



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/6/2026

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. 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 PCS Insurance Group Inc. 3315 Henderson Boulevard, Suite 200 Tampa, FL 33609		CONTACT NAME: PHONE (A/C, No, Ext): (813) 868-1010 E-MAIL ADDRESS: certificates@pcsins.com	FAX (A/C, No): (813) 388-4598
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Trisura Specialty Insurance	
		INSURER B : Midvale Indemnity Company	
		INSURER C : Technology Insurance Company	
		INSURER D : American Coastal Insurance Co	
		INSURER E : Superior Specialty Insurance Company	16551
		INSURER F :	

COVERS **CERTIFICATE NUMBER:** **REVISION NUMBER:**
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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:			TLUHOA502078-01	1/1/2026	1/1/2027	EACH OCCURRENCE	\$	1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000						
	MED EXP (Any one person)	\$	5,000						
	PERSONAL & ADV INJURY	\$	1,000,000						
	GENERAL AGGREGATE	\$	2,000,000						
PRODUCTS - COMP/OP AGG	\$	2,000,000							
HNO AUTO	\$	1,000,000							
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			PRP-229824000-02-2137101	1/1/2026	1/1/2027	EACH OCCURRENCE	\$	5,000,000
	AGGREGATE	\$	5,000,000						
		\$							
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in N/A) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y/N N	N / A	TWC4725540	1/29/2026	1/29/2027	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER	
	E.L. EACH ACCIDENT	\$	500,000						
	E.L. DISEASE - EA EMPLOYEE	\$	500,000						
	E.L. DISEASE - POLICY LIMIT	\$	500,000						
D	Property			AMC28272-12	1/1/2026	1/1/2027	Property		10,623,095
E	Crime			TLUHOA502078-01	1/1/2026	1/1/2027	Employee Theft		200,000

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 	



ADDITIONAL REMARKS SCHEDULE

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AGENCY PCS Insurance Group Inc.	License # L054562	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
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE 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

Description

Property

Carrier: American Coastal Insurance Company

Policy #: AMC28272-12

Policy Terms: 1/1/2026 – 1/1/2027

Total Insured Value: \$10,623,095

Coverage is Special Form, including wind and equipment breakdown

Valuation is Replacement Cost basis

Agreed Value, Coinsurance does not apply

Ordinance & Law: Coverage A included in the building limit, Coverage B & C combined sublimit: 2.5% of the value of the damaged building

Inflation guard was not available for purchase.

Property Coverage includes common elements

Deductibles:

Named Hurricane - 5% per building, per calendar year

All Other Covered Perils - \$5,000 per occurrence

Sinkholes: 3% of the value of the damaged buildings, per occurrence.

Directors and Officers

Carrier: Superior Specialty Insurance Company

Policy # TLUHOA502078-01

Policy Terms: 1/1/2026 – 1/1/2027

Limit: \$1,000,000, Deductible: \$10,000

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.

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