



MITCHELL INSURANCE SERVICES INC  
6534 CENTRAL AVE  
ST PETERSBURG, FL 33707-1330

## Claim Assignment Form

| Date Assigned | Loss Date  | EDN    | Policy Number    | Tracking Number | Policy Period                       |
|---------------|------------|--------|------------------|-----------------|-------------------------------------|
| 10/02/2024    | 09/26/2024 | FL0124 | 09-6820464136-02 | 558148          | 04/10/2024 to 04/10/2025<br>Renewal |

| Property Address   | Insured Name and Mailing Address   |
|--|--|
| 637-644 WINDRUSH BAY DRIVE<br>BLDG M<br>CLEARWATER, FL 34689 | WINDRUSH BAY CONDOMINIUM ASSN INC<br>C/O AMERI-TECH PROPERTY MANAGEMENT<br>24701 US HIGHWAY 19 STE 102<br>CLEARWATER, FL 33763 |

| Mortgagee Information | Additional Insured |
|-----------------------|--------------------|
|-----------------------|--------------------|

| Primary Contact Information  | Secondary Contact Information   |
|--|---|
| <b>Contact Name:</b> WINDRUSH BAY CONDOMINIUM ASSN INC<br><b>Relationship To Insured:</b> Insured<br><b>Home Phone:</b> N/A<br><b>Cell Phone:</b> (727) 726-8000<br><b>Other Phone:</b> N/A<br><b>Email:</b> evosselmann@ameritechmail.com | <b>Contact Name:</b> N/A<br><b>Relationship To Insured:</b> N/A<br><b>Home Phone:</b> N/A<br><b>Cell Phone:</b> N/A<br><b>Other Phone:</b> N/A<br><b>Email:</b> N/A |

| Adjuster Assignment Information  | Coverage  |
|--|---|
| <b>Adjusting Firm:</b> FOUNTAIN GROUP<br><b>Adjusting Firm Phone:</b> (318) 487-6557 | <b>Building Coverage:</b> \$1,563,000<br><b>Building Deductible:</b> \$10,000<br><b>Contents Coverage:</b> \$0<br><b>Contents Deductible:</b> \$0 |

| Agent Information   | Prior Loss Information  |
|---|---|
| <b>Phone Number:</b> (727) 360-8190<br><b>Agent Name:</b> ROBERT MITCHELL | <b>Loss Date:</b> N/A<br><b>Building Payment Amount:</b> N/A<br><b>Contents Payment Amount:</b> N/A<br><b>Prior Adjusting Firm:</b> N/A |

| Building/Rating Information  |   |
|--|---|
| <b>Rate Method:</b> Risk Rating 2<br><b>Policy Form:</b> RCBAP<br><b>Number Of Units:</b> 8<br><b>Occupancy:</b> Residential Condominium Building<br><b>Building Type:</b> Entire Residential Condominium Building<br><b>Primary/Secondary:</b> Secondary<br><b>Tenant Indicator:</b> No<br><b>Foundation:</b> Slab on grade (non-elevated)<br><b>Number of Floors:</b> 2<br><b>Construction Type:</b> None<br><b>Number Of Flood Openings:</b> N/A<br><b>Area Of Permanent Flood Openings (sq. in):</b> N/A<br><b>Engineered Openings:</b> No | <b>Does Building Contain M&amp;E:</b> Yes<br><b>M&amp;E Located Above First Floor:</b> No<br><b>Building Contains Washer, Dryer Or Freezer:</b> Yes<br><b>Washer, Dryer Or Freezer Above First Floor:</b> No<br><b>Enclosure Size:</b> N/A<br><b>First Floor Height:</b> 1.1<br><b>First Floor Height Method:</b> FEMA Determined<br><b>Post Firm:</b> Yes<br><b>Flood Zone:</b> AE<br><b>Date Of Original Construction:</b> 01/01/1976<br><b>Substantial Improvement Date:</b> N/A<br><b>Firm Date:</b> 5/14/1971<br><b>Community Number:</b> 120259<br><b>Map Panel:</b> 0018 |

**Claims Contact Information**

**Claims Phone Number:** 800-765-9700

**Comments**

contact is Ellyse Vosselmann ext 306



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## Claim Assignment Form

| Date Assigned | Loss Date  | EDN    | Policy Number    | Tracking Number | Policy Period                       |
|---------------|------------|--------|------------------|-----------------|-------------------------------------|
| 10/02/2024    | 09/26/2024 | FL0124 | 09-6820464132-02 | 558140          | 04/10/2024 to 04/10/2025<br>Renewal |

| Property Address   | Insured Name and Mailing Address  |
|--|---|
| 645-648 WINDRUSH BAY DRIVE<br>BLDG N<br>TARPON SPRINGS, FL 34689 | WINDRUSH BAY CONDO ASSN INC<br>C/O AMERI-TECH PROPERTY MANAGEMENT<br>CLEARWATER, FL 33763 |

| Mortgagee Information | Additional Insured |
|-----------------------|--------------------|
|-----------------------|--------------------|

| Primary Contact Information                      | Secondary Contact Information       |
|--|-------------------------------------|
| <b>Contact Name:</b> WINDRUSH BAY CONDO ASSN INC | <b>Contact Name:</b> N/A            |
| <b>Relationship To Insured:</b> Insured          | <b>Relationship To Insured:</b> N/A |
| <b>Home Phone:</b> N/A                           | <b>Home Phone:</b> N/A              |
| <b>Cell Phone:</b> (727) 726-8000                | <b>Cell Phone:</b> N/A              |
| <b>Other Phone:</b> N/A                          | <b>Other Phone:</b> N/A             |
| <b>Email:</b> evosselmann@ameritechmail.com      | <b>Email:</b> N/A                   |

| Adjuster Assignment Information             | Coverage                             |
|---|--------------------------------------|
| <b>Adjusting Firm:</b> FZF Solutions LLC    | <b>Building Coverage:</b> \$649,000  |
| <b>Adjusting Firm Phone:</b> (239) 691-7770 | <b>Building Deductible:</b> \$10,000 |
|   | <b>Contents Coverage:</b> \$0        |
|   | <b>Contents Deductible:</b> \$0      |

| Agent Information                   | Prior Loss Information              |
|-------------------------------------|-------------------------------------|
| <b>Phone Number:</b> (727) 360-8190 | <b>Loss Date:</b> N/A               |
| <b>Agent Name:</b> ROBERT MITCHELL  | <b>Building Payment Amount:</b> N/A |
|                                     | <b>Contents Payment Amount:</b> N/A |
|                                     | <b>Prior Adjusting Firm:</b> N/A    |

| Building/Rating Information                                   |  |
|---|--|
| <b>Rate Method:</b> Risk Rating 2                             | <b>Does Building Contain M&amp;E:</b> Yes              |
| <b>Policy Form:</b> RCBAP                                     | <b>M&amp;E Located Above First Floor:</b> No           |
| <b>Number Of Units:</b> 4                                     | <b>Building Contains Washer, Dryer Or Freezer:</b> Yes |
| <b>Occupancy:</b> Residential Condominium Building            | <b>Washer, Dryer Or Freezer Above First Floor:</b> No  |
| <b>Building Type:</b> Entire Residential Condominium Building | <b>Enclosure Size:</b> N/A                             |
| <b>Primary/Secondary:</b> Secondary                           | <b>First Floor Height:</b> 1.1                         |
| <b>Tenant Indicator:</b> No                                   | <b>First Floor Height Method:</b> FEMA Determined      |
| <b>Foundation:</b> Slab on grade (non-elevated)               | <b>Post Firm:</b> Yes                                  |
| <b>Number of Floors:</b> 2                                    | <b>Flood Zone:</b> AE                                  |
| <b>Construction Type:</b> Frame                               | <b>Date Of Original Construction:</b> 01/01/1976       |
| <b>Number Of Flood Openings:</b> N/A                          | <b>Substantial Improvement Date:</b> N/A               |
| <b>Area Of Permanent Flood Openings (sq. in):</b> N/A         | <b>Firm Date:</b> 5/14/1971                            |
| <b>Engineered Openings:</b> No                                | <b>Community Number:</b> 120259                        |
|   | <b>Map Panel:</b> 0018                                 |

**Claims Contact Information**

**Claims Phone Number:** 800-765-9700

**Comments**

contact is Ellyse Vosselmann ext 306



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6534 CENTRAL AVE  
ST PETERSBURG, FL 33707-1330

## Claim Assignment Form

| Date Assigned | Loss Date  | EDN    | Policy Number    | Tracking Number | Policy Period                       |
|---------------|------------|--------|------------------|-----------------|-------------------------------------|
| 10/02/2024    | 09/26/2024 | FL0124 | 09-6820464055-02 | 558135          | 04/10/2024 to 04/10/2025<br>Renewal |

| Property Address   | Insured Name and Mailing Address   |
|--|--|
| 649-656 WINDRUSH BAY DR<br>BLDG O<br>TARPON SPRINGS, FL 34689-1210 | WINDRUSH BAY CONDO ASSN INC.<br>C/O AMERITECH PROPERTY MANAGEMENT<br>24701 US HIGHWAY 19 N<br>CLEARWATER, FL 33763 |

| Mortgagee Information | Additional Insured |
|-----------------------|--------------------|
|-----------------------|--------------------|

| Primary Contact Information   | Secondary Contact Information   |
|---|---|
| <b>Contact Name:</b> WINDRUSH BAY CONDO ASSN INC.<br><b>Relationship To Insured:</b> Insured<br><b>Home Phone:</b> N/A<br><b>Cell Phone:</b> (727) 726-8000<br><b>Other Phone:</b> N/A<br><b>Email:</b> evosselmann@ameritechmail.com | <b>Contact Name:</b> N/A<br><b>Relationship To Insured:</b> N/A<br><b>Home Phone:</b> N/A<br><b>Cell Phone:</b> N/A<br><b>Other Phone:</b> N/A<br><b>Email:</b> N/A |

| Adjuster Assignment Information   | Coverage  |
|---|---|
| <b>Adjusting Firm:</b> FZF Solutions LLC<br><b>Adjusting Firm Phone:</b> (239) 691-7770 | <b>Building Coverage:</b> \$1,591,000<br><b>Building Deductible:</b> \$10,000<br><b>Contents Coverage:</b> \$0<br><b>Contents Deductible:</b> \$0 |

| Agent Information   | Prior Loss Information  |
|---|---|
| <b>Phone Number:</b> (727) 360-8190<br><b>Agent Name:</b> ROBERT MITCHELL | <b>Loss Date:</b> N/A<br><b>Building Payment Amount:</b> N/A<br><b>Contents Payment Amount:</b> N/A<br><b>Prior Adjusting Firm:</b> N/A |

| Building/Rating Information   |   |
|---|---|
| <b>Rate Method:</b> Risk Rating 2<br><b>Policy Form:</b> RCBAP<br><b>Number Of Units:</b> 8<br><b>Occupancy:</b> Residential Condominium Building<br><b>Building Type:</b> Entire Residential Condominium Building<br><b>Primary/Secondary:</b> Secondary<br><b>Tenant Indicator:</b> No<br><b>Foundation:</b> Slab on grade (non-elevated)<br><b>Number of Floors:</b> 2<br><b>Construction Type:</b> Frame<br><b>Number Of Flood Openings:</b> N/A<br><b>Area Of Permanent Flood Openings (sq. in):</b> N/A<br><b>Engineered Openings:</b> No | <b>Does Building Contain M&amp;E:</b> Yes<br><b>M&amp;E Located Above First Floor:</b> No<br><b>Building Contains Washer, Dryer Or Freezer:</b> Yes<br><b>Washer, Dryer Or Freezer Above First Floor:</b> No<br><b>Enclosure Size:</b> N/A<br><b>First Floor Height:</b> 1.1<br><b>First Floor Height Method:</b> FEMA Determined<br><b>Post Firm:</b> Yes<br><b>Flood Zone:</b> AE<br><b>Date Of Original Construction:</b> 01/01/1976<br><b>Substantial Improvement Date:</b> N/A<br><b>Firm Date:</b> 5/14/1971<br><b>Community Number:</b> 120259<br><b>Map Panel:</b> 0018 |

**Claims Contact Information**

**Claims Phone Number:** 800-765-9700

**Comments**

Contact is Ellyse Vosselmann ext 306



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6534 CENTRAL AVE  
ST PETERSBURG, FL 33707-1330

## Claim Assignment Form

| Date Assigned | Loss Date  | EDN    | Policy Number    | Tracking Number | Policy Period                       |
|---------------|------------|--------|------------------|-----------------|-------------------------------------|
| 10/02/2024    | 09/26/2024 | FL0124 | 09-6820457303-02 | 558145          | 04/10/2024 to 04/10/2025<br>Renewal |

| Property Address                                     | Insured Name and Mailing Address  |
|--|---|
| 700 WINDRUSH BAY DR<br>TARPON SPRINGS, FL 34689-1210 | WINDRUSH BAY CONDOMINIUM ASSOCIATION REC BUILDING<br>C/O AMERITECH PROPERTY MANAGEMENT<br>24701 US HIGHWAY 19 NORTH<br>CLEARWATER, FL 33767 |

| Mortgagee Information | Additional Insured |
|-----------------------|--------------------|
|-----------------------|--------------------|

| Primary Contact Information  | Secondary Contact Information   |
|--|---|
| <b>Contact Name:</b> WINDRUSH BAY CONDOMINIUM ASSOCIATION REC BUILDING<br><b>Relationship To Insured:</b> Insured<br><b>Home Phone:</b> N/A<br><b>Cell Phone:</b> (727) 726-8000<br><b>Other Phone:</b> N/A<br><b>Email:</b> ecosselmann@ameritechmail.com | <b>Contact Name:</b> N/A<br><b>Relationship To Insured:</b> N/A<br><b>Home Phone:</b> N/A<br><b>Cell Phone:</b> N/A<br><b>Other Phone:</b> N/A<br><b>Email:</b> N/A |

| Adjuster Assignment Information   | Coverage  |
|---|---|
| <b>Adjusting Firm:</b> FZF Solutions LLC<br><b>Adjusting Firm Phone:</b> (239) 691-7770 | <b>Building Coverage:</b> \$295,000<br><b>Building Deductible:</b> \$10,000<br><b>Contents Coverage:</b> \$30,000<br><b>Contents Deductible:</b> \$10,000 |

| Agent Information   | Prior Loss Information  |
|---|---|
| <b>Phone Number:</b> (727) 360-8190<br><b>Agent Name:</b> ROBERT MITCHELL | <b>Loss Date:</b> N/A<br><b>Building Payment Amount:</b> N/A<br><b>Contents Payment Amount:</b> N/A<br><b>Prior Adjusting Firm:</b> N/A |

| Building/Rating Information   |  |
|---|--|
| <b>Rate Method:</b> Risk Rating 2<br><b>Policy Form:</b> General Property<br><b>Number Of Units:</b> 1<br><b>Occupancy:</b> Non-Residential Building<br><b>Building Type:</b> Recreation Building<br><b>Primary/Secondary:</b> Secondary<br><b>Tenant Indicator:</b> No<br><b>Foundation:</b> Slab on grade (non-elevated)<br><b>Number of Floors:</b> 1<br><b>Construction Type:</b> None<br><b>Number Of Flood Openings:</b> N/A<br><b>Area Of Permanent Flood Openings (sq. in):</b> N/A<br><b>Engineered Openings:</b> No | <b>Does Building Contain M&amp;E:</b> Yes<br><b>M&amp;E Located Above First Floor:</b> No<br><b>Building Contains Washer, Dryer Or Freezer:</b> Yes<br><b>Washer, Dryer Or Freezer Above First Floor:</b> No<br><b>Enclosure Size:</b> N/A<br><b>First Floor Height:</b> 0.3<br><b>First Floor Height Method:</b> FEMA Assumption<br><b>Post Firm:</b> No<br><b>Flood Zone:</b> AE<br><b>Date Of Original Construction:</b> 01/01/1971<br><b>Substantial Improvement Date:</b> N/A<br><b>Firm Date:</b> 5/14/1971<br><b>Community Number:</b> 120259<br><b>Map Panel:</b> 0018 |

**Claims Contact Information**

**Claims Phone Number:** 800-765-9700

**Comments**

contact is Ellyse Vosselmann ext 306





MITCHELL INSURANCE SERVICES INC  
6534 CENTRAL AVE  
ST PETERSBURG, FL 33707-1330

## Claim Assignment Form

| Date Assigned | Loss Date  | EDN    | Policy Number    | Tracking Number | Policy Period                       |
|---------------|------------|--------|------------------|-----------------|-------------------------------------|
| 10/02/2024    | 09/26/2024 | FL0124 | 09-6820461026-02 | 558146          | 04/10/2024 to 04/10/2025<br>Renewal |

| Property Address | Insured Name and Mailing Address |
|------------------|----------------------------------|
|------------------|----------------------------------|

700 WINDRUSH BAY DR  
TARPON SPRINGS, FL 34689-1210

LAUNDRY ROOM

WINDRUSH BAY CONDOMINIUM ASSOCIATION, INC. LAUNDRY ROOM  
C/O AMERITECH PROPERTY MANAGEMENT  
24701 US HIGHWAY 19 N STE 102  
CLEARWATER, FL 33763

| Mortgagee Information | Additional Insured |
|-----------------------|--------------------|
|-----------------------|--------------------|

| Primary Contact Information | Secondary Contact Information |
|-----------------------------|-------------------------------|
|-----------------------------|-------------------------------|

**Contact Name:** WINDRUSH BAY CONDOMINIUM ASSOCIATION, INC. LAUNDRY ROOM  
**Relationship To Insured:** Insured  
**Home Phone:** N/A  
**Cell Phone:** (727) 726-8000  
**Other Phone:** N/A  
**Email:** evosselman@ameritechmail.com

**Contact Name:** N/A  
**Relationship To Insured:** N/A  
**Home Phone:** N/A  
**Cell Phone:** N/A  
**Other Phone:** N/A  
**Email:** N/A

| Adjuster Assignment Information | Coverage |
|---------------------------------|----------|
|---------------------------------|----------|

**Adjusting Firm:** FOUNTAIN GROUP  
**Adjusting Firm Phone:** (318) 487-6557

**Building Coverage:** \$125,000  
**Building Deductible:** \$10,000  
**Contents Coverage:** \$0  
**Contents Deductible:** \$0

| Agent Information | Prior Loss Information |
|-------------------|------------------------|
|-------------------|------------------------|

**Phone Number:** (727) 360-8190  
**Agent Name:** ROBERT MITCHELL

**Loss Date:** N/A  
**Building Payment Amount:** N/A  
**Contents Payment Amount:** N/A  
**Prior Adjusting Firm:** N/A

| Building/Rating Information |
|-----------------------------|
|-----------------------------|

**Rate Method:** Risk Rating 2  
**Policy Form:** General Property  
**Number Of Units:** 1  
**Occupancy:** Non-Residential Building  
**Building Type:** Other Non-Residential Type  
**Primary/Secondary:** Secondary  
**Tenant Indicator:** No  
**Foundation:** Slab on grade (non-elevated)  
**Number of Floors:** 1  
**Construction Type:** None  
**Number Of Flood Openings:** N/A  
**Area Of Permanent Flood Openings (sq. in):** N/A  
**Engineered Openings:** No

**Does Building Contain M&E:** Yes  
**M&E Located Above First Floor:** No  
**Building Contains Washer, Dryer Or Freezer:** Yes  
**Washer, Dryer Or Freezer Above First Floor:** No  
**Enclosure Size:** N/A  
**First Floor Height:** 0.3  
**First Floor Height Method:** FEMA Assumption  
**Post Firm:** No  
**Flood Zone:** AE  
**Date Of Original Construction:** 01/01/1971  
**Substantial Improvement Date:** N/A  
**Firm Date:** 5/14/1971  
**Community Number:** 120259  
**Map Panel:** 0018

**Claims Contact Information**

**Claims Phone Number:** 800-765-9700

**Comments**

contact is Ellyse Vosselmann ext 306