



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/11/2019

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 any rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> McGriff Insurance Services 12485 - 28th Street North Saint Petersburg, FL 33716 727 327-7070		<b>CONTACT NAME:</b> Pam Lasher <b>PHONE (A/C, No, Ext):</b> 727 327-7070 <b>E-MAIL ADDRESS:</b> PLasher@McGriffInsurance.com <b>FAX (A/C, No):</b> 888 632-8457															
<b>INSURED</b> Casa Del Sol Association Inc c/o Ameri-Tech Community Management 24701 US Hwy 19 N Suite 102 Clearwater, FL 33763		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Arch Specialty Insurance Company</td> <td>21199</td> </tr> <tr> <td>INSURER B : Heritage Property &amp; Casualty Insurance</td> <td>14407</td> </tr> <tr> <td>INSURER C : Philadelphia Indemnity Insurance Co</td> <td>18058</td> </tr> <tr> <td>INSURER D : Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Arch Specialty Insurance Company	21199	INSURER B : Heritage Property & Casualty Insurance	14407	INSURER C : Philadelphia Indemnity Insurance Co	18058	INSURER D : Hartford Fire Insurance Company	19682	INSURER E :		INSURER F :	
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**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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			<b>AGL005138100</b>	<b>01/10/2019</b>	<b>01/10/2020</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Separation of Insds</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>						MED EXP (Any one person) \$ <b>10,000</b>
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	<input type="checkbox"/> <b>UMBRELLA LIAB</b>						GENERAL AGGREGATE \$ <b>2,000,000</b>
	<input type="checkbox"/> <b>EXCESS LIAB</b>						PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	DED: RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
<b>B</b>	<b>Property</b>			<b>HCP00317803</b>	<b>01/10/2019</b>	<b>01/10/2020</b>	<b>See Below</b>
<b>C</b>	<b>D&amp;O</b>			<b>PCAP0194160119</b>	<b>01/10/2019</b>	<b>01/10/2020</b>	<b>\$1,000,000 Limit</b>
<b>D</b>	<b>Fidelity</b>			<b>21BDDHC6968</b>	<b>05/29/2018</b>	<b>05/29/2019</b>	<b>\$450,000 Limit</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Property coverage is Special Perils, Replacement Cost subject to policy limits, 3% Calendar Year Hurricane Deductible, 10% Sinkhole Deductible, \$2,500 All Other Perils Deductible. Equipment Breakdown coverage included. Agreed Amount applies.**  
**Ordinance or Law coverage as follows:**  
**Coverage A: Included**  
**(See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
**Casa Del Sol Association Inc. **	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 

## DESCRIPTIONS (Continued from Page 1)

Coverages B and C: \$1,000,000 Sub-Limit  
102 Units.

**Property Limits as follows:**

2420A Winding Creek Blvd, Clearwater FL 33761: \$1,675,000, 18 Units

2420B Winding Creek Blvd, Clearwater FL 33761: \$840,000, 6 Units

2440 Winding Creek Blvd, Clearwater FL 33761: \$3,145,000, 24 Units

3055 Casa Del Sol Circle, Clearwater FL 33761: \$3,482,000, 27 Units

3077 Casa Del Sol Circle, Clearwater FL 33761: \$3,482,000, 27 Units

Property Management Company is included on Fidelity coverage.

BB&T Insurance Services, Inc. does not provide flood insurance to Casa Del Sol Association Inc.