



## Workers Compensation And Employers Liability Insurance

**Insured Name**

LAKE TARPON SAIL AND TENNIS CLUB  
COMMON ELEMENTS ASSN INC  
C/O AMERI-TECH COMMUNITY MANAGEMENT  
24701 US HIGHWAY 19 N STE 102  
CLEARWATER, FL 33763-4086

**Policy Number**

WC 4 22991849

**Policy Period**

01/13/2025 to 01/13/2026

**Endorsement****Producer Information**

CS&S/BRAISHFIELD ASSOCIATES-WC  
5750 MAJOR BLVD STE 200  
ORLANDO, FL 32819-7971

**Producer Processing Code**

770-057593

**CNA Branch**

FLORIDA  
500 Colonial Center Parkway  
2nd, 3rd, and 4th Floor  
Lake Mary, FL 32746

**Thank you for choosing CNA!**

With your Workers Compensation And Employers Liability Insurance policy, you have insurance coverage tailored to meet the needs of your business. The international network of insurance professionals and the financial strength of CNA, rated "A" by A.M. Best, provide the resources to help you manage the daily risks of your organization so that you may focus on what's most important to you.

**Claim Services**

- To report a loss go to [www.FNOLCNA.com](http://www.FNOLCNA.com) or send an email to [ReportClaim@FNOLCNA.com](mailto:ReportClaim@FNOLCNA.com), or call 833-FNOL-CNA (833-366-5262)
- To find a network provider or for a PPO panel request, go to [www.FNOLCNA.com](http://www.FNOLCNA.com)
- To request loss runs send an email to [fsrmail@cnacentral.com](mailto:fsrmail@cnacentral.com)
- For additional questions call CNA Customer Service at (877)-574-0540, or contact your independent CNA Insurance Agent.

**State Required Posting Notices**

If you are not the person directly responsible for having these Posting Notices displayed, please direct these notices to the appropriate person within your organization. Posting Notices are required to be displayed in accordance with specific requirements as stated in the notices. The applicable notice(s) and the quantity included are based on the number of physical addresses in each covered state provided by your independent CNA Insurance Agent.

**Quality Assurance**

Questions pertaining to this transaction should be referred to CNA Customer Interaction Center at (877) 574-0540, Option 3. Please submit endorsements through [www.cnacentral.com](http://www.cnacentral.com), send endorsement requests to [ciet@cna.com](mailto:ciet@cna.com) or fax (877) 363-8669.

**--This Page is Intentionally Left Blank--**



Workers Compensation And Employers Liability Insurance Policy Declarations

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE - GENERAL ENDORSEMENT

Policy Information

Coverage Provided By

Transportation Insurance Company a Stock Insurance Company  
151 N Franklin St  
Chicago, IL 60606

NCCI Carrier Code: 12408

Policy Number

Policy Number: WC 4 22991849

Item 1 Named Insured and Mailing Address

LAKE TARPON SAIL AND TENNIS CLUB COMMON  
ELEMENTS ASSN INC  
C/O AMERI-TECH COMMUNITY MANAGEMENT  
24701 US HIGHWAY 19 N STE 102  
CLEARWATER, FL 33763-4086

Producer Information

CS&S/BRAISHFIELD ASSOCIATES-WC  
5750 MAJOR BLVD STE 200  
ORLANDO, FL 32819-7971

Producer Processing Code: 770-057593

Type of Entity: Non-Profit Corporation  
FEIN Number: 59-2203186

Item 2 Policy Period

01/13/2025 to 01/13/2026 at 12:01 a.m. Standard Time at the Named Insured's mailing address shown above.

Endorsement Effective Date is: 01/13/2025

Chairman of the Board  
CNA83782XX (10-2015)

Secretary

Form No: P-39543-A (06-1987)

Endorsement Effective Date:

Endorsement No: 13; Page: 1 of 2

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606

Endorsement Expiration Date:

Policy No: WC 4 22991849

Policy Effective Date: 01/13/2025



**Workers Compensation And Employers Liability Insurance  
Policy Declarations**

**THE FOLLOWING ITEM(S) HAS/HAVE BEEN CHANGED**

- |   |   |
|---|---|
| <input type="checkbox"/> Insured's Name                       | <input type="checkbox"/> Insured Legal Status                     |
| <input checked="" type="checkbox"/> Insured's Mailing Address | <input type="checkbox"/> Item 3.A. States                         |
| <input type="checkbox"/> Experience Modification              | <input checked="" type="checkbox"/> Item 3.D. Endorsement Numbers |
| <input type="checkbox"/> Change in Workplace of Insured       | <input type="checkbox"/> Item 4.*Class, Rate, Other               |
| <input type="checkbox"/> Interstate/Intrastate Risk ID Number | <input type="checkbox"/> Interim Adjustment of Premium            |

Below are the details of the changes made to your policy:

**Item 1 Named Insured and Mailing Address**

**\*\*CHANGED\*\***

C/O AMERI-TECH COMMUNITY MANAGEMENT  
24701 US HIGHWAY 19 N STE 102  
CLEARWATER, FL 33763-4086

**Endorsement Schedule**

The Endorsement Schedule is amended to add the following endorsement(s) and/or notice(s) to your policy.

Number	Edition Date	Endorsement Title	Endorsement Number
P-39543-A	06-1987	WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE - GENERAL ENDORSEMENT	13

**PLEASE READ THE ENCLOSED IMPORTANT NOTICES CONCERNING YOUR POLICY**

Number	Edition Date	Form Title
None		

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

CNA83782XX (10-2015)

Form No: P-39543-A (06-1987)	Endorsement Effective Date:	Endorsement Expiration Date:	Policy No: WC 4 22991849
Endorsement No: 13; Page: 2 of 2	Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606		Policy Effective Date: 01/13/2025