



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/17/2025

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 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: CUMIS Specialty Insurance Company | | |
| INSURER B: Greenwich Insurance Company | | |
| INSURER C: PMA Companies | | |
| INSURER D: Condo Owners Reciprocal Exchange | | |
| INSURER E: | | |
| INSURER F: | | |

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|---|--|------------------------------|----------|------------------------|-------------------------|-------------------------|--|
| A | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> | | | CIUCAP102586-00 | 6/14/2024 | 6/14/2025 | 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 |
| GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | | |
| | AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | | | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| B | X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> | | | PPP7488185 | 6/14/2024 | 6/14/2025 | EACH OCCURRENCE \$ 5,000,000 |
| | | | | | | | AGGREGATE \$ |
| | | | | | | | Aggregate \$ 5,000,000 |
| DED \$ RETENTION \$ | | | | | | | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below | Y / N N / A | | 2024010593210Y | 7/29/2024 | 7/29/2025 | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | | | | | | | E.L. EACH ACCIDENT \$ 500,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 500,000 |
| E.L. DISEASE - POLICY LIMIT \$ 500,000 | | | | | | | |
| D | Property | | | 18-630505301 | 1/19/2025 | 1/19/2026 | Property 22,216,100 |
| | | | | CIUCAP102586-00 | 6/14/2024 | 6/14/2025 | Employee Theft 400,000 |

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

| | | |
|---|-----------------------------|---|
| AGENCY PCS Insurance Group Inc. | License # L054562 | NAMED INSURED Pine Rush Villas Condominium Association Inc. c/o Ameri-Tech Community Management 24701 US Hwy 19 N, Ste 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

Coverage Details**Property Insurance**

Property coverage is Basic Form. Valuation is Replacement Cost basis; coinsurance does not apply.

Deductibles: All covered perils - \$5,000 per occurrence, Named Hurricane 5% per building, per occurrence.

Difference In Conditions Insurance

Carrier: Superior Specialty Insurance Company

Policy #TLUDIC500420-1

Policy Terms: 01/19/2025 – 01/19/2026

Property coverage is Special Form. Valuation is Replacement Cost basis, agreed amount, coinsurance does not apply. Ordinance & Law Coverage A \$500,000, Coverage B & C \$100,000.

Deductibles: All covered perils - \$5,000 per occurrence.

Equipment Breakdown Insurance

Carrier: Travelers Excess & Surplus Lines Insurance Company

Policy #3X45679A

Policy Terms: 01/19/2025 – 01/19/2026

Deductibles: All covered perils - \$5,000 per occurrence.

Directors and Officers

Carrier: CUMIS Specialty Insurance Company

Policy #CIUCAP102586-00

Policy Terms: 06/14/2024 – 06/14/2025

Limit: \$1,000,000, Deductible: \$2,500

154 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