

**SBAXLEY** 



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 4/3/2023

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 certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER License # L054562							CONTACT NAME:				
PCS Insurance Group Inc. 3315 Henderson Boulevard, Suite 200							PHONE (A/C, No, Ext): (813) 868-1010 FAX (A/C, No): (813) 388-			88-4598	
Tampa, FL 33609							E-MAIL ADDRESS: certificates@pcsins.com				
						INSURER(S) AFFORDING COVERAGE					NAIC #
						INSURER A: Mt Vernon Fire Insurance Co					
Pine Rush Villas Condominium Association, Inc.							INSURER B: Greenwich Insurance Company				
							INSURER C: PMA Companies				
c/o Ameri-Tech Community Mgmt 24701 US Hwy 19 N, Ste 102 Clearwater, FL 33763						INSURER D: Centauri Specialty Insurance					
						INSURER E: Travelers Casualty & Surety					
						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	ISR ADDL SUBR						POLICY EFF POLICY EXP				
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	•	1,000,000
	<u> </u>	<del></del>					1	I	LACITOCCURRENCE	Ψ	

INSR LTR	R TYPE OF INSURANCE		TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY					<b>,</b>	, , , , , , , , , , , , , , , , , , , ,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR			NPP2578349A	6/14/2022	6/14/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								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 ONLY							BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$
									\$
В	Х	UMBRELLA LIAB X OCCUR				6/14/2022 6/14/202		EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE				PPP7488185		6/14/2023	AGGREGATE	\$
		DED RETENTION \$						Aggregate	\$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	-
	ANY PROPRIETOR/PARTNER/EXECUTIVE			202201-05-93-21-0Y		7/29/2022	7/29/2023	E.L. EACH ACCIDENT	\$ 500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	s 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,000
D					CRP 0000416-02	6/14/2022	6/14/2023	Property	19,518,129
Е	E Crime				107455720	6/14/2022	6/14/2023	Employee Theft	400,000
							<u> </u>		

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
	1/2 Port
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.

LOC #: 1

ACORD°

## ADDITIONAL REMARKS SCHEDULE

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PC5 Insurance Group Inc.		NAMED INSURED Pine Rush Villas Condominium Association, Inc. c/o Ameri-Tech Community Mgmt 24701 US Hwy 19 N, Ste 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	

## **Notes**

Property coverage is special form including windstorm/hail and theft. All other perils deductible is \$5,000 per occurrence, except hurricane, which is 5% per building, per calendar year. Valuation is based on 100% replacement cost. Agreed value applies. Ordinance or Law: AB&C Combined Limit \$250,000. Inflation guard does not apply. Cancellation notification is 30 days except non-payment, which is 10 days. Severability of Interests / Separation of Insureds applies.

154 Units - Coverage is walls out and does not include unit interior.

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

Insurer E: Directors & Officers - 107455720 - 6/14/2022 to 6/14/2023 - \$1,000,000 Limit, \$2,500 Deductible