



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).

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

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	X	COMMERCIAL GENERAL LIABILITY				TLUHOA501815-01		12/11/2025	12/11/2026	EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE	X	OCCUR						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	
											\$	
											\$	
		GEN'L AGGREGATE LIMIT APPLIES PER:										
	X	POLICY	PRO- JECT	LOC								
		OTHER:										
		AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		Hired AUTOS ONLY		NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED		RETENTION \$							\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER STATUTE	OTHE- R	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			Y/N	N/A				E.L. EACH ACCIDENT	\$	
		If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$	
										E.L. DISEASE - POLICY LIMIT	\$	
B	HAZARD/WINDSTORM					CCP0000266-03 0000150875		12/11/2025	12/11/2026	SEE ADDITIONAL		REMARKS
C	FLOOD									SEE ADDITIONAL		

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

**DESCRIPTION OF OPERATORS/LOCATIONS/VEHICLES (ACORD)
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

AUTHORIZED REPRESENTATIVE
Anthony Loschiavo

(JLF)



ADDITIONAL REMARKS SCHEDULE

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

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.