's blanket, commercial automobile, if applicable):
55156 (07-12)

Countersigned By: BOYD INSURANCE & INVESTMENT SVCS INC

AGENCY BOYD INSURANCE & INVESTMENT SVCS INC
12-0116-00 MKT TERR 068

Company Bill

Issued 12-29-2025

POLICY NUMBER 222312-20711189-26
20-23-FL-2201

INSURED CAMBRIDGE VILLAGE ASSOCIATION INC

Term 01-01-2026 to 01-01-2027

55040 (11-87)

COMMERCIAL GENERAL LIABILITY COVERAGE

COVERAGE	LIMITS OF INSURANCE
General Aggregate (Other Than Products-Completed Operations)	$2,000,000
Products-Completed Operations Aggregate	$2,000,000
Personal And Advertising Injury	$1,000,000
Each Occurrence	$1,000,000
Damage to Premises Rented to You (Fire Damage)	$50,000 Any One Premises
Medical Payments	$5,000 Any One Person
Hired Auto & Non-Owned Auto	$1,000,000 Each Occurrence

Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 month period in accordance with form 55885.

AUDIT TYPE: Non-Audited

Forms that apply to this coverage:

59350 (01-15) 59325 (12-19) 55029 (05-17) CG2109 (06-15) CG4032 (05-23)
55146 (06-04) CG0001 (04-13) CG2196 (03-05) 55881 (12-17)
CG2106 (05-14) IL0017 (11-85) CG2132 (05-09) CG2002 (11-85)
55028 (05-17) 55513 (05-17) CG2147 (12-07) CG2416 (12-07)
IL0021 (07-02) 55719 (05-17) 55885 (05-17) CG0220 (12-24)

LOCATION 0001 - BUILDING 0001

Location: 3203 Cambridge Ave, Bradenton, FL 34207-5033
Territory: 006 **County:** Manatee

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Hired Auto & Non-Owned Liability	04001	Auto	Flat Charge		$44.00
Clubs - Civic, Service Or Social Having Building Or Premises Owned Or Leases (Not-For Profit)	41668		Area	Each 1000	
		Prem/Op	3,136	502.634	$1,576.00
		Prod/Comp Op	3,136	50.032	$157.00
Swimming Pools Noc	48925		Pools		
		Prem/Op	1	973.141	$973.00
		Prod/Comp Op	1	96.751	$97.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0001 SUMMARY

	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350	$28.00
LOCATION 0001	**$2,875.00**

CRC GROUP

3000 Bayport Drive Suite 150
Tampa, FL 33607
Phone:

Kayla Baum
Boyd Insurance & Investment Services, Inc.
717 Manatee Ave W P. O. Box 1749
Bradenton, FL 34206

Dec 15, 2025

Re: Cambridge Village Association, Inc, Ref# 14807948-A
Proposed Effective 1/1/2026 to 1/1/2027

Dear Kayla:

We are pleased to confirm the attached quotation for **GL** being offered with **Maxum Indemnity Company.** This carrier is **Non-Admitted** in the state of **FL.** Please note that this quotation is based on the coverage, terms and conditions as stated in the attached quotation, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this quotation carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, LLC disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms quoted as per the attached and those terms originally requested. The attached quotation may not be bound without a fully executed CRC brokerage agreement.

NOTE: The Insurance Carrier indicated in this quotation reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.

Should coverage be elected as quoted per the attached, Premium and Commission are as follows:

Premium:	**$21,806.00**
Inspection Fee	$130.00
Policy Fee	$400.00
Surplus Lines Tax	$1,103.40
Stamping Office Fee	$13.40
Grand Total:	**$23,452.80**

Option to Elect Terrorism Coverage

TRIPRA Premium: APPLIES $1,090.00
Additional Taxes: $54.50
Total Including TRIA(if elected) **$24,597.30**

Commission: 12%

MEP: 25%

Broker Fees & Policy Fees are Fully Earned at Binding

NOTE: If insured is located outside your resident state, you must hold appropriate non-resident license prior to binding.

If Non Admitted the following applies:

CRC GROUP

3000 Bayport Drive Suite 150
Tampa, FL 33607
689-308-9652
-
scintron@crcgroup.com

Date:	12/15/2025
Attention:	
Agency:	
Regarding:	Cambrdige Village Association Inc
File Number:	-
Quoted By:	Amanda Sunbury

Insurance Quotation

Proposed Policy Period:	12/12/2025 to 12/12/2026
Issuing Carrier:	Maxum Indemnity Company (Non-Admitted) **A.M. Best, Rating A+ XV**
Primary Location:	3203 Cambridge Avenue, Bradenton, FL 34207-5033
Quote is Valid:	Until 1/29/2026

We are pleased to offer the following quotation for coverage. Please review the attached quotation for accuracy. Our quotation reflects the coverages we are able to offer and may not always be exactly what you requested.

General Liability	$21,806.00
Total	**$21,806.00**
Commission	

Terrorism Coverage as provided by the Federal Terrorism Risk Insurance Act can be obtained for an additional premium of $1,090, plus applicable taxes and fees.

Remarks:

The minimum earned premium is 25%.
This policy is subject to audit. In order to bind coverage, we must receive a written request by 1/29/2026.

DISCLAIMER:

This quotation is being offered on the basis shown above. It does not necessarily provide the terms, conditions and/or policy coverages requested in your submission. It is your responsibility as the insured's agent to review this quote to determine coverage adequacy.

Thank you for the opportunity to quote your business.

Amanda Sunbury

KBAUM

COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 12/17/2025

AGENCY Boyd Insurance & Investment Services, Inc. 717 Manatee Ave W #300 Bradenton, FL 34205	CARRIER: Bass Underwriters NAIC CODE: COMPANY POLICY OR PROGRAM NAME: PROGRAM CODE: POLICY NUMBER:
CONTACT NAME: Russ Dozeman PHONE (A/C, No, Ext): (941) 745-8300 FAX (A/C, No): (941) 745-2571 E-MAIL ADDRESS: info@boydinsurance.com CODE: SUBCODE: AGENCY CUSTOMER ID: CAMBVIL-01	UNDERWRITER: UNDERWRITER OFFICE: STATUS OF TRANSACTION: ☐ QUOTE ☐ ISSUE POLICY ☐ RENEW; ☐ BOUND (Give Date and/or Attach Copy); ☐ CHANGE DATE: TIME: ☐ AM ☐ PM; ☐ CANCEL

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
☐ BOILER & MACHINERY	$	☐ CYBER AND PRIVACY	$	☐ YACHT	$
☐ BUSINESS AUTO	$	☐ FIDUCIARY LIABILITY	$		$
☐ BUSINESS OWNERS	$	☐ GARAGE AND DEALERS	$		$
☐ COMMERCIAL GENERAL LIABILITY	$	☐ LIQUOR LIABILITY	$		$
☐ COMMERCIAL INLAND MARINE	$	☐ MOTOR CARRIER	$		$
X COMMERCIAL PROPERTY	$	☐ TRUCKERS	$		$
☐ CRIME	$	☐ UMBRELLA	$		$

ATTACHMENTS

☐ ACCOUNTS RECEIVABLE / VALUABLE PAPERS	☐ GLASS AND SIGN SECTION	☐ STATEMENT / SCHEDULE OF VALUES
☐ ADDITIONAL INTEREST SCHEDULE	☐ HOTEL / MOTEL SUPPLEMENT	☐ STATE SUPPLEMENT (If applicable)
☐ ADDITIONAL PREMISES INFORMATION SCHEDULE	☐ INSTALLATION / BUILDERS RISK SECTION	☐ VACANT BUILDING SUPPLEMENT
☐ APARTMENT BUILDING SUPPLEMENT	☐ INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	☐ VEHICLE SCHEDULE
☐ CONDO ASSN BYLAWS (for D&O Coverage only)	☐ INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
☐ CONTRACTORS SUPPLEMENT	☐ LOSS SUMMARY	
☐ COVERAGES SCHEDULE	☐ OPEN CARGO SECTION	
☐ DEALERS SECTION	☐ PREMIUM PAYMENT SUPPLEMENT	
☐ DRIVER INFORMATION SCHEDULE	☐ PROFESSIONAL LIABILITY SUPPLEMENT	
☐ ELECTRONIC DATA PROCESSING SECTION	☐ RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
01/01/2026	01/01/2027	☐ DIRECT ☐ AGENCY				$	$	$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
Cambridge Village Association, Inc. 3203 Cambridge Avenue Bradenton, FL 34207				59-1496405
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

X CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: ☐ PARTNERSHIP ☐ TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: ☐ PARTNERSHIP ☐ TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: ☐ PARTNERSHIP ☐ TRUST

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ACORD

AGENCY CUSTOMER ID: CAMBVIL-01 KBAUM

PROPERTY SECTION

DATE (MM/DD/YYYY): 12/17/2025

AGENCY NAME	CARRIER	NAIC CODE
Boyd Insurance & Investment Services, Inc.	Bass Underwriters	

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
	01/01/2026	Cambridge Village Association, Inc.

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 — STREET ADDRESS: 3203 Cambridge Avenue, Bradenton, FL 34207

BUILDING #: 1 — BLDG DESCRIPTION: Recreation Center

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Clubhouse	386,957	80	R	Special (Including theft)		2,500			THEFT
Business Personal Property	25,000	80	R	Special (Including theft)		2,500			THEFT
5% wind/ Hail Deductible									

ADDITIONAL INFORMATION: [ ] BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 [ ] VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N): [ ]

DESCRIPTION OF PROPERTY COVERED

LIMIT $

DEDUCTIBLE $

REFRIG MAINT AGREEMENT (Y / N): [ ]

OPTIONS: [ ] BREAKDOWN OR CONTAMINATION [ ] POWER OUTAGE [ ] SELLING PRICE

SINKHOLE COVERAGE (Required in Florida): [X] ACCEPT COVERAGE [ ] REJECT COVERAGE LIMIT: $

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV): [ ] ACCEPT COVERAGE [ ] REJECT COVERAGE LIMIT: $

[ ] PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

OF OPEN SIDES ON STRUCTURE: ____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	DISTANCE TO FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry	500 FT	1 MI	Cedar Hammock	415	3	1	0	1972	3,136

BUILDING IMPROVEMENTS: [ ] WIRING, YR: [X] PLUMBING, YR: 2015 [X] ROOFING, YR: 2018 [ ] HEATING, YR: [X] OTHER: Doors/windows YR: 2017

BLDG CODE GRADE: 99 — TAX CODE: — ROOF TYPE: Other

WIND CLASS: [ ] RESISTIVE [ ] SEMI- RESISTIVE [X] Other

OTHER OCCUPANCIES: Original clay tile roof sealed 2010 CSP 0311, Club house

[ ] HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT — DATE INSTALLED: ____ MANUFACTURER:

PRIMARY HEAT: [ ] BOILER [ ] SOLID FUEL [X] Electric

IF BOILER, IS INSURANCE PLACED ELSEWHERE? N Y / N

SECONDARY HEAT: [ ] BOILER [ ] SOLID FUEL [ ]

IF BOILER, IS INSURANCE PLACED ELSEWHERE? [ ] Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
Residential	Residential	Residential	Residential

BURGLAR ALARM TYPE: — CERTIFICATE #: — EXPIRATION DATE: [ ] CENTRAL STATION [ ] LOCAL GONG [ ] WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY: — EXTENT: — GRADE: — # GUARDS / WATCHMEN: [ ] CLOCK HOURLY [ ]

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems): Smoke Detectors — % SPRNK: 0 — FIRE ALARM MANUFACTURER: [ ] CENTRAL STATION [ ] LOCAL GONG

ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST: [ ] LOSS PAYEE [ ] MORTGAGEE [ ]

NAME AND ADDRESS RANK: ____ EVIDENCE: [ ] CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER: LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

Attach to ACORD 125

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Bass Underwriters
Quote Letter

Submission Number 4586741 **Quote Number** CLP3138833

Insured	Cambridge Village Association, Inc.		
DBA			
Agency Name	Boyd Insurance & Investment Se	**Agent Name**	Kayla Baum
Effective Date	1/1/2026	**Expiration Date**	1/1/2027
Underwriter Name	Drake Futch	**Underwriter Office**	St. Petersburg
Home State	FL	**Previous Policy #**	CCP1218596
Carrier	Century Surety Company		
Mailing Address	3203 Cambridge Avenue, Bradenton, FL 34207		

Premium

Total Premium	$949.00
Property Premium	$750.00
TRIA	Included
Policy Fee	$150.00
FEMA	$4.00
Service Office Fee	$0.54
Surplus Lines Tax	$44.46

TERMS / CONDITIONS

25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.
Quote is valid for 30 days.

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

***Upon request to bind, the agent assumes responsibility for the earned premium, fees and taxes.**

Commission 12%

Required to Bind

- Signed Completed ACORD applications
- Bass Request to Bind Form signed & completed
- Signed TRIA form (if applicable)
- Completed loss history including 5 years hard copy loss runs
- Surplus Lines disclaimer/affidavit signed & completed (State specific)
- Any required supplemental applications signed & completed
- Collection of all required funds prior to requesting the policy be bound

Underwriting Conditions/Subjectivities/Warranties

- Favorable Inspection and compliance with any/all recommendations
- The information reflected in this application is accurate to the best of my knowledge

Bass Underwriters
Quote Letter

Submission Number 4586741 **Quote Number** CLP3138833

Property $750 MP

Loc. #1: 3203 Cambridge Avenue, Bradenton, FL 34207

Bdg. #1: Service, Joisted Masonry
Theft Sub: N/A **AOP Ded:** $1,000

Coverage	Limits of Insurance	Cause of Loss	Valuation	Co-insurance
Building	$37,890	Basic	ACV	80%
BPP & Content	$10,000	Basic	ACV	80%

Bass Underwriters
Quote Letter

Submission Number B0121371 **AIM Submission Number** 4586732A

Insured	Cambridge Village Association Inc		
DBA			
Effective Date	01/01/2026	**Expiration Date**	01/01/2027
Quote Date	12/02/2025	**Previous Policy #**	VAVCP005650
Agency Name	Boyd Insurance & Investment Services Inc	**Agency Code**	AGT1517
Agent Name	Kayla Baum	**Agent Phone**	
Agent Email	Kaylab@boydinsurance.com	**Naic #**	AA1122000
Underwrite Name	Drake Futch	**Producer Name**	Bass Underwriters, Inc.
Underwriter Office	St. Petersburg	**Insurer**	Certain Underwriters at Lloyds
Home State	Florida	**Reference #**	920a9d10-e950-4e67-885b-452def83ab33
Mailling Address	3203 Cambridge Avenue, Bradenton, FL 34207		

Premium

Prem w/o TRIA		Prem w/TRIA	
Total Premium	$10,246.75	**Total Premium**	$10,328.65
Property Premium	$9,480.00	**Property Premium**	$9,480.00
Policy Fee	$175.00	**TRIA Premium**	$78.00
Carrier Policy Fee	$100.00	**Policy Fee**	$175.00
Surplus Lines Tax	$481.90	**Carrier Policy Fee**	$100.00
Service Office Fee	$5.85	**Surplus Lines Tax**	$485.75
FEMA	$4.00	**Service Office Fee**	$5.90
		FEMA	$4.00

TERMS / CONDITIONS

25 % MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON - REFUNDABLE. NO FLAT CANCELLATIONS.

Quote is valid until 12/31/2025

Any revisions to this quote including but not limited to change in effective date, limits, etc will alter the rating and premium.

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS. IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW - MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

* Upon request to bind, the agent assumes responsibility for the earned premium, fees and taxes.

Commission 10%

Required to Bind

- Bass Request to Bind Form signed & completed
- Surplus Lines disclaimer/affidavit signed & completed (State specific)
- Collection of all required funds prior to requesting the policy be bound
- Any required supplemental applications signed & completed
- Completed loss history including 5 years hard copy loss runs
- Signed TRIA form (if applicable)
- Signed Completed ACORD applications

Underwriting Conditions/Subjectivities/Warranties

- The information reflected in this application is accurate to the best of my knowledge
- Favorable Inspection and compliance with any/all recommendations

Bass Underwriters
Quote Letter

Submission Number B0121371

AIM Submission Number 4586732

Property $9,480.00

Loc. #1: 3203 Cambridge Avenue, Bradenton, FL 34207

Bdg. #1: Offices, Joisted Masonry

AOP Ded: $2,500 **W Ded:** 5% **Subject To:** $2,500.00

Coverage	Limits of Insurance	Cause of Loss	Valuation	Co-insurance
Building	$386,957.00	Special	RCV	80%
BPP & Content	$25,000.00	Special	RCV	80%

Optional Coverages:

Roof Valuation	Replacement Cost	Water Damage Limit	$25,000.00
Theft	Included		

Protective Safeguards

P-9 Smoke detection devised - Smoke detection devices in each unit that are operational and maintained by semi-annual maintenance program.
BR-1 Automatic Burglary Alarm, protecting the entire building, that signals to - a. An outside central station; or b. A police station.

Southern-Owners

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

Issued 12-29-2025

TAILORED PROTECTION POLICY DECLARATIONS

AGENCY BOYD INSURANCE & INVESTMENT SVCS INC
12-0116-00 MKT TERR 068 941-745-8300

Renewal Effective 01-01-2026

INSURED CAMBRIDGE VILLAGE ASSOCIATION INC

POLICY NUMBER **222312-20711189-26**
Company Use 20-23-FL-2201

ADDRESS 3203 CAMBRIDGE AVE

BRADENTON FL 34207-5033

Company Bill

Policy Term
12:01 a.m. 01-01-2026 to 12:01 a.m. 01-01-2027

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

55039 (11-87)

COMMON POLICY INFORMATION

Business Description: Condominium Assoc

Entity: Corporation

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE	$2,875.00
EMERGENCY FLORIDA INSURANCE GUARANTY ASSOCIATION ASSESSMENT	$28.75
TOTAL	**$2,903.75**

THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.
Paid in Full Discount applies.
The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.

Forms that apply to all coverage part(s) shown above (except garage liability, dealer's blanket, commercial automobile, if applicable):
55156 (07-12)

Countersigned By: BOYD INSURANCE & INVESTMENT SVCS INC

AGENCY BOYD INSURANCE & INVESTMENT SVCS INC
12-0116-00 MKT TERR 068

Issued 12-29-2025

Company Bill

POLICY NUMBER 222312-20711189-26
20-23-FL-2201

INSURED CAMBRIDGE VILLAGE ASSOCIATION INC

Term 01-01-2026 to 01-01-2027

55040 (11-87)

COMMERCIAL GENERAL LIABILITY COVERAGE

COVERAGE	LIMITS OF INSURANCE
General Aggregate (Other Than Products-Completed Operations)	$2,000,000
Products-Completed Operations Aggregate	$2,000,000
Personal And Advertising Injury	$1,000,000
Each Occurrence	$1,000,000
Damage to Premises Rented to You (Fire Damage)	$50,000 Any One Premises
Medical Payments	$5,000 Any One Person
Hired Auto & Non-Owned Auto	$1,000,000 Each Occurrence

Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 month period in accordance with form 55885.

AUDIT TYPE: Non-Audited

Forms that apply to this coverage:

59350 (01-15)	55146 (06-04)	CG2106 (05-14)	55028 (05-17)	IL0021 (07-02)
59325 (12-19)	CG0001 (04-13)	IL0017 (11-85)	55513 (05-17)	55719 (05-17)
55029 (05-17)	CG2196 (03-05)	CG2132 (05-09)	CG2147 (12-07)	55885 (05-17)
CG2109 (06-15)	55881 (12-17)	CG2002 (11-85)	CG2416 (12-07)	CG0220 (12-24)
CG4032 (05-23)				

LOCATION 0001 - BUILDING 0001

Location: 3203 Cambridge Ave, Bradenton, FL 34207-5033

Territory: 006 **County:** Manatee

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Hired Auto & Non-Owned Liability	04001	Auto	Flat Charge		$44.00
Clubs - Civic, Service Or Social Having Building Or Premises Owned Or Leases (Not-For Profit)	41668		Area	Each 1000	
		Prem/Op	3,136	502.634	$1,576.00
		Prod/Comp Op	3,136	50.032	$157.00
Swimming Pools Noc	48925		Pools		
		Prem/Op	1	973.141	$973.00
		Prod/Comp Op	1	96.751	$97.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0001 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350	$28.00
LOCATION 0001	**$2,875.00**