

12-0066-00
 FIRST INSURANCE OF LAKE PLACID INC
 311 W INTERLAKE BLVD
 LAKE PLACID FL 33852

Agency phone: (863) 465-7000



LIFE • HOME • CAR • BUSINESS

PO BOX 30660 • LANSING, MI 48909-8160

10-06-2025

AUTO-OWNERS INSURANCE COMPANY

CAMP FLORIDA PROPERTY OWNERS ASSOCI
 231 SHORELINE DR
 LAKE PLACID FL 33852-5025

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

RE: Policy 44-228-713-02

Billing Account 101763875

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 **863.465.7000**, 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

NOTICE OF PRIVACY PRACTICES

What We Do To Protect Your Privacy

At Auto-Owners Insurance Group*, we value your business and we want to retain your trust. In the course of providing products and services, we may obtain nonpublic personal information about you. We assure you that such information is used only for the purpose of providing our products and services to you.

Protecting Confidentiality

Our agents and Company associates may have access to nonpublic personal information only for the purpose of providing our products or services to you. We maintain physical, electronic and procedural safeguards against unauthorized use of your nonpublic personal information.

Information We Obtain

To assist in underwriting and servicing your policy, we may obtain nonpublic personal information about you. For example, we routinely obtain information through applications, forms related to our products or services, from visiting www.auto-owners.com, and your transactions with us. We may obtain such information from our affiliates, independent insurance agents, governmental agencies, third parties, or consumer reporting agencies.

The type of information that we collect depends on the product or service requested, but may include your name, address, contact information, social security number, credit history, claims history, information to properly investigate and resolve any claims, or billing information. We may obtain your medical history with your permission. The nature and extent of the information we obtain varies based on the nature of the products and services you receive.

The Internet and Your Information

If you would like to learn about how we gather and protect your information over the Internet, please see our online privacy statement at www.auto-owners.com/privacy.

Generally, Auto-Owners may use cookies, analytics, and other technologies to help us provide users with better service and a more customized web experience. Our business partners may use tracking services, analytics, and other technologies to monitor visits to www.auto-owners.com. The website may use web beacons in addition to cookies. You may choose to not accept cookies by changing the settings in your web browser.

Information obtained on our websites may include IP address, browser and platform types, domain names, access times, referral data, and your activity while using our site; who should use our web site; the security of information over the Internet; and links and co-branded sites.

Limited Disclosure

Auto-Owners Insurance Group companies do not disclose any nonpublic personal information about their customers or former customers except as permitted by law. We do not sell your personal information to anyone. We do not offer an opportunity for you to prevent or "opt out of" information sharing since we only share personal information with others as allowed by law.

When sharing information with third parties to help us conduct our business, we require them to protect your personal information. We do not permit them to use or share your personal information for any purpose other than the work they are doing on our behalf or as required by law.

The types of information disclosed may include personal information we collect as necessary to service your policy or account, investigate and pay claims, comply with state and federal regulatory requests or demands, and process other transactions that you request. Third parties that receive disclosures may include your independent agent, regulators, reinsurance companies, fraud prevention agencies, or insurance adjusters.

How Long We Retain Your Information

We generally retain your information as long as reasonably necessary to provide you services or to comply with applicable law and in accordance with our document retention policy. We may retain copies of information about you and any transactions or services you have used for a period of time that is consistent with applicable law, applicable statute of limitations or as we believe is reasonably necessary to comply with applicable law, regulation, legal process or governmental request, to detect or prevent fraud, to collect fees owed, to resolve disputes, to address problems with our services, to assist with investigations, to enforce other applicable agreements or policies or to take any other actions consistent with applicable law.

In some circumstances we may anonymize your personal information (so that it can no longer be associated with you) for research or statistical purposes, in which case we may use this information indefinitely without further notice to you. This allows the specific information collected (name, email, address, phone number, etc.) to become anonymous, but allows Auto-Owners to keep the transaction or engagement data.

Changes to the Privacy Policy

We will provide a notice of our privacy policy as required by law. This policy may change from time to time, but you can always review our current policy by visiting our website at www.auto-owners.com/privacy or by contacting us.

Contact Us

Auto-Owners Insurance Company
Phone: 844-359-4595 (toll free)
Email: privacyrequest@aoins.com

*Auto-Owners Insurance Group includes, Auto-Owners Insurance Company, Auto-Owners Life Insurance Company, Home-Owners Insurance Company, Owners Insurance Company, Property-Owners Insurance Company and Southern-Owners Insurance Company.

FLORIDA AUTOMOBILE INSURANCE
IDENTIFICATION CARDAuto-Owners Insurance Company
Company Code: 09703

Lansing, MI

Policy Number 44-228-713-02 Effective Date 11-20-2025
Personal Injury Protection Benefits YES Bodily Injury Liability YES
Property Damage Liability YES
Named Insured CAMP FLORIDA PROPERTY OWNERS ASSOCIYear/Make 2008 FORD F150
VIN 1FTRF12298KE99570
Agency FIRST INSURANCE OF LAKE PLACID INC
Phone (863) 465-7000 Agency Code 12-0066-00NOT VALID FOR MORE THAN ONE YEAR
FROM EFFECTIVE DATETHE INSURANCE COVERAGES AVAILABLE UNDER THIS POLICY MAY
APPLY TO VEHICLES YOU RENT. SEE OUTLINE OF COVERAGE AND
CONTACT YOUR AGENCY.MISREPRESENTATION OF INSURANCE IS A
FIRST DEGREE MISDEMEANORTHIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR
INSURANCE POLICY AND MAY NOT BE USED TO MODIFY THE
TERMS OR CONDITIONS OF THE POLICY. EXAMINE YOUR POLICY
CAREFULLY.KEEP THIS CARD IN YOUR POSSESSION AT ALL TIMES.
The Florida Bureau of Financial Responsibility requires that all licensed
drivers carry an insurance identification card at all times. If you require
more cards for other licensed drivers covered under this policy, SEE
YOUR AGENT.

89414 (2-12)

FLORIDA AUTOMOBILE INSURANCE
IDENTIFICATION CARDAuto-Owners Insurance Company
Company Code: 09703

Lansing, MI

Policy Number 44-228-713-02 Effective Date 11-20-2025
Personal Injury Protection Benefits YES Bodily Injury Liability YES
Property Damage Liability YES
Named Insured CAMP FLORIDA PROPERTY OWNERS ASSOCIYear/Make 2008 FORD F150
VIN 1FTRF12298KE99570
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drivers carry an insurance identification card at all times. If you require
more cards for other licensed drivers covered under this policy, SEE
YOUR AGENT.

89414 (2-12)

IN CASE OF ACCIDENT

1. Obtain name and address of other driver(s), insurance information, license number, details of accident, names and addresses of witnesses and take photos of the accident scene and involved vehicles.
2. Do not discuss details of the accident with anyone but the investigating officer. Make no admissions or offer payments.
3. Contact your agent promptly to report the accident. The phone number of your agent is on the front side of this form. If you are unable to reach your agent after normal business hours, please call 1-888-252-4626 to report your claim.
4. Please consider visiting our website (www.Auto-Owners.com) or download our app (Auto-Owners Mobile) for more details on what to expect after reporting a claim.

CANADA NON-RESIDENT INTER-PROVINCE MOTOR VEHICLE LIABILITY INSURANCE CARD

CERTIFICAT D'ASSURANCE - AUTOMOBILE RESPONSABILITÉ

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein, in an amount not less than the statutory minimum requirements of every province of Canada.

WARNING- Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and his license may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.

89271 (9-18)

IN CASE OF ACCIDENT

1. Obtain name and address of other driver(s), insurance information, license number, details of accident, names and addresses of witnesses and take photos of the accident scene and involved vehicles.
2. Do not discuss details of the accident with anyone but the investigating officer. Make no admissions or offer payments.
3. Contact your agent promptly to report the accident. The phone number of your agent is on the front side of this form. If you are unable to reach your agent after normal business hours, please call 1-888-252-4626 to report your claim.
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89271 (9-18)

AVAILABILITY OF RISK MANAGEMENT PLAN - FLORIDA

The Florida Tort Reform and Insurance Act of 1986 requires insurance companies to make available to commercial casualty and commercial property policyholders guidelines for risk management plans.

Risk management guidelines include the following:

A. Safety measures, including, as applicable, the following areas:

1. Pollution and environmental hazards;
2. Disease hazards;
3. Accidental occurrences;
4. Fire hazards and fire prevention and detection;
5. Liability for acts from the course of business;
6. Slip and fall hazards;
7. Product injury; and
8. Hazards unique to a particular class or category of insureds.

B. Training to insureds in safety management techniques.

C. Safety management counseling services.

Risk Management Plan guidelines are available at your request. If you desire this service, please contact your agent or our Loss Control Services department by e-mail at losscontrolsupport@aoins.com or by phone (855) 586-5388.

NOTICE TO POLICYHOLDER

FLORIDA UNINSURED MOTORIST COVERAGE OPTIONS AVAILABLE

Dear Policyholder:

Florida law allows you to make certain choices regarding Uninsured Motorist Coverage provided under your policy. The Uninsured Motorist Coverage provided by your current policy is described in your policy's Declarations page. Your previous selection or rejection of Uninsured Motorist Coverage as reflected on your Declarations page will continue to apply to your auto liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits unless you request a change to your previous selection or rejection in writing. Your selection or rejection shall be conclusively presumed to be an informed, knowing acceptance of such limitations on behalf of all insureds.

This document generally describes all of the coverage options available to you. No coverage is provided by this document. Please review your policy and Declarations page for information regarding your specific coverages.

Uninsured Motorist Coverage Options

Uninsured Motorist Coverage provides coverage for insured persons who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death which results from any of these. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. Uninsured Motorist Coverage also extends coverage for damages caused by motor vehicle owners or operators who have Bodily Injury Liability limits lower than the amount of your damages.

You may select Uninsured Motorist Coverage in an amount equal to your limits for Bodily Injury Liability Coverage. You may also select Uninsured Motorist limits lower than your Bodily Injury Liability limits, or you may entirely reject Uninsured Motorist Coverage.

If any named insured is designated as an individual, you have the option to purchase non-stacked Uninsured Motorist Coverage at a reduced rate. If any named insured is designated as other than an individual, your policy will include non-stacked Uninsured Motorist Coverage, unless you reject Uninsured Motorist Coverage entirely. Under this coverage, if injury occurs in a motor vehicle owned or leased by you or a family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If injury occurs while you are occupying a motor vehicle which is not owned by you or a family member who resides with you, or while you are a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one motor vehicle covered by a policy for which you are a named insured, insured family member, or insured resident of the named insured's household. If the named insured is an individual and you do not elect to purchase the non-stacked coverage, your policy limits for each motor vehicle are added together (stacked) for all covered injuries. Thus, your Uninsured Motorist Coverage limits would automatically change during the policy term if you increase or decrease the number of motor vehicles covered under the policy.

If you have questions regarding your Uninsured Motorist Coverage that is reflected on your policy's Declarations page or wish to select a different option, you must contact your agent and complete the Florida Option to Reject or Modify Uninsured Motorist Coverage form 58021 (1-17).

OPTION TO MODIFY PERSONAL INJURY PROTECTION BENEFITS

For Personal Injury Protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident family members. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident family members are employed, since lost wages will not be payable in the event of an accident.

If this is an existing or renewal policy, the option you previously selected for Personal Injury Protection will continue to apply, unless you make a different selection below.

Please review carefully and indicate your selection(s) under one of the following options, if desired:

Option 1:

Standard Personal Injury Protection Benefits

	<u>Limit Per Person</u>
Total Aggregate Limit for all Personal Injury Protection Benefits, except Death Benefits	\$10,000 (medical expenses limited to \$2,500 non-emergency)
Medical Expenses	80% of medical expenses subject to the Florida Motor Vehicle No-Fault Statute's fee schedule and subject to the total aggregate limit for Personal Injury Protection Benefits
Wage Loss	60% of wage loss subject to the total aggregate limit subject to the total aggregate limit
Replacement Services Expenses	\$5,000
Death Benefits	

Select deductible of No deductible \$250 \$500 \$1,000 to apply to Personal Injury Protection Benefits for:

- Named Insured Only
- Named Insured and All Dependent Resident Family Members

Exclude loss of gross income and loss of earning capacity ("lost wages")

- Named Insured Only
- Named Insured and All Dependent Resident Family Members

Option 2:

Extended Personal Injury Protection Benefits

	<u>Limit Per Person</u>
Total Aggregate Limit for all Personal Injury Protection Benefits, except Death Benefits	\$10,000 (medical expenses limited to \$2,500 non-emergency)
Medical Expenses	100% of medical expenses subject to the Florida Motor Vehicle No-Fault Statute's fee schedule and subject to the total aggregate limit for Personal Injury Protection Benefits
Wage Loss	80% of wage loss subject to the total aggregate limit subject to the total aggregate limit
Replacement Services Expenses	\$5,000
Death Benefits	

Select Extended Personal Injury Protection Coverage. **No deductible options are available.**

Exclude loss of gross income and loss of earning capacity ("lost wages"). **Excluded "lost wages" must apply to named insured and all dependent resident family members.**

Signature

Date

Policy Number: 44-228-713-02

Agency: 12-0066-00 FIRST INSURANCE OF LAKE PLACID INC

Florida**POLICYHOLDER INFORMATION AND ASSISTANCE**

We are here to serve you and as our policyholder your satisfaction is very important to us. Should you have any questions or a complaint regarding your policy that cannot be resolved by your agent, you may contact our Lakeland Regional Office for information and assistance by calling 863-687-4505.

Auto-Owners Insurance Company
Owners Insurance Company
Southern-Owners Insurance Company

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

AGENCY FIRST INSURANCE OF LAKE PLACID INC
12-0066-00 MKT TERR 114 (863) 465-7000

ITEM ONE
NAMED INSURED CAMP FLORIDA PROPERTY OWNERS ASSOCI

ADDRESS 231 SHORELINE DR
LAKE PLACID FL 33852-5025

COMMERCIAL AUTO POLICY DECLARATIONS STANDARD PROGRAM

Renewal Effective 11-20-2025

POLICY NUMBER 44-228-713-02
Company Use 72-04-FL-2311

Company Bill	POLICY TERM 12:01 a.m. to 12:01 a.m. 11-20-2025 to 11-20-2026
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Entity: Corporation

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO - SCHEDULE OF COVERED AUTOS AND COVERAGES

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those **autos** shown as covered **autos**. **Autos** are shown as covered **autos** for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS section of the Commercial Auto Policy next to the name of the coverage.

COVERAGES	COVERED AUTOS SYMBOLS	LIMIT OF INSURANCE FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Bodily Injury	1	\$500,000 each person/ \$500,000 each accident	\$2,480.45
Property Damage	1	\$100,000 each accident	\$249.36
Uninsured Motorist Coverage	7, 8, 9	\$100,000 each person/ \$300,000 each accident (Non-stacked Uninsured Motorist Coverage selected.)	\$684.89
Personal Injury Protection	7	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	\$83.25
Medical Payments	7	\$2,000 each person	\$9.80
Physical Damage	Comprehensive		No Coverage
	Collision		No Coverage
	Road Trouble Service		No Coverage
	Additional Expense		No Coverage
Premium for Endorsements			\$46.70
ESTIMATED TOTAL PREMIUM*			\$3,554.45

* This policy may be subject to final audit.

AUTO-OWNERS INS. CO.

Issued 10-06-2025

AGENCY FIRST INSURANCE OF LAKE PLACID INC
12-0066-00 MKT TERR 114Company Bill **POLICY NUMBER** 44-228-713-02
Company Use 72-04-FL-2311

NAMED INSURED CAMP FLORIDA PROPERTY OWNERS ASSOCI

Term 11-20-2025 to 11-20-2026

ITEM TWO (Continued)

Endorsements That Apply To All Items:	58000 (01-15)	58001 (01-15)	58200 (01-15)	58524 (01-15)	58550 (01-17)	58555 (01-16)
58558 (03-16)	58706 (07-20)	58800 (07-23)	59325 (12-19)	58097 (05-21)		

QUICK REFERENCE FOR COVERED AUTO DESIGNATION SYMBOLS

Refer to the Commercial Auto Policy 58001 Section I for a complete description of COVERED AUTOS and policy provisions that may apply.

1 = Any Auto	6 = Owned Autos Subject To A Compulsory Uninsured Motorists Law
2 = Owned Autos Only	7 = Scheduled Autos Only
3 = Owned Private Passenger Autos Only	8 = Hired Autos Only
4 = Owned Autos Other Than Private Passenger Autos Only	9 = Non-owned Autos Only
5 = Owned Autos Subject to No-fault	19 = Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only

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

AGENCY FIRST INSURANCE OF LAKE PLACID INC
12-0066-00 MKT TERR 114 (863) 465-7000

NAMED INSURED CAMP FLORIDA PROPERTY OWNERS ASSOCI

ADDRESS 231 SHORELINE DR
LAKE PLACID FL 33852-5025

**COMMERCIAL AUTO POLICY DECLARATIONS
STANDARD PROGRAM**

Renewal Effective 11-20-2025

POLICY NUMBER 44-228-713-02

Company Use 72-04-FL-2311

Company
Bill

POLICY TERM
12:01 a.m. to 12:01 a.m.
11-20-2025 to 11-20-2026

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.

ITEM THREE - SCHEDULE OF COVERED AUTOS, ADDITIONAL COVERAGES AND ENDORSEMENTS

		TERRITORY	CLASS
Hired Autos Liability - Non-Motor Carrier Operations		053 Highlands County, FL	SPL
COVERAGES	LIMITS	PREMIUM	
Bodily Injury	\$ 500,000 each person/\$ 500,000 each accident	\$46.24	
Property Damage	\$ 100,000 each accident	13.42	
Uninsured Motorist	\$ 100,000 each person/\$ 300,000 each accident	27.73	
	TOTAL	\$87.39	

Additional Endorsements For This Item: 58308 (07-23)

ITEM DETAILS: Estimated cost of hire - liability \$ If Any (Subject to audit)
Non-stacked Uninsured Motorist Coverage selected.

Rate Effective Date 06-08-2025

150

		053	SPL
Non-Owned Autos Liability		Highlands County, FL	
COVERAGES	LIMITS	PREMIUM	
Bodily Injury	\$ 500,000 each person/\$ 500,000 each accident	\$90.40	
Property Damage	\$ 100,000 each accident	8.57	
Uninsured Motorist	\$ 100,000 each person/\$ 300,000 each accident	107.34	
	TOTAL	\$206.31	

Additional Endorsements For This Item: 58308 (07-23)

Non-stacked Uninsured Motorist Coverage selected.
Rate Effective Date 06-08-2025

150

AUTO-OWNERS INS. CO.

Issued 10-06-2025

AGENCY FIRST INSURANCE OF LAKE PLACID INC
12-0066-00 MKT TERR 114Company Bill **POLICY NUMBER** 44-228-713-02
Company Use 72-04-FL-2311

NAMED INSURED CAMP FLORIDA PROPERTY OWNERS ASSOCI

Term 11-20-2025 to 11-20-2026

		TERRITORY	CLASS
1. 2008 FORD F150 VIN: 1FTRF12298KE99570		053 Highlands County, FL	
COVERAGES	LIMITS	PREMIUM	
Bodily Injury	\$ 500,000 each person/\$ 500,000 each accident	\$2,074.27	
Property Damage	\$ 100,000 each accident	201.22	
Uninsured Motorist	\$ 100,000 each person/\$ 300,000 each accident	549.82	
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	83.25	
Medical Payments	\$ 2,000 each person	9.80	
	TOTAL	\$2,918.36	

Interested Parties: None

Additional Endorsements For This Item: 58455 (07-23) 58428 (08-21) 58308 (07-23)

ITEM DETAILS: Pickup Truck 6,001 - 10,000 GVW operated within a 100 mile radius.

CLASS (01811): Support/Errand Vehicles.

Vehicle Count Factor Applies.

Non-stacked Uninsured Motorist Coverage selected.

Rate Effective Date 06-08-2025

150 0023350

2. 2019 IRON KING UTILITY TRAILER VIN: 1H9BU1215K1691301	053 Highlands County, FL
COVERAGES	LIMITS
Bodily Injury	\$ 500,000 each person/\$ 500,000 each accident
Property Damage	\$ 100,000 each accident
	TOTAL
	\$295.69

Interested Parties: None

ITEM DETAILS: Trailer operated within a 100 mile radius.

CLASS (01811): Support/Errand Vehicles.

This item is a Service/Utility trailer.

Vehicle Count Factor Applies.

Rate Effective Date 06-08-2025

150 0001995

Endorsements That Apply To This Policy

Employee Hired Autos	053 Highlands County, FL	SPL
COVERAGES	LIMITS	PREMIUM
Bodily Injury	\$ 500,000 each person/\$ 500,000 each accident	\$13.53
Property Damage	\$ 100,000 each accident	2.51
Uninsured Motorist	\$ 100,000 each person/\$ 300,000 each accident	2.00
	TOTAL	\$18.04

Additional Endorsements For This Item: 58546 (01-15) 58308 (07-23)

Non-stacked Uninsured Motorist Coverage selected.

Rate Effective Date 06-08-2025

150

AUTO-OWNERS INS. CO.

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12-0066-00 MKT TERR 114Company Bill **POLICY NUMBER** 44-228-713-02
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NAMED INSURED CAMP FLORIDA PROPERTY OWNERS ASSOCI

Term 11-20-2025 to 11-20-2026

		TERRITORY	CLASS
		053	SPL
Unlicensed RV Liability		Highlands County, FL	
COVERAGES	LIMITS	PREMIUM	
Bodily Injury	\$ 500,000 each person/\$ 500,000 each accident	\$19.38	
Property Damage	\$ 100,000 each accident	Included	
Medical Payments	\$ 2,000 each person	9.28	
	TOTAL		\$28.66

Additional Endorsements For This Item: 58444 (12-19) 58541 (09-15)

Mature Discount applies.

Rate Effective Date 06-08-2025

150

	TERM
ESTIMATED TOTAL PREMIUM PAID IN FULL DISCOUNT APPLIES	\$3,554.45

The Paid In Full Discount does not apply to fixed fees or statutory charges.

Policy Rate Code 0000

A 12% Cumulative Multi-Policy Discount applies. Supporting policies are marked with an (X): Comm Umb(X)
Comm Prop/Comm Liab(X) WC() Life() Personal() Farm().

Paid In Full Discount Applies.

00342
531200

Countersigned By: FIRST INSURANCE OF LAKE PLACID INC

Auto-Owners

58974 (1-17)

Issued 10-06-2025

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

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12-0066-00 MKT TERR 114 (863) 465-7000

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12:01 a.m. 11-20-2025	to 11-20-2026	12:01 a.m.

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0794

Scheduled Drivers List

Listed below are drivers currently scheduled on this policy. Please compare the list with your current records and contact your agent with any changes that need to be made. We will update the list accordingly for the next renewal.

Name: Last	First	Age	State
DONOVAN	CYNTHIA	79	IN
MARES	JESUS	60	FL
AVALOS-PEREZ	CARLOS	28	FL
GOUDY	RONALD	67	NY
LEISING	CYNTHIA	75	IN
PEASE	WILBUR	67	FL
PLATT	ROBERT	74	MI
KANE	MICHAEL	78	MI
JEAN	COLSON	62	FL