12-0176-00
JUSTINE RODGERS SIGNATURE INSURANCE
865 20TH PL STE 2
VERO BEACH FL 32960-5381

00000586

Agency phone: 772.778.9970

07-02-2026

Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

PO BOX 30660 • LANSING, MI 48909-8160

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

SUMMERPLACE IMPROVEMENT ASSOC INC
PO BOX 700160
WABASSO FL 32970-0160

RE: Policy 074782-72698803-26 Billing Account 009637817

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 **772.778.9970**, 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 07-02-2026

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

TAILORED PROTECTION POLICY DECLARATIONS

AGENCY JUSTINE RODGERS SIGNATURE INSURANCE
12-0176-00 MKT TERR 114 772-778-9970

Renewal Effective 08-23-2026

POLICY NUMBER **074782-72698803-26**

Company Use 72-47-FL-0708

INSURED SUMMERPLACE IMPROVEMENT ASSOC INC

ADDRESS PO BOX 700160

WABASSO FL 32970-0160

Company Bill

Policy Term
12:01 a.m. 08-23-2026 to 12:01 a.m. 08-23-2027

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: Property Owners Assn

Entity: Corporation

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE	$1,700.00
COMMERCIAL CRIME COVERAGE	$302.00
EMERGENCY FLORIDA INSURANCE GUARANTY ASSOCIATION ASSESSMENT	$17.00
TOTAL	**$2,019.00**

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):
IL0017 (11-85) 55156 (07-12)

A merit rating plan factor of 0.95 applies.

Countersigned By: JUSTINE RODGERS SIGNATURE INSURANCE

Southern-Owners Ins. Co.

Issued 07-02-2026

AGENCY JUSTINE RODGERS SIGNATURE INSURANCE
12-0176-00 MKT TERR 114

Company Bill

POLICY NUMBER 074782-72698803-26
72-47-FL-0708

INSURED SUMMERPLACE IMPROVEMENT ASSOC INC

Term 08-23-2026 to 08-23-2027

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
Assn Directors/Officers Errors and Omissions Agg	$1,000,000
Assn Directors/Officers Errors and Omissions Occ	$1,000,000
COMMERCIAL GENERAL LIABILITY PLUS ENDORSEMENT	
Damage to Premises Rented to You (Fire, Lightning, Explosion, Smoke or Water Damage)	$300,000 Any One Premises
Medical Payments	$10,000 Any One Person
Expanded Coverage Details See Form:	
Extended Watercraft	
Personal Injury Extension	
Broadened Supplementary Payments	
Broadened Knowledge Of Occurrence	
Additional Products-Completed Operations Aggregate	
Blanket Additional Insured - Lessor of Leased Equipment	
Blanket Additional Insured - Managers or Lessors of Premises	
Newly Formed or Acquired Organizations Extension	
Blanket Waiver of Subrogation	

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)	55084	(06-04)	IL0017	(11-85)	IL0021	(07-02)
55881	(12-17)	55010	(05-17)	59325	(12-19)	CG0001	(04-13)	55513	(05-17)
55719	(05-17)	CG2109	(06-15)	55029	(05-17)	CG2196	(03-05)	CG2132	(05-09)
CG2147	(12-07)	55885	(05-17)	65033	(06-22)	CG0220	(12-24)	CG4032	(05-23)
65074	(12-23)	65073	(12-23)						

Southern-Owners Ins. Co.

Issued 07-02-2026

AGENCY JUSTINE RODGERS SIGNATURE INSURANCE
12-0176-00 MKT TERR 114

Company Bill

POLICY NUMBER 074782-72698803-26
72-47-FL-0708

INSURED SUMMERPLACE IMPROVEMENT ASSOC INC

Term 08-23-2026 to 08-23-2027

LOCATION 0001 - BUILDING 0001

Location: 1802 E Barefoot Pl, Vero Beach, FL 32963-4548

Territory: 006 **County:** Indian River

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Commercial General Liability Plus Endorsement Included At 7.0% Of The Premises Operation Premium	00514		Prem/Op Prem		
Assn Directors/Officers Errors And Omissions	00811	Professional	Flat Charge 74		$426.00
Homeowners &/Or Mobile Homeowners Associations - No Buildings Or Premises Owned Or Leased Except For Office Purposes. (Not-For Profit)	41670	Prem/Op Prod/Comp Op	Members 74 74	Each 1 12.984 .930	$961.00 $69.00
Street, Roads, Highways, Or Bridges- Existence And Maintenance Hazard Only	48727	Prem/Op Prod/Comp Op	Miles 1 1	225.641 1.460	$226.00 $1.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0001 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350	$17.00
LOCATION 0001	**$1,700.00**

55041 (02-88)

COMMERCIAL CRIME COVERAGE

THIS DECLARATIONS PAGE SHOWS THE COVERAGE FORM(S) AND SECTION(S) WHICH APPLY AND FOR WHICH YOU HAVE PAID A PREMIUM.

Plan: 01 Combination Crime-Separate Limits Option

Location: All Premises

COVERAGE	BY PERSON/ POSITION	SECTION	LIMIT	DEDUCTIBLE	PREMIUM
A-Blanket Employee Dishonesty			$50,000	$0	$302.00

Cancellation of prior insurance: By acceptance of this fidelity bond you give us notice cancelling prior fidelity bond with the cancellation to be effective at the time this policy becomes effective.

Forms that apply to all premises:

IL0017 (11-85) IL0003 (07-02) 29415 (01-16) 55081 (05-18) 29421 (12-17)
59325 (12-19) 25028 (12-24) CR0001 (10-90) CC175 (01-86) CR1000 (06-95)
25053 (07-16)

COMMERCIAL CRIME COVERAGE - ALL PREMISES PREMIUM SUMMARY	PREMIUM
ALL PREMISES PREMIUM	**$302.00**