

CERTIFICATE OF LIABILITY INSURANCE

CWAGGONER

DATE (MM/DD/YYYY) 1/21/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

this	If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER License # L054562					CONTACT NAME:						
		urance Group Inc.				PHONE (A/C, No, Ext): (813) 868-1010 FAX (A/C, No): (813) 388-45				13) 388-4598	
3315 Henderson Boulevard, Suite 200 Fampa, FL 33609							E-MAIL ADDRESS: certificates@pcsins.com				
						INSURER(S) AFFORDING COVERAGE					NAIC #
					INSURER A: Trisura Specialty Insurance						
INSUR	ED					INSURE	R в : Midvale	Indemnity	Company		
Victoria Palms Of Dunedin Condominium Association, Inc. c/o Ameri-Tech Community Management 24701 US Hwy 19 N Suite 102 Clearwater, FL 33763						INSURER C: PMA Companies					
						INSURER D : American Coastal Insurance Co					
						INSURER E:					
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IND	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS										
		IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH								· TO	ALL THE TERMS,
NSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER				222111	POLICY EFF	POLICY EXP	CY EXP				
A	X	COMMERCIAL GENERAL LIABILITY					(IIIIII - DI	(IIIII)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CIUHOA403812-01		1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000

INSR	TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			CILILIO A 402942 04			EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000 50,000
	CLAINS-MADE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			CIUHOA403812-01	1/1/2024	1/1/2025	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						HNO AUTO	\$	1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
В	X UMBRELLA LIAB X OCCUR					024 1/1/2025	EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			PRP-229824000-00-2137101	1/1/2024		AGGREGATE	\$	
	DED RETENTION \$						Aggregate	\$	5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER			
	ANY PROPRIETOR PARTIER/EXECUTIVE	N/A		202401-12-96-55-7Y	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
D	Property			AMC-28272-	1/1/2024	1/1/2025	Property		8,837,382
Α	Crime			CIUHOA403812-01	1/1/2024	1/1/2025	Employee Theft		200,000
	I .			1	1				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION				
For Information Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	AUTHORIZED REPRESENTATIVE				

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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AGENCY License # PCS Insurance Group Inc. POLICY NUMBER SEE PAGE 1		NAMED INSURED Victoria Palms Of Dunedin Condominium Association, Inc. c/o Ameri-Tech Community Management 24701 US Hwy 19 N Suite 102 Clearwater, FL 33763
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Coverage Information

Property coverage is Special form, including Equipment Breakdown. Deductibles: All Other Perils-\$25,000 per occurrence; Named Storm & Wind Driven rain 5% per building per occurrence.

Limits: Ordinance & Law Full coverage A included, B&C 2.5% of the value of the damaged building sublimit. Valuation is based on 100% Replacement Cost. 100% coinsurance.

88 Units. Coverage is walls-out and does not include unit interiors.

Property Manager is included for coverage under General Liability, Crime/Fidelity, and D&O policy forms.

Inflation guard does not apply.

Cancellation notification is 30 days except non-payment, which is 10 days.

Separation of insureds applies to the General Liability policy per the policy terms and conditions

Directors & Officers- Carrier: Trisura Specialty Policy # CIUHOA403812-01 Effective 1-1-2024 to 1-1-2025- Limit of Insurance: \$1,000,000 Deductible \$1,000 per claim