

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
2/04/2025

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><br>McGriff, a MMA LLC Company<br>12485 28th St. North, Third Fl<br>St Petersburg, FL 33716 | <b>CONTACT NAME:</b> Jason Breslin<br><b>PHONE (A/C, No, Ext):</b> 239-433-7107<br><b>E-MAIL ADDRESS:</b> certificate@mcgriff.com                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>FAX (A/C, No):</b> 866-881-5271 |                               |        |                                               |       |                                                  |       |                                                    |       |                                             |       |             |  |             |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|-------------------------------|--------|-----------------------------------------------|-------|--------------------------------------------------|-------|----------------------------------------------------|-------|---------------------------------------------|-------|-------------|--|-------------|
|                                                                                                            | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Southern-Owners Insurance Company</td> <td>10190</td> </tr> <tr> <td>INSURER B : Heritage Property Casualty Insurance</td> <td>14407</td> </tr> <tr> <td>INSURER C : Travelers Casualty &amp; Surety Co of Amer</td> <td>31194</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 : Southern-Owners Insurance Company | 10190 | INSURER B : Heritage Property Casualty Insurance | 14407 | INSURER C : Travelers Casualty & Surety Co of Amer | 31194 | INSURER D : Hartford Fire Insurance Company | 19682 | INSURER E : |  | INSURER F : |
| INSURER(S) AFFORDING COVERAGE                                                                              | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                    |                               |        |                                               |       |                                                  |       |                                                    |       |                                             |       |             |  |             |
| INSURER A : Southern-Owners Insurance Company                                                              | 10190                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                    |                               |        |                                               |       |                                                  |       |                                                    |       |                                             |       |             |  |             |
| INSURER B : Heritage Property Casualty Insurance                                                           | 14407                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                    |                               |        |                                               |       |                                                  |       |                                                    |       |                                             |       |             |  |             |
| INSURER C : Travelers Casualty & Surety Co of Amer                                                         | 31194                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                    |                               |        |                                               |       |                                                  |       |                                                    |       |                                             |       |             |  |             |
| INSURER D : Hartford Fire Insurance Company                                                                | 19682                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                    |                               |        |                                               |       |                                                  |       |                                                    |       |                                             |       |             |  |             |
| INSURER E :                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                    |                               |        |                                               |       |                                                  |       |                                                    |       |                                             |       |             |  |             |
| INSURER F :                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                    |                               |        |                                               |       |                                                  |       |                                                    |       |                                             |       |             |  |             |


**INSURED**  
 Casa Del Sol Association Inc  
 c/o Ameri-Tech Community Management  
 24701 US Hwy 19 N Suite 102  
 Clearwater, FL 33763-4086

**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                                                                                                                                                                                                                                                                                  |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|------------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Separation of Insds<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 2023122045460525 | 01/10/2025              | 01/10/2026              | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b><br>MED EXP (Any one person) \$ <b>5,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b><br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                                                                |           |          |                  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                                                                   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                                                                                                                                         |           |          |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                                                                |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                              |           | N/A      |                  |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                                        |
| B        | Property                                                                                                                                                                                                                                                                                                                                                                   |           |          | HCP0031789       | 01/10/2025              | 01/10/2026              | See Description                                                                                                                                                                                                                                                                         |
| C        | D&O                                                                                                                                                                                                                                                                                                                                                                        |           |          | 107974445        | 01/10/2025              | 01/10/2026              | \$1,000,000 / \$1,000 Ded                                                                                                                                                                                                                                                               |
| D        | Fidelity                                                                                                                                                                                                                                                                                                                                                                   |           |          | 21BDDHC6968      | 05/29/2024              | 05/29/2025              | \$600,000 / \$3,000 Ded                                                                                                                                                                                                                                                                 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Per Florida Statute, condo association master hazard insurance covers structures up to and including the unfinished drywall of the units. Unit owners are responsible for all other structural elements.**  
  
**Property coverage is Special Perils including wind/hail, Co-Insurance 80% , Replacement Cost subject to policy limits, 5% Wind/Hail Deductible, \$25,000 All Other Perils per Occurrence Deductible.**  
**(See Attached Descriptions)**

|                                                                        |                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br>**Casa Del Sol Association Inc.<br>** | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## DESCRIPTIONS (Continued from Page 1)

Equipment Breakdown coverage included. 2% Inflation Guard.

Sinkhole is excluded and Catastrophic Ground Collapse is included.

Ordinance or Law coverage as follows:

Coverages A, B and C: \$250,000 Sub-Limit  
102 Units.

**TOTAL INSURED VALUE: \$21,982,411**

Property Limits as follows:

2420A Winding Creek Blvd, Clearwater FL 33761: \$2,753,310, 18 Units

2420B Winding Creek Blvd, Clearwater FL 33761: \$1,170,792, 6 Units  
\$96,000

Carport - 24 Spaces

2440 Winding Creek Blvd, Clearwater FL 33761: \$5,434,347, 24 Units  
\$96,000

Carport - 25 Spaces

3055 Casa Del Sol Circle, Clearwater FL 33761: \$5,777,314, 27 Units  
\$28,000

Carport - 7 Spaces

\$64,000

Carport - 16 Spaces

3077 Casa Del Sol Circle, Clearwater FL 33761: \$5,774,076, 27 Units  
\$64,000

Carport - 16 Spaces

\$16,000

Carport - 4 Spaces

\$12,000

Carport - 3 Spaces

\$490,925 - Clubhouse

\$25,000

Clubhouse Contents

\$18,617

Guardhouse

\$153,280 Pool

\$33,750

- Jacuzzi

Business Personal Property: \$25,000

Property coverage includes waiver of subrogation in favor of unit-owners.

Property Management Company is included on Fidelity coverage.

Per Florida Statute: 45 days notice of cancellation except 10 days notice for nonpayment of premium.

McGriff Insurance Services, Inc. does not provide flood insurance to Casa Del Sol Association Inc.

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.