



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/22/2024

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 Great Florida Insurance 4020 Park Street, Ste 204 Saint Petersburg, FL 33709 License #: R011674	CONTACT NAME: Ashley Fictum PHONE (A/C, No. Ext): (727)343-8899 E-MAIL ADDRESS: customersupport@greatflstpete.com	FAX (A/C, No): (727)343-8895	
	INSURER(S) AFFORDING COVERAGE		NAIC #
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 A: Trisura Specialty Insurance Company		
	INSURER B: Cypress Property & Casualty Insurance Company		
	INSURER C: Imperial Fire & Casualty Insurance		23728
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 00000083-230801

REVISION NUMBER: 4

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CIUHOA403553-01	12/11/2023	12/11/2024	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	
								\$	
	AUTOMOBILE LIABILITY <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)	\$	
								\$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$	
								AGGREGATE	\$
								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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		
								OTH-ER	
								E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$	
B	HAZARD/WINDSTORM			CCP0000266-01	12/11/2023	12/11/2024	SEE ADDITIONAL	REMARKS	
C	FLOOD			0000150875	11/28/2023	11/28/2024	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**

FOR INFORMATIONAL PURPOSES 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

(AMF)

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ADDITIONAL REMARKS SCHEDULE

AGENCY Great Florida Insurance		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 12/11/23-12/11/24 THROUGH TRAVELERS

A) PKG EFFECTIVE 12/11/23-12/11/24
 POLICY #CIUHOA403553-01
 D&O @ \$1M/ DED \$5K
 CRIME @ \$250K/ DED \$0/ INCLUDES COVERAGE FOR MGMT COMPANY

B) SPECIAL FORM HAZARD @ REPLACEMENT COST; AGREED VALUE
 EFFECTIVE 12/1/23-12/11/24
 POLICY #CCP0000266-01
 TIV \$18,338,009/ DED 3% HURR/ \$2,500 AOP
 INCLUDES INFLATION GUARD & ORD/LAW

C) FLOOD EFFECTIVE 11/28/23-11/28/24
 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