

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

06/05/2025

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. 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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>McGriff, a MMA LLC Company</b> <b>12485 28th St. North, Third Fl</b> <b>St Petersburg, FL 33716</b>		<b>CONTACT NAME: Anthony Russo</b> <b>PHONE (A/C, No, Ext): 239-433-0307</b> <b>E-MAIL ADDRESS: certificate@mcgriff.com</b> <b>FAX (A/C, No): 866-881-5271</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A : Southern-Owners Insurance Company</b>	
		<b>INSURER B : Trisura Insurance Company</b>	
		<b>INSURER C : First Protective Insurance Company</b>	
		<b>INSURER D : Trisura Specialty Insurance Company</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	
<b>INSURED</b> <b>Capri Isle Garden Apts II Condo Assn</b> <b>c/o Ameri-Tech Property Mgmt</b> <b>24701 US Hwy 19 N Ste 102</b> <b>Clearwater, FL 33763-4086</b>		<b>NAIC #</b> <b>10190</b> <b>22225</b> <b>10897</b> <b>16188</b>	

**COVERAGES****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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Includes Separation of Insured</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>2023122047480125</b>	<b>05/05/2025</b>	<b>05/05/2026</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			<b>2023122047480125</b>	<b>05/05/2025</b>	<b>05/05/2026</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>B</b>	<b>Property CL</b>			<b>NCP800310500</b>	<b>05/05/2025</b>	<b>05/05/2026</b>	<b>SEE DESCRIPTION BOX</b>
<b>C</b>	<b>Windstorm CL</b>			<b>4719184647</b>	<b>05/05/2025</b>	<b>05/05/2026</b>	<b>SEE DESCRIPTION BOX</b>
<b>D</b>	<b>Crime CL</b>			<b>TLUCAP50261100</b>	<b>05/05/2025</b>	<b>05/05/2026</b>	<b>\$100,000/\$0 DED</b>

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

**Location: 280 126th Avenue, Treasure Island, FL 33706. 35 Total Condo Units**

**(B) - Property: Trisura Specialty Insurance Company; Effective: 05/05/2025 - 05/05/2026**

**Special-Excluding Flood, Quake, Wind & Hail; Valuation: Replacement Cost**

**Deductible: \$10,000 per Occurrence; Water Damage \$25,000 Per Occurrence; All Other Perils Per Occurrence**

**(See Attached Descriptions)**

**CERTIFICATE HOLDER****CANCELLATION**

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



## DESCRIPTIONS (Continued from Page 1)

Total Insured Value (TIV) Limit: \$6,569,218

Building Ordinance A Included, B&C \$250,000 Combined, Water/Sewer Back-up \$25,000

Equipment Breakdown Coverage Included up to full TIV Limits.

(C) WINDSTORM/HAIL: First Protective Insurance Company; Policy #4719184647; Effective: 05/05/2025 - 05/05/2026

Valuation: Replacement Cost

Deductibles: Hurricane 5% Calendar Year per Occurrence; \$10,000 All Other Wind/Hail, per Occurrence

Total Insured Value (TIV) Limit: \$6,569,218

Directors & Officers: Continental Casualty Company; Effective: 05/05/2025 - 05/05/2026

Limit: \$1,000,000 / \$5,000 Deductible

Flood - RCBAP: American Bankers/NFIP Policy# #6900054851; Effective 3/6/2025-3/6/2026

35 condo units / Current Zone VE

Flood Building Coverage Limit \$6,921,000/\$2,000 Deductible per Occ.

Property Manager included in Fidelity Bond/Crime and Directors & Officers.