



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/07/2026

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).

<b>PRODUCER</b> <b>Fako Insurance Plus</b> <b>4020 Park Street N, Ste 204</b> <b>St. Petersburg, FL 33709</b> <b>License #: R011674</b>	<b>CONTACT NAME:</b> Jeremiah Fictum <b>PHONE (A/C, No. Ext):</b> (727)343-8899 <b>FAX (A/C, No):</b> (727)343-8895 <b>E-MAIL ADDRESS:</b> customersupport@greatflstpete.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Superior Specialty Insurance Company <b>INSURER B:</b> Cypress Property & Casualty Insurance Company <b>INSURER C:</b> National General Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> <b>Tuscany By The Sea Condominium Association, Inc.</b> <b>c/o Ameri-Tech Community Management</b> <b>24701 US Hwy 19 N, Ste #102</b> <b>Clearwater, FL 33763</b>	<b>NAIC #</b> <b>23728</b>

**COVERAGES****CERTIFICATE NUMBER: 00000083-0****REVISION NUMBER: 17**

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TLUHOA501815-01	12/11/2025	12/11/2026	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</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>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> 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>HAZARD/WINDSTORM</b>			CCP0000266-03	12/11/2025	12/11/2026	SEE ADDITIONAL	REMARKS
C	<b>FLOOD</b>			0000150875	11/28/2025	11/28/2026	SEE ADDITIONAL	REMARKS

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

**SEE ADDITIONAL REMARKS (ACORD 101)****CERTIFICATE HOLDER****CANCELLATION**

RE: Cert Holder

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

*Anthony LoSchiavo*

(JLF)

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## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Fako Insurance Plus</b>		NAMED INSURED <b>Tuscany By The Sea Condominium Association, Inc.</b>	
POLICY NUMBER <b>N/A</b>		EFFECTIVE DATE:	
CARRIER <b>Multiple Carriers</b>	NAIC CODE		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

LOCATION ADDRESS: 19520 GULF BLVD, INDIAN SHORES, FL 33785 (12 TOTAL UNITS/ FLOOD ZONE AE)

EQUIPMENT BREAKDOWN COVERAGE PROVIDED EFFECTIVE 12/11/24-12/11/25 THROUGH TRAVELERS

A) PKG EFFECTIVE 12/11/24-12/11/25  
 POLICY #TLUHOA501815-00  
 D&O @ \$1M/ DED \$5K  
 CRIME @ \$300K/ DED \$0/ INCLUDES COVERAGE FOR MGMT COMPANY

B) SPECIAL FORM HAZARD @ REPLACEMENT COST; AGREED VALUE  
 EFFECTIVE 12/11/24-12/11/25  
 POLICY #CCP0000266-02  
 TIV \$18,338,009/ DED 3% HURR/ \$2,500 AOP  
 INCLUDES ORD/LAW

C) FLOOD EFFECTIVE 11/28/24-11/28/25  
 POLICY #0000150875  
 BLDG LIMIT \$3M/ DED \$1,250

The Hazard policy is walls out, not including betterments or improvements.

Severability Of Interest/Separation Of Insureds: Applies to the General Liability policy per the terms & conditions.

Cancellation Period: 10 Days Minimum

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.