

**CAP1555060E**  
Renewal of Number  
**POLICY DECLARATIONS**  
**No. CAP1555060F**

**\*\*\* RENEWAL CERTIFICATE \*\*\***  
**United States Liability Insurance Company**  
1190 Devon Park Drive, Wayne, Pennsylvania 19087  
A Member Company of United States Liability Insurance Group

Customer Copy  
Direct Bill Policy

PARENT ORGANIZATION AND PRINCIPAL ADDRESS:

**CAMBRIDGE AT KINGS RIDGE HOA**  
**C/O VISTA COMMUNITY ASSOCIATION**  
**MANAGEMENT**  
**323 CIRCLE DRIVE**  
**MAITLAND, FL 32751**

POLICY PERIOD: (MO. DAY YR.) From: 05/21/2024 To: 05/21/2025

12:01 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Community Association

**IN CONSIDERATION OF THE RENEWAL PREMIUM STATED BELOW, EXPIRING POLICY NUMBER CAP1555060E IS RENEWED  
FOR THE POLICY PERIOD STATED ABOVE. PLEASE ATTACH THIS RENEWAL CERTIFICATE TO YOUR EXPIRING POLICY.**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.


	PREMIUM
Directors And Officers Liability Coverage Part	\$1,200.00
FIGA Surcharge	\$12.00
<b>TOTAL:</b>	<b>\$1,212.00</b>

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

**See Endorsement EOD (1/95)**

Agent: **HILLCREST INSURANCE AGENCY, INC. (2405)**  
**18500 US Hwy 441**  
**Mount Dora, FL 32757**

Issued: **05/21/2024 6:09 AM**

By:   
Authorized Representative

UPC (08-07)

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS,  
COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF,  
COMPLETE THE ABOVE NUMBERED POLICY.

## EXTENSION OF DECLARATIONS

**Policy No. CAP1555060F**

Effective Date: **05/21/2024**

12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

### FORMS AND ENDORSEMENTS

**The following forms apply to the Directors And Officers Liability coverage part**

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CAP	08/15	Community Association Directors & Officers Liability Coverage Form
CAP FL	02/16	Florida State Amendatory Endorsement
CAP-205	08/15	Specified Person Or Entity Exclusion Endorsement
CAP-235	08/15	Data Breach & Identity Theft Endorsement
CAP-238	08/17	Amend Definition of Organization
Jacket FL	12/19	Policy Jacket
* PL 1 PFAS	03/23	Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (Pfas)

Endorsements marked with an asterisk (\*) have been added to this policy or have a new edition date and are attached with this certificate.

## DIRECTORS & OFFICERS LIABILITY COVERAGE PART DECLARATIONS

PLEASE READ YOUR POLICY CAREFULLY.

THIS IS A CLAIMS MADE POLICY COVERAGE FORM AND UNLESS OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS FORM IS LIMITED TO LIABILITY FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD, OR THE EXTENSION PERIOD, IF APPLICABLE. DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION.

No. CAP1555060F

Effective Date: 05/21/2024

12:01 AM STANDARD TIME

ITEM I. PARENT ORGANIZATION AND PRINCIPAL ADDRESS

**CAMBRIDGE AT KINGS RIDGE HOA  
C/O VISTA COMMUNITY ASSOCIATION MANAGEMENT  
323 CIRCLE DRIVE  
MAITLAND, FL 32751**

ITEM II. POLICY PERIOD: (MM/DD/YYYY) From: 05/21/2024 To: 05/21/2025

**Community Association Directors & Officers Liability - D&O/EPL**

ITEM III. LIMITS OF LIABILITY	\$1,000,000	EACH CLAIM
	\$1,000,000	IN THE AGGREGATE

ITEM IV. RETENTION:	\$1,000	EACH CLAIM
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ITEM V. PREMIUM:	\$1,200
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ITEM VI. Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:  
**See Endorsement EOD (01/95)**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

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