

CERTIFICATE OF LIABILITY INSURANCE

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 have **ADDITIONAL INSURED** provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 2502 N Rocky Point Dr Ste 400 Tampa, FL 33607-1421 813 321-7500			CONTACT NAME: Certificate Department				
			PHONE (A/C, No, Ext): 813 321-7500		FAX (A/C, No): 610 537-2400		
INSURED Meridian on Sand Key Owners Association 1200 Gulf Blvd Clearwater, FL 33767			E-MAIL ADDRESS: clw_certrequest@usi.com				
			INSURER(S) AFFORDING COVERAGE			NAIC #	
			INSURER A : Aspen Specialty Insurance Company			10717	
			INSURER B : Greenwich Insurance Company			22322	
			INSURER C : Continental Casualty Company			20443	
			INSURER D : American Capital Assurance Corp.				
			INSURER E : Wright National Flood Insurance CO				
			INSURER F :				

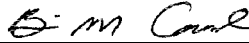
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			CIUCAP00476703	05/08/2020	05/08/2021	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
								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	\$2,000,000
		OTHER:							\$
A		AUTOMOBILE LIABILITY			CIUCAP00476703	05/08/2020	05/08/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
									\$
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB			PPP7445690L20A17	05/08/2020	05/08/2021	EACH OCCURRENCE	\$25,000,000
		EXCESS LIAB						AGGREGATE	\$25,000,000
		DED <input checked="" type="checkbox"/> RETENTION \$0							\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC672249964	05/08/2020	05/08/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$500,000
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$500,000
								E.L. DISEASE - POLICY LIMIT	\$500,000
A		D&O			CIUCAP00476703	05/08/2020	05/08/2021		1,000,000
A		Crime			CIUCAP00476703	05/08/2020	05/08/2021		1,500,000/5,000 ded
D		Property			CIFL000360002	05/08/2020	05/08/2021		Refer to Description

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

PROPERTY/HAZARD SCHEDULE
INSURANCE CARRIER: American Capital Assurance Corporation
POLICY NUMBER: CI-FL-000360-002
POLICY PERIOD: 5/8/2020 - 5/8/2021
[X]Replacement Cost [X]Special
(See Attached Descriptions)

CERTIFICATE HOLDER		CANCELLATION	
Quicken Loans LLC, ISAOA P O Box 202070 Florence, SC 29502		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 	

DESCRIPTIONS (Continued from Page 1)

Ordinance Or Law Coverage Full A, Bldg B&C Combined \$2,000,000

Equipment Breakdown - Included \$1,000 Deductible

1% Calendar Year Hurricane Deductible

1200 Gulf Blvd., Clearwater, FL 33767

Limit \$48,922,367

\$5,000 All Other Perils Deductible

FLOOD

INSURANCE CARRIER: Wright National Flood Ins Co

Replacement Cost

Flood Zone:

Rated: AE

Current: VE

Grandfathered: Yes

1200 Gulf Blvd., Clearwater, FL 33767

Limit \$26,500,000 - 106 Units - Policy number: 09115037841310 - Deductible: \$1,250

Policy Period: 5/8/2020-5/8/2021

RE: 1200 Gulf Blvd., Unit #402, Clearwater, FL 33767, Loan #3459920847.



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 0519
 0084316
 4/16/20
 2000 11523 FLD RCBP

FLOOD DECLARATIONS PAGE
 RENEWAL

Policy Number	NFIP Policy Number	Product Type: Standard Policy
09 1150378413 10	1150378413	Residential Condominium Building Association Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 5/08/20 To: 5/08/21 12:01 am Standard Time	04/16/2020	0084316	09 1150378413 09

Insured
 MERIDIAN ON SAND KEYOWNERS ASSOC I
 1200 GULF BLVD
 C/O PEGGY BUSS
 CLEARWATER FL 33767-2794

USI INSURANCE SERVICES
 NATIONAL INC
 2502 N ROCKY POINT DR STE 400
 TAMPA FL 33607-1443

Property Location (if other than above)
 1200 GULF BLVD, CLEARWATER FL 33767

Address may have been changed in accordance with USPS standards.

Rating Information

Original New Business Effective Date: 5/08/2003
 Flood Risk/Rated Zone: AE
 Current Flood Zone: VE Grandfathered: Yes

Building Occupancy: Other Residential
 Primary Residence: N
 Condo Type: High Rise Number of Units: 106
 Community #: 125096 Map Panel/Suffix: 0002 D
 Community Rating: 10 / 00% Program Status: Regular
 Community Name: CLEARWATER, CITY OF

Number of Floors: 3 or more
 Building Indicator: Elevated
 Basement/Enclosure/Crawlspace:
 Enclosure without Proper Openings
 Elevation Difference: -3
 Replacement Cost Value: 50,831,661

Coverage Deductible Annual Premium

BUILDING	\$26,500,000	\$1,250	\$15,471.00
CONTENTS	\$100,000	\$1,250	\$185.00

ANNUAL SUBTOTAL:	\$15,656.00
DEDUCTIBLE DISCOUNT/SURCHARGE:	\$14.00
ICC PREMIUM:	\$12.00
COMMUNITY RATING DISCOUNT:	\$0.00
SUB-TOTAL:	\$15,654.00
RESERVE FUND ASSESSMENT:	\$2,818.00
PROBATION SURCHARGE:	\$0.00
FEDERAL POLICY SERVICE FEE:	\$2,000.00
HFIAA SURCHARGE:	\$250.00
TOTAL WRITTEN PREMIUM AND FEES:	\$20,722.00

THIS IS NOT A BILL

DEAR MORTGAGEE
 The Reform Act of 1994 requires 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.

Premium Paid by: Insured

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 Association Policy Form
 No Additions and Extensions

Forms and Endorsements:

FFL 99.310 0120 0120 WFL 99.416 1117 1117 WFL 99.116 0614 0614

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
 Patricia Templeton-Jones, President

008431609115037841320107

0000A

Agent



FFL99.001 0519
0084316
4/16/20

09 1150378413 10

Agent (813)321-7500
USI INSURANCE SERVICES
NATIONAL INC
2502 N ROCKY POINT DR STE 400
TAMPA FL 33607-1443

The Residential Condominium Building Association Policy will not list a mortgagee for any individual unit owner on the declaration page due to National Flood Insurance Program guidelines. The *Mandatory Purchase of Flood Insurance Guidelines*, pages 45-51 provides additional information on this subject.

A mortgagee may be listed on the declaration page if the condominium association is required to obtain flood insurance as part of the security for a loan under the name of the condominium association. Please contact the agent for additional information.

Refer to www.fema.gov/cost-of-flood for more information about flood risk and policy rating.

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.

008431609115037841320107

0000A

Agent

