

CERTIFICATE OF LIABILITY INSURANCE

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).

PRODUCER McGriff Insurance Services LLC 12485 28th St. North, Third Fl St Petersburg, FL 33716	CONTACT NAME: Angel Martinez	
	PHONE (A/C, No, Ext): 727 803-8187	FAX (A/C, No): 866-881-5271
E-MAIL ADDRESS: Certificate@McGriff.com		
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Cordova Greens of Largo Inc. C/O Ameri-Tech community MGMT Inc 24701 US Highway 19 North, Suite 102 Clearwater, FL 33763-4086	INSURER A : Superior Specialty Insurance Company	16551
	INSURER B : American Coastal Insurance Co	12968
	INSURER C :	
	INSURER D :	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TLUHOA50151900	11/26/2024	11/26/2025	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 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TLUHOA50151900	11/26/2024	11/26/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Property			AMC3440806	11/26/2024	11/26/2025	See Description Box
A	D&O Liability			TLUHOA50151900	11/26/2024	11/26/2025	\$1,000,000/\$1,000
A	Crime			TLUHOA50151900	11/26/2024	11/26/2025	\$150,000/\$0 Ded

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

Total Number of Units: 56
B) Property: Special Form Perils/Replacement Cost Valuation/Total Insured Value: \$10,960.216
Deductibles: \$50,000 All Other Perils Per Occurrence/5% Hurricane Calendar Year
Ordinance or Law: A/B/C Combined Coverage \$500,000 Limit
(See Attached Descriptions)

CERTIFICATE HOLDER CANCELLATION

Cordova Greens of Largo Inc. C/O Ameri-Tech community MGMT Inc 24701 US Highway 19 North, Suite 102 Clearwater, FL 33763-4086	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 
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DESCRIPTIONS (Continued from Page 1)

Break out of Property as follows:

8605 Bardmoor Blvd. Largo, FL 33777; Building Limit \$1,284,461; 8 Units

8693 Bardmoor Blvd. Largo, FL 33777; Building Limit \$4,688,641; 24 Units

8681 Bardmoor Blvd. Largo, FL 33777; Building Limit \$4,688,641; 24 Units

Poolhouse Limit \$59,973

Equipment Breakdown: - Federal Insurance Company - Policy #76446172

Eff date 11/26/24- 11/26/25;

Limit \$10,960,216 DED: \$2,500

*Management, Board Members, and Board approved volunteers are covered under the Fidelity Bond and Directors & Officers Liability.

*Separation of Insureds or Severability is included as part of the General Liability coverage form.

*Cancellation Policy: 10 day notification for non-payment of premium, 45 days all other reasons.

*Transfer of Rights of Recovery against others included.

Due to an addition to Florida Statute 626.9551, effective July 1, 2021, no one (including a lender) may require an insurance agency or agent provide a replacement cost estimator (RCE) or other insurance underwriting information in connection with a loan. Additionally, an insurance agent or agency is prohibited from supplying the RCE to anyone, even the customer. We are, therefore, unable to provide a copy of the Replacement Cost Estimator / Appraisal.

FLOOD COVERAGE IS CURRENTLY NOT WRITTEN THROUGH MCGRUFF.

Informational Purposes Only