

CAREY INSURANCE
203 NE 8TH AVE
OCALA FL 34470-6727
INVOICE

Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

1-800-288-8740
www.auto-owners.com

Agency phone: (352) 732-0800

Statement date: 10/20/2025

TAILORED PROTECTION 78-000584
see reverse side

Account: 007034573

KINGSLAND COUNTRY PROPERTY
OWNERS ASSOCIATION INC
7500 SW 61ST AVE #300
OCALA FL 34476

Payment Plan	Full Pay
Current Balance	\$12,071.13
Minimum Due	\$12,071.13

\$12,071.13 due on 11/07/2025

Congratulations! You are receiving a discount of up to 10% on your policy premium with our Full Pay payment plan.

fold and detach here

5098728

12-0085-00

Auto-Owners INSURANCE

KINGSLAND COUNTRY PROPERTY
OWNERS ASSOCIATION INC
7500 SW 61ST AVE #300
OCALA FL 34476

Account Number	007034573
Due Date	11/07/2025
Current Balance	\$12,071.13
Minimum Due	\$12,071.13

Make Checks Payable to:
AUTO-OWNERS INSURANCE
PO BOX 740312
CINCINNATI, OH 45274-0312

20000007034573000000000000000000120711300012071133

Policies on Account 007034573

Policy	Current Balance	Minimum Due
TAILORED PROTECTION 78-000584 - effective 11/07/2024 7500 SW 61ST AVE STE 300 OCALA, FL 34476-8315 7500 SW 61ST AVE STE 300 OCALA, FL 34476-8315	\$0.00	\$0.00
TAILORED PROTECTION 78-000584 - effective 11/07/2025 7500 SW 61ST AVE STE 300 OCALA, FL 34476-8315 7500 SW 61ST AVE STE 300 OCALA, FL 34476-8315	\$12,071.13	\$12,071.13

Access your policy at any time and on any device with online access

View policy documents, make payments, check claim status and more.

Visit customercenter.auto-owners.com to sign up or scan the QR code to get started.



Important Billing Information

- A fee of up to \$15.00 may be charged if a cancellation bill is issued (except IL, IA, MI, ND, NC, & VA).
- IL, IA, MI, ND, NC, & VA only - A fee of \$15.00 is charged if a cancellation bill is issued and your insurance is continued or reinstated. No fee is charged if your insurance is cancelled and not reinstated.
- A fee of up to \$15.00 may be charged for returned items. Returned items may be represented as an electronic ACH transaction.
- A fee of up to \$0.00 may be charged when making a payment by phone.
- A billing fee of up to \$3.00 may be charged for each bill. No fee is charged for accounts on the full pay payment plan, or accounts on other payment plans when fully paperless and set up for automatic EFT payments. The fee is reduced to \$2.00 for accounts receiving paper bills when set up for automatic EFT payments.
- Payments and credits may be applied to all lines of business on the same billing account and may be applied from one policy term to another. Payments received for less than the billed amount may be pro-rated to each policy and may result in the cancellation of all policies for non-payment of premium.

Policies on Account

TAILORED PROTECTION 78-000584

12-0085-00
 CAREY INSURANCE
 203 NE 8TH AVE
 OCALA FL 34470-6727

00000736



Agency phone: **352.732.0800**

09-23-2025

Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

PO BOX 30660 • LANSING, MI 48909-8160

Southern-Owners Insurance Company

KINGSLAND COUNTRY PROPERTY
 OWNERS ASSOCIATION INC
 7500 SW 61ST AVE #300
 OCALA FL 34476-8315

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 Mail
 AUTO-OWNERS INSURANCE
 PO BOX 740312
 CINCINNATI, OH 45274-0312

Pay by Phone
 1.800.288.8740

RE: Policy 034722-78000584-25

Billing Account 007034573

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 **352.732.0800**, 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



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

AGENCY CAREY INSURANCE
12-0085-00 MKT TERR 123 352-732-0800

INSURED KINGSLAND COUNTRY PROPERTY
OWNERS ASSOCIATION INC

ADDRESS 7500 SW 61ST AVE #300
OCALA FL 34476-8315

TAILORED PROTECTION POLICY DECLARATIONS

Change Endorsement Effective 11-07-2025

POLICY NUMBER 034722-78000584-25

Company Use 78-47-FL-0311

Company
Bill

Policy Term	
12:01 a.m.	12:01 a.m.
11-07-2025	to 11-07-2026

Description of Change

COMMERCIAL GENERAL LIABILITY IS AMENDED AS FOLLOWS:
AMENDED ADDRESS OF LOCATION(S) TO:
LOC 2:1 - 7500 SW 61ST AVE STE 300, OCALA, FL 34476

Transaction Number: 002

Endorsement Premium:	\$0.00
PAID IN FULL DISCOUNT APPLIES	NO CHANGE
The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.	



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

AGENCY CAREY INSURANCE
12-0085-00 MKT TERR 123 352-732-0800

INSURED KINGSLAND COUNTRY PROPERTY
OWNERS ASSOCIATION INC

ADDRESS 7500 SW 61ST AVE #300
OCALA FL 34476-8315

TAILORED PROTECTION POLICY DECLARATIONS

Renewal Effective 11-07-2025

POLICY NUMBER 034722-78000584-25

Company Use 78-47-FL-0311

Company
Bill

Policy Term	
12:01 a.m.	12:01 a.m.
11-07-2025	to 11-07-2026

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.

55039 (11-87)

COMMON POLICY INFORMATION

Business Description: Homeowners Assoc

Entity: Corporation

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE	\$11,613.00
COMMERCIAL CRIME COVERAGE	\$342.00
EMERGENCY FLORIDA INSURANCE GUARANTY ASSOCIATION ASSESSMENT	\$116.13
TOTAL	\$12,071.13

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 0.90 applies.

Countersigned By: CAREY INSURANCE

Southern-Owners Ins. Co.

Issued 08-13-2025

AGENCY CAREY INSURANCE
12-0085-00 MKT TERR 123

Company POLICY NUMBER 034722-78000584-25
Bill 78-47-FL-0311

INSURED KINGSLAND COUNTRY PROPERTY

Term 11-07-2025 to 11-07-2026

55040 (11-87)

COMMERCIAL GENERAL LIABILITY COVERAGE

COVERAGE	LIMITS OF INSURANCE
General Aggregate (Other Than Products-Completed Operations)	\$1,000,000
Products-Completed Operations Aggregate	\$1,000,000
Personal And Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Damage to Premises Rented to You (Fire Damage)	\$50,000 Any One Premises
Medical Payments	\$5,000 Any One Person
Assn Directors/Officers Errors and Omissions Agg	\$1,000,000
Assn Directors/Officers Errors and Omissions Occ	\$1,000,000

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)	IL0017 (11-85)	55146 (06-04)	55084 (06-04)	IL0021 (07-02)
55881 (12-17)	CG2106 (05-14)	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)	CG2011 (04-13)	55010 (05-17)	CG0220 (12-24)
CG4032 (05-23)				

LOCATION 0001 - BUILDING 0001

Location: 7500 Sw 61St Ave Ste 300, Ocala, FL 34476-8315

Territory: 006

County: Marion

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Buildings Or Premises - Office - Noc Not-For-Profit Only	61227	Prem/Op Prod/Comp Op	Area	Each 1000	
			825	145.366	\$120.00
			825	14.465	\$12.00
Additional Interests	49950				
Managers/Lessors Of Premises					
1. The Diocese Of Orlan		Prem/Op	Flat Charge		\$25.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0001 SUMMARY

	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350	\$2.00
LOCATION 0001	\$159.00

Southern-Owners Ins. Co.

Issued 08-13-2025

AGENCY CAREY INSURANCE
12-0085-00 MKT TERR 123

Company POLICY NUMBER 034722-78000584-25
Bill 78-47-FL-0311

INSURED KINGSLAND COUNTRY PROPERTY

Term 11-07-2025 to 11-07-2026

LOCATION 0002 - BUILDING 0001

Location: #3506 Sec 28-33 Top 16 Rge 21, #3505 Sec 32.33 Twp Rge 21, Ocala, FL 34476-4027

Territory: 006

County: Marion

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Assn Directors/Officers Errors And Omissions	00811	Professional	Flat Charge 1,400		\$1,598.00
Homeowners &/Or Mobile Homeowners Associations - No Buildings Or Premises Owned Or Leased Except For Office Purposes. (Not-For Profit)	41670	Prem/Op	Members 1,465	Each 1 6.008	\$8,802.00
		Prod/Comp Op	1,465	.642	\$941.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0002 SUMMARY

	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350	\$113.00
LOCATION 0002	\$11,454.00

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			\$250,000	\$500	\$342.00

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) 25028 (07-07) IL0003 (07-02) 29415 (01-16) 55081 (05-18)
29421 (12-17) 59325 (12-19) CR0001 (10-90) CC175 (01-86) CR1000 (06-95)
25053 (07-16) CR1026 (10-90)

COMMERCIAL CRIME COVERAGE - ALL PREMISES PREMIUM SUMMARY

	PREMIUM
ALL PREMISES PREMIUM	\$342.00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designation Of Premises (Part Leased To You): 6455 SW STATE ROAD 200, OCALA, FL 34476
Name Of Person(s) Or Organization(s) (Additional Insured): THE DIOCESE OF ORLANDO, QUEEN OF PEACE
Additional Premium: \$
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

POLICY NUMBER:

CR 10 26 10 90
COMMERCIAL CRIME

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCLUDE SPECIFIED NON-COMPENSATED OFFICERS AS EMPLOYEES

This endorsement applies to the CRIME GENERAL PROVISIONS FORM and all Crime Coverage Forms forming part of the Policy.

A. SCHEDULE

Names or Titles of Non-compensated Officers

PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER, AND ASSISTANT

B. PROVISIONS

"Employee" also includes your non-compensated officers shown in the SCHEDULE.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA CHANGES - CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
ELECTRONIC DATA LIABILITY COVERAGE PART
PRODUCT WITHDRAWAL COVERAGE PART

- A. Paragraph 2. of the **Cancellation** Common Policy Condition is replaced by the following:**
- 2. Cancellation Of Policies In Effect:**
- a. For 60 Days Or Less**
If this policy has been in effect for 60 days or less, we may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation, accompanied by the reasons for cancellation, at least:
- (1) 10 days before the effective date of cancellation if we cancel for non-payment of premium; or
 - (2) 20 days before the effective date of cancellation if we cancel for any other reason, except we may cancel immediately if there has been:
 - (a) A material misstatement or misrepresentation; or
 - (b) A failure to comply with the underwriting requirements established by the insurer.
- b. For More Than 60 Days**
If this policy has been in effect for more than 60 days, we may cancel this policy only for one or more of the following reasons:
- (1) Nonpayment of premium;
 - (2) The policy was obtained by a material misstatement;
 - (3) Failure to comply with underwriting requirements established by the insurer within 60 days of the effective date of coverage;
 - (4) A substantial change in the risk covered by the policy; or
- (5) The cancellation is for all insureds under such policies for a given class of insureds.
If we cancel this policy for any of these reasons, we will mail or deliver to the first Named Insured written notice of cancellation, accompanied by the reasons for cancellation, at least:
- (a) 10 days before the effective date of cancellation if we cancel for non-payment of premium;
 - (b) 45 days before the effective date of cancellation if we cancel for any of the other reasons stated in paragraph 2.b.
- B. Paragraph 3. of the **Cancellation** Common Policy Condition is replaced by the following:**
- 3. We will mail or deliver our notice to the first Named Insured at the last mailing address known to us.**
- C. Paragraph 5. of the **Cancellation** Common Policy Condition is replaced by the following:**
- 5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. If the return premium is not refunded with the notice of cancellation or when this policy is returned to us, we will mail the refund within 15 working days after the date cancellation takes effect, unless this is an audit policy.
If this is an audit policy, then, subject to your full cooperation with us or our agent in securing the**

necessary data for audit, we will return any premium refund due within 90 days of the date cancellation takes effect. If our audit is not completed within this time limitation, then we shall accept your audit, and any premium refund due shall be mailed within 10 working days of receipt of your audit.

The cancellation will be effective even if we have not made or offered a refund.

- D.** The following is added and supersedes any other provision to the contrary:

Nonrenewal

1. If we decide not to renew this policy we will mail or deliver to the first Named Insured written notice of nonrenewal, accompanied by the reason for nonrenewal, at least 45 days prior to the expiration of this policy.
2. Any notice of nonrenewal will be mailed or delivered to the first Named Insured's last mailing address known to us. If notice is mailed, proof of mailing will be sufficient proof of notice.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES (PFAS)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. The following exclusion is added to Paragraph 2. Exclusions of Section I - Coverage A - Bodily Injury And Property Damage Liability:

2. Exclusions

This insurance does not apply to:

Perfluoroalkyl And Polyfluoroalkyl Substances

- a. "Bodily injury" or "property damage" which would not have occurred, in whole or in part, but for the actual, alleged, threatened or suspected inhalation, ingestion, absorption, consumption, discharge, dispersal, seepage, migration, release or escape of, contact with, exposure to, existence of, or presence of, any "perfluoroalkyl or polyfluoroalkyl substances".
- b. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "perfluoroalkyl or polyfluoroalkyl substances", by any insured or by any other person or entity.

B. The following exclusion is added to Paragraph 2. Exclusions of Section I - Coverage B - Personal And Advertising Injury Liability:

2. Exclusions

This insurance does not apply to:

Perfluoroalkyl And Polyfluoroalkyl Substances

- a. "Personal and advertising injury" which would not have taken place, in whole or in part, but for the actual, alleged, threatened or suspected inhalation, ingestion, absorption, consumption, discharge, dispersal, seepage, migration, release or

escape of, contact with, exposure to, existence of, or presence of, any "perfluoroalkyl or polyfluoroalkyl substances".

- b. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "perfluoroalkyl or polyfluoroalkyl substances", by any insured or by any other person or entity.

C. The following definition is added to the Definitions Section:
"Perfluoroalkyl or polyfluoroalkyl substances" means any:

1. Chemical or substance that contains one or more alkyl carbons on which hydrogen atoms have been partially or completely replaced by fluorine atoms, including but not limited to:
 - a. Polymer, oligomer, monomer or nonpolymer chemicals and their homologues, isomers, telomers, salts, derivatives, precursor chemicals, degradation products or by-products;
 - b. Perfluoroalkyl acids (PFAA), such as perfluorooctanoic acid (PFOA) and its salts, or perfluorooctane sulfonic acid (PFOS) and its salts;
 - c. Perfluoropolyethers (PFPE);
 - d. Fluorotelomer-based substances; or
 - e. Side-chain fluorinated polymers; or
2. Good or product, including containers, materials, parts or equipment furnished in connection with such goods or products, that consists of or contains any chemical or substance described in Paragraph C.1.

**CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
AND
IMPORTANT INFORMATION REGARDING TERRORISM RISK
INSURANCE COVERAGE**

It is agreed:

1. With respect to any one or more certified acts of terrorism, we will not pay any amounts for which we are not responsible because of the application of any provision which results in a cap on our liability for payments for terrorism losses in accordance with the terms of the federal Terrorism Risk Insurance Act of 2002 (including ensuing Congressional actions pursuant to the Act).
2. Certified act of terrorism means any act certified by the Secretary of the Treasury, in consultation with:
 - a. the Secretary of Homeland Security; and
 - b. the Attorney General of the United Statesto be an act of terrorism as defined and in accordance with the federal Terrorism Risk Insurance Act of 2002 (including ensuing Congressional actions pursuant to the Act).
3. Under the federal Terrorism Risk Act of 2002 (including ensuing Congressional actions pursuant to the Act) a terrorist act may be certified:
 - a. if the aggregate covered commercial property and casualty insurance losses resulting from the terrorist act exceed \$5 million; and
 - b. (1) if the act of terrorism is:
 - a) a violent act; or
 - b) an act that is dangerous to human life, property or infrastructure; and(2) if the act is committed:
 - a) by an individual or individuals as part of an effort to coerce the civilian population of the United States; or
 - b) to influence the policy or affect the conduct of the United States government by coercion.

All other policy terms and conditions apply.

IMPORTANT INFORMATION REGARDING TERRORISM RISK INSURANCE COVERAGE

The Terrorism Risk Insurance Act of 2002 was signed into law on November 26, 2002. The Act (including ensuing Congressional actions pursuant to the Act) defines an act of terrorism, to mean any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States to be (i) an act of terrorism; (ii) to be a violent act or an act that is dangerous to human life, property or infrastructure; (iii) to have resulted in damage within the United States or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States government by coercion.

Subject to the policy terms and conditions, this policy provides insurance coverage for acts of terrorism as defined in the Act.

Any coverage for certain commercial lines of property and casualty insurance provided by your policy for losses caused by certified acts of terrorism are partially paid by the federal government under a formula established by federal law. Under this formula, the government will reimburse us for 85% of such covered losses that exceed the statutory deductible paid by us. However, beginning January 1, 2016 the share will decrease 1% per calendar year until it equals 80%. **You should also know that in the event aggregate insured losses exceed \$100 billion during any year the Act is in effect, then the federal government and participating United States insurers that have met their insurer deductible shall not be liable for the payment of any portion of that amount of the loss that exceeds \$100 billion. In the event that aggregate insured losses exceed \$100 billion annually, no additional claims will be paid by the federal government or insurers.** This formula is currently effective through December 31, 2020 unless extended.

The premium charge, if any, for this coverage is shown separately on the attached Declarations page. In the event of a certified act of terrorism, future policies also may include a government assessed terrorism loss risk-spreading premium in accordance with the provisions of the Act.

Please contact us if you would like to reject coverage for certified acts of terrorism.