Insured's Name: Country Club Townhomes of Clearwater Owners Association, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
POLICY   CHANGE

This Endorsement modifies Crime protection Policy No. 019078676 effective at 12:01 a.m. on
04/27/2022

1. The Policy is amended as provided in the following checked items:

☐ **a**. The Named Insured(s) are changed to:
_____

☐ **b**. The following Insured(s) are added:
_____

☐ **c**. The following Insured(s) are deleted:
_____

☐ **d**. The Principal Address of the Insured(s) is changed to:
_____

☐ **e**. The Policy Period is: extended to _____ or reduced to _____ .

☒ **f**. The following Insuring Agreement(s) are:
☒ Added to the Policy
☐ Deleted from the Policy
☒ Changed as respects the Limit(s) of Insurance and/or Deductible Amount(s)

Insuring Agreement	Limit of Insurance	Deductible Amount
9	$50,000	$5,000
1-5,8	$150,000	$250

☐ **g.** The Following Endorsement(s) are:
☐ Added to the Policy
☐ Deleted from the Policy
☐ Changed as respects the Limit(s) of Insurance

Endorsement	Limit of Insurance
_____	$ _____
_____	_____

2. Application of changes affected by this Endorsement.

a. Increase in Limit of Insurance, Addition Of A Deductible Or Increase In Deductible Amount
This change applies to loss or damage resulting from acts committed or events occurring at any time and discovered by you after the effective date of the change..

b. Deletion Of Any Coverage
This change applies to loss or damage resulting from acts committed or events occurring:
(1) On or after the effective date of the change; and also
(2) Before the effective date of the change if discovered by you after 60 days from that date.

c. All Changes Other Than In **a.** And **b.** Above
This change applies to loss or damage resulting from acts committed or events occurring at any time and discovered by you on or after the effective date of the change.

3. No Limit of Insurance during any period will be cumulative with any other amount applicable to the same coverage during any other period.

Accepted: _____
                                First Named Insured

                 _____
                                Title