

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 8/22/2025

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THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF I ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFI COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF IN ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, A	RMATIVELY OR NEGAT ISURANCE DOES NOT	IVELY AMEND, EXTE	END OR ALTER THE	
AGENCY PHONE (A/C, No, Ext): (727)442-0012	COMPANY			
The Turner Insurance Advisor Group, Inc.	American Coastal Insurance Company			
2121 N.E. Coachman Rd.				
Clearwater FL 33765-2616				
FAX (A/C, No): (727)446-9147 E-MAIL ADDRESS: krecore@turnergroupfla.com				
CODE: SUB CODE:				
AGENCY CUSTOMER ID #: 00007346				
INSURED	LOAN NUMBER POLICY NUMBER			
The Village at Bentley Park HOA, Inc.		AMC		
C/O Ameri-Tech Property Managemen	EFFECTIVE DATE	EXPIRATION DATE	CONTINUE	
24701 US HWY 19 N, Suite 102	8/6/2025	8/6/2026	TERMINATE	D IF CHECKED
Clearwater FL 33763	THIS REPLACES PRIOR EVID	ENCE DATED:		
PROPERTY INFORMATION				
LOCATION/DESCRIPTION				
2345-2728 Bentley Drive Palm Harbor, FL 34684				
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE II NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CON EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, TH SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POL	TRACT OR OTHER DOO IE INSURANCE AFFORD	CUMENT WITH RESPI ED BY THE POLICIES	ECT TO WHICH THIS S DESCRIBED HERE	EIN IS
COVERAGE INFORMATION				
COVERAGE / PERILS / FORMS		AMO	UNT OF INSURANCE	DEDUCTIBLE
Building, Replacement Cost, Special form			27,187,935	5,000
# of units in building: 143				
Ordinance or Law Coverage A = Full Limits				
B & C Combined Sublimit = 5% Per Building				
35 Buildings & 20 Carports				
REMARKS (Including Special Conditions)				
3% Hurricane Deductible/ 3% Sinkhole Deductible				
CANCELLATION				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	ORE THE EXPIRATION	DATE THEREOF, NO	OTICE WILL BE	
ADDITIONAL INTEREST				
NAME AND ADDRESS	MORTGAGEE	ADDITIONAL INSUR	ED .	
	LOSS PAYEE	ADDITIONAL INSUR		
For Information Only	LOAN #	<u> </u>		
	AUTHORIZED REPRESENTATIVE			
	Kristin Recore			