

CERTIFICATE OF LIABILITY INSURANCE

CWAGGONER

DATE (MM/DD/YYYY)

SANDCOV-01

					ADILIT T INSURANCE				9/5/2024		
C B	ERT ELO	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF IN ESENTATIVE OR PRODUCER, A	IVEL	Y OI ANCE	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES
lf	SU	RTANT: If the certificate holde BROGATION IS WAIVED, subje ertificate does not confer rights t	ct to	the	terms and conditions of	the pol	licy, certain p	oolicies may			
PRO	DUCE	ER License # L054562				CONTAC NAME:	ст				
PCS	Ins	urance Group Inc.					o, Ext): (813) 8	68-1010	FAX	(813) :	388-4598
		nderson Boulevard, Suite 200 FL 33609				E-MAIL	ss: certificat	es@pcsing	s.com	(••••)	
						INSURER(S) AFFORDING COVERAGE					NAIC #
						INSURF					
INSU	RED						INSURER A : Westchester Surplus Lines				
		Sandal Cove Condominium									
		c/o Ameri-Tech Community		agen	nent				nnity Ins Co		
24701 US Hwy 19 N, Ste 102 Clearwater, FL 33763						INSURER D : Philadelphia Indemnity Ins Co					
						INSURE					
CO	VER	AGES CEF		САТ	E NUMBER:				REVISION NUMBER:		1
		IS TO CERTIFY THAT THE POLICI				HAVE B	EEN ISSUED 1	TO THE INSU			
IN	DIC	ATED. NOTWITHSTANDING ANY F	REQU	IREM	ENT, TERM OR CONDITIO	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESP	ECT TO	WHICH THIS
		FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH								IO ALL	THE TERMS,
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)			rs	
A	Х	COMMERCIAL GENERAL LIABILITY		WVD	GLWF18032648 001				EACH OCCURRENCE \$		1,000,000
		CLAIMS-MADE X OCCUR					9/2/2024	9/2/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GE	VL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X								PRODUCTS - COMP/OP AGG		2,000,000
		OTHER:							HNOA	\$	1,000,000
	AUT								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)		
		HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
В	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE	-		PRP-229824000-00-19097	749	49 9/2/2024	9/2/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$		-							\$	
С		REAL COMPENSATION	1					X PER OTH- STATUTE ER	Ť		
		PROPRIETOR/PARTNER/EXECUTIVE			2024071171958Y		9/2/2024	9/2/2025	E.L. EACH ACCIDENT	\$	500,000
	OFF (Mar	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. DISEASE - EA EMPLOYEE		500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT		500,000
С	C Employee Theft 4124011171			4124011171958Y	011171958Y 9/2/2024 9/2/20			Each Occurrence	200,000		
D Directors & Officers					PCAP045278-0124	9/2/2024		9/2/2025	Aggregate		1,000,000
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	 D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	i red)	<u> </u>	

CERTIFICATE HOLDER	

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

For Informational Purposes Only

AUTHORIZED REPRESENTATIVE

MO

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: SANDCOV-01

		LOC #: 1			
ACORD [®] ADDITI	ONAL REM	ARKS SCHEDULE	Page	1_0	of _1
AGENCY PCS Insurance Group Inc.	License # L05456	2 NAMED INSURED Sandal Cove Condominium II Association, Inc. c/o Ameri-Tech Community Management 24701 US Hwy 19 N, Ste 102 Clearwater, FL 33763			
POLICY NUMBER SEE PAGE 1		Clearwater, FL 33763			
CARRIER	NAIC CODE	_			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULI	E TO ACORD FORM,				
FORM NUMBER: <u>ACORD 25</u> FORM TITLE: <u>Certificat</u>	te of Liability Insurance				
Coverages PROPERTY Coverage: Term -9/2/2024 to 9/2/2025 Carrier: First Protective Insurance Company Policy # 7222175626 TIV - \$5,408,833 Special Form Replacement Cost Value Agreed Value Hurricane Deductible - 5% of the value of the d AOW Deductible -\$5,000 per occurrence All other Perils Deductible - \$5,000 per occurre Ordinance or Law: Coverage A included in bulk	ence				
32 Units - Coverage is walls out and does not i Property Manager is included for coverage und	der General Liabilit	y, Crime/Fidelity, and D&O policy forms.			
Cancellation notification is 30 days except non	-payment, which is	s 10 days.			