



Workers Compensation And Employers Liability Insurance

Insured Name

MERIDIAN ON SAND KEY
c/o Resource Prop Mgmt
1200 GULF BLVD
CLEARWATER, FL 33767

Policy Number

WC 6 72249964

Policy Period

05/08/2021 to 05/08/2022

Endorsement**Producer Information**

CS&S/BRAISHFIELD ASSOCIATES-WC
5750 MAJOR BLVD
STE 200
ORLANDO, FL 32819-7946

Producer Processing Code

770-057593

CNA Branch

FLORIDA
500 Colonial Center Parkway
2nd, 3rd, and 4th Floor
Lake Mary, FL 32746

Thank you for choosing CNA!

With your Workers Compensation And Employers Liability Insurance policy, you have insurance coverage tailored to meet the needs of your business. The international network of insurance professionals and the financial strength of CNA, rated "A" by A.M. Best, provide the resources to help you manage the daily risks of your organization so that you may focus on what's most important to you.

Claim Services

- To report a loss go to www.FNOLCNA.com or send an email to ReportClaim@FNOLCNA.com, or call 833-FNOL-CNA (833-366-5262)
- To find a network provider or for a PPO panel request, go to www.FNOLCNA.com
- To request loss runs send an email to fsrmail@cnacentral.com
- For additional questions call CNA Customer Service at (877)-574-0540, or contact your independent CNA Insurance Agent.

State Required Posting Notices

If you are not the person directly responsible for having these Posting Notices displayed, please direct these notices to the appropriate person within your organization. Posting Notices are required to be displayed in accordance with specific requirements as stated in the notices. The applicable notice(s) and the quantity included are based on the number of physical addresses in each covered state provided by your independent CNA Insurance Agent.



Workers Compensation And Employers Liability Insurance
Policy Declarations

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE -
GENERAL ENDORSEMENT

Policy Information

Coverage Provided By	Policy Number
Transportation Insurance Company a Stock Insurance Company 151 N Franklin St Chicago, IL 60606 NCCI Carrier Code: 12408	Policy Number: WC 6 72249964

Item 1 Named Insured and Mailing Address

Producer Information

MERIDIAN ON SAND KEY c/o Resource Prop Mgmt 1200 GULF BLVD CLEARWATER, FL 33767 Type of Entity: Non-Profit Corporation FEIN Number: 59-3582123	CS&S/BRAISHFIELD ASSOCIATES-WC 5750 MAJOR BLVD STE 200 ORLANDO, FL 32819-7946 Producer Processing Code: 770-057593
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Item 2 Policy Period

05/08/2021 to 05/08/2022 at 12:01 a.m. Standard Time at the **Named Insured's** mailing address shown above.

Endorsement Effective Date is: 05/08/2021

Chairman of the Board

CNA83782XX (10-2015)

Secretary

Form No: P-39543-A (06-1987)

Endorsement Effective Date:

Endorsement Expiration Date:

Policy No: WC 6 72249964

Policy Effective Date: 05/08/2021

Endorsement No: 11; Page: 1 of 3

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606



THE FOLLOWING ITEM(S) HAS/HAVE BEEN CHANGED

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured Legal Status |
| <input type="checkbox"/> Insured's Mailing Address | <input type="checkbox"/> Item 3.A. States |
| <input type="checkbox"/> Experience Modification | <input checked="" type="checkbox"/> Item 3.D. Endorsement Numbers |
| <input checked="" type="checkbox"/> Change in Workplace of Insured | <input type="checkbox"/> Item 4.*Class, Rate, Other |
| <input type="checkbox"/> Interstate/Intrastate Risk ID Number | <input type="checkbox"/> Interim Adjustment of Premium |

Below are the details of the changes made to your policy:

Endorsement Schedule

The Endorsement Schedule is amended to add the following endorsement(s) and/or notice(s) to your policy.

Number	Edition Date	Endorsement Title	Endorsement Number
P-39543-A	06-1987	WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE - GENERAL ENDORSEMENT	11

PLEASE READ THE ENCLOSED IMPORTANT NOTICES CONCERNING YOUR POLICY

Number	Edition Date	Form Title
None		

Name and Address Schedule

The Name and Address Schedule is amended to add the following to your policy.

Location	Entity	Entity Name and Address
** ADDED ** 001	001	MERIDIAN ON SAND KEY 1200 GULF BLVD CLEARWATER, FL 33767-2794

CNA83782XX (10-2015)

Form No: P-39543-A (06-1987)	Endorsement Effective Date:	Endorsement Expiration Date:	Policy No: WC 6 72249964
Endorsement No: 11; Page: 2 of 3	Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606		Policy Effective Date: 05/08/2021



**Workers Compensation And Employers Liability Insurance
Policy Declarations**

The Name and Address Schedule is amended to delete the following from your policy.

Location	Entity	Entity Name and Address
DELETED 001	001	MERIDIAN ON SAND KEY 1200 GULFT BLVD CLEARWATER, FL 33767

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

CNA83782XX (10-2015)

Form No: P-39543-A (06-1987)

Endorsement Effective Date:

Endorsement Expiration Date:

Policy No: WC 6 72249964

Policy Effective Date: 05/08/2021

Endorsement No: 11; Page: 3 of 3

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606