SANDCOV-01 GONAN1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/23/2026

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 License # L054562
PCS Insurance Group Inc.
3315 Henderson Boulevard, Suite 200
Tampa, FL 33609

CONTACT NAME:
PHONE (A/C, No, Ext): (813) 868-1010 FAX (A/C, No): (813) 388-4598
E-MAIL ADDRESS: certificates@pcsins.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Westchester Surplus Lines	
INSURER B : Midvale Indemnity Company	
INSURER C : PMA Companies	
INSURER D : Slide Insurance Company	17227
INSURER E : Philadelphia Indemnity Ins Co	
INSURER F :	

INSURED
Sandal Cove Condominium II Association, Inc.
c/o Ameri-Tech Community Management
24701 US Hwy 19 N, Ste 102
Clearwater, FL 33763

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			GLWF18032648 002	9/2/2026	9/2/2027	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ Included
	OTHER:						HNOA	$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			PRP-229824000-02-1909749	9/2/2026	9/2/2027	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $						Aggregate	$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A		2026071171958Y	9/2/2026	9/2/2027	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
D	Property			CPFL 0000545-01	9/2/2026	9/2/2027	Total Insured Value	5,408,833
E	Crime			PCAC024576-0125	9/2/2026	9/2/2027	Employee Dishonesty	200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

For Informational Purposes Only

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.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: SANDCOV-01 GONAN1

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY PCS Insurance Group Inc. License # L054562	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	
CARRIER: SEE PAGE 1 / NAIC CODE: SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description
Property
Carrier: Slide Insurance Company
Policy # CPFL 0000545-01
Total Insured Value: $5,408,833
Coverage is Special Form, including wind and equipment breakdown. Valuation is Replacement Cost basis, Agreed Value, Coinsurance does not apply. Ordinance & Law Coverage A included in the building limit, Coverage B & C combined sublimit $250,000. Inflation Guard was not available for purchase for this association.
Property Coverage includes common elements
Deductibles: Named Hurricane - 3% of the value of the damaged building(s) per calendar year, All Other Covered Perils - $5,000 per occurrence.

Directors and Officers
Carrier: Philadelphia Indemnity Insurance Company
Policy # PCAP045278-0224
Limit: $1,000,000, Deductible: $1,000

32 Units - coverage is walls out and does not include unit interiors.
Property Manager is included for coverage under General Liability, Crime/Fidelity, and D&O policy forms.
Cancellation notification is 30 days except non-payment, which is 10 days.

Separation of insureds applies to the General Liability policy per the policy terms and

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