

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

I

| | 04/30/2024 | | | | | | | | | | | |
|--|--|--|-------------------|---------------------|------------|---------------------------------------|--|-----------|----------------------|-----------------------|--------|--|
| 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. | | | | | | | | | | | | |
| PRO | DUCE | R | | | | CONTACT Bri | CONTACT Brian Ford | | | | | |
| Insi | Iranc | e Resources | | | | | PHONE (727) 345-0242 FAX (A/C, No): (727) 344-3261 | | | | | |
| | | Ave. S | | | | E-MAIL bfo | E-MAIL bford@insuranceresources.com | | | | | |
| 002 | 0 130 | /we. 0 | | | | ADDRESS: | PRODUCER 0001/210 | | | | | |
| | _ | | | | | CUSTOMER ID: | | | | | | |
| St. | Peter | sburg | | FL | 33707 | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | |
| INSURED | | | | | | INSURER A : First | INSURER A : First Protective Insurance Company | | | | 10897 | |
| Sur | Keto | ch I Condominiu | m Association, In | С. | | INSURER B : CU | INSURER B: CUMIS Specialty Ins. Co. | | | | | |
| C/O Ameri-Tech Community Management | | | | | | | INSURER C : | | | | | |
| 247 | 01 U | S Hwy. 19 N, S ⁻ | TF #102 | | | | INSURER D : | | | | | |
| | arwat | | // 102 | FL | 33763 | | | | | | | |
| Cie | aiwa | | | I E | 33703 | INSURER E : | INSURER E : | | | | | |
| | | | | | - /0 | | INSURER F : | | | | | |
| CO | VER | AGES | | CERTIFICATE NUMBER: | Prop/Cr 25 | 50-254 Sea Mist 2024 | 254 Sea Mist 2024-2025 REVISION NUMBER: | | | | | |
| Loc Tota TI IN C | LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Loc# 00008 Bldg# 00001: 250-254 Sea Mist Dr. Treasure Island FL 33706 - Valuation: Replacement Cost; Coinsurance: N/A - Agreed Value Total Number of Units in Association: 97, Total Number of Units in Building: 3 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 IN | SURANCE | POLICY NUMBER | | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | | COVERED PROPERTY | | LIMITS | |
| | | | | | | DATE (WIW/DD/TTTT) | | | | 005 | 457 | |
| | | PROPERTY CAUSES OF LOSS DEDUCTIBLES BASIC BUILDING 5,000 5,000 BROAD CONTENTS SPECIAL EARTHQUAKE | | | | | | | BUILDING | _{\$} 695,157 | | |
| | CAL | | | | | | | | PERSONAL PROPERTY | \$ \$ | | |
| | | | | | | | | | BUSINESS INCOME | | | |
| | | | | _ | | | | | EXTRA EXPENSE | \$ \$ | | |
| | × | | | | | | | | RENTAL VALUE | | | |
| A | | | | | | | | - | BLANKET BUILDING | | | |
| | | | | 6671926744 | | 04/30/2024 | 04/30/2025 | | - | \$ \$ | | |
| | \times | WIND | Hurr(CY) 3% | _ | | | | | BLANKET PERS PROP | | | |
| | | FLOOD | | | | | | | BLANKET BLDG & PP \$ | | | |
| | × | Wind | \$5K AOW | | | | | X | Policy O&L- A,B,C | \$ 1,000,000 | | |
| | | | | 7 | | | | | | | | |
| | INLAND MARINE | | | TYPE OF POLICY | | | | | | \$ | | |
| | CAL | CAUSES OF LOSS | | | | | | - | | | | |
| | 0/10 | NAMED PERILS | | POLICY NUMBER | | - | | | | \$ | | |
| | | | | | | | | | | | | |
| | | | | | | | | | \$ | | | |
| в | | | | | | | | $ \times$ | Employee Theft | _{\$} 500 | ,000 | |
| | TYPE OF POLICY | | | CIUCAP102482 | | 04/30/2024 | 04/30/2025 | | | \$ | | |
| | | | | | | | | | 1 | | | |
| | | BOILER & MACH | INERY / | | | | | 1 | | - | | |
| | | EQUIPMENT BRE | | | | | | — | 1 | \$ | | |
| | | | | | | | | ┣ | | \$ | | |
| | | | | | | | | L | ļ | \$ | | |
| | | | | | | | | | | \$ | | |
| | SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder listed below is the Mortgagee for the Unit Owner: | | | | | | | | | | | |
| | | | | | | | | | | | | |
| CE | RTIF | ICATE HOLDE | R | | | CANCELLATI | CANCELLATION | | | | | |
| Evidence Only | | | | | | THE EXPIRAT ACCORDANC | 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 REP | AND | | | | | |

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