



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/21/2021

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 Great Florida Insurance 2752 66th Street N St. Petersburg FL 33710		CONTACT NAME: CUSTOMER SUPPORT PHONE (A/C, No, Ext): (727) 343-8899 FAX (A/C, No): (727) 343-8895 E-MAIL ADDRESS: customersupport@greatflstpete.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Aspen Specialty Insurance Company	NAIC # 1017
		INSURER B: Fireman's Fund Insurance Companies	11380
		INSURER C: CNA	
		INSURER D: Heritage Property & Casualty	14407
		INSURER E: Imperial Fire & Casualty Company	
		INSURER F:	
INSURED Eastwood Shores Condominium No. 4 Association, Inc. c/o Ameri-Tech Companies, Inc. 24701 US Highway 19 N #102 Clearwater FL 33763			

COVERAGES**CERTIFICATE NUMBER:** Meade, Linda**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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CIUCAP000875	10/15/2020	10/15/2021	EACH OCCURRENCE	\$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 50,000	
			MED EXP (Any one person)				\$ 5,000	
			PERSONAL & ADV INJURY				\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			USL0065692011-45538-2	10/15/2020	10/15/2021	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 5,000,000
	DED	RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N	N / A	WC6011201167	10/15/2020	10/15/2021	PER STATUTE	OTH-ER
			E.L. EACH ACCIDENT				\$ 500,000	
			E.L. DISEASE - EA EMPLOYEE				\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
D	Special Form Hazard @ Replacement Cost; Includes Ord/Law & Agreed Value			HCP006980	10/15/2020	10/15/2021	TIV \$8,063,270 Includes Inflation Guard & Equipment Breakdown	Ded 5% Hurr \$2,500 AOP

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

LOCATION ADDRESS: 1937-3004 BOUGH AVE CLEARWATER, FL 33760 (68 TOTAL UNITS/ FLOOD ZONE AE)

A) PKG EFFECTIVE 10/15/2020-10/15/2021
POLICY #CIUCAP000875
D&O @ \$1M/ DED \$2,500
CRIME @ \$150K/ DED \$0/ INCLUDES COVERAGE FOR MGMT COMPANY

CERTIFICATE HOLDER

see additional info : meade

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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ADDITIONAL REMARKS SCHEDULE

AGENCY Great Florida Insurance		NAMED INSURED Eastwood Shores Condominium No. 4 Association, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Remarks

E) FLOOD EFFECTIVE 10/15/2020-10/15/2021

POLICY #0000295146 (1837)
 BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000299962 (1839)
 BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405913 (1841)
 BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405932 (1843)
 BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405924 (1845)
 BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000406233 (1847)
 BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405908 (1849)
 BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405897 (1851)
 BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405911 (1853)
 BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000299963 (1855)
 BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405901 (1857)
 BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405922 (1859)
 BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405881 (1861)
 BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405893 (1863)
 BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405906 (1865)
 BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405915 (3000)
 BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405920 (3004)
 BLDG LIMIT \$489,200/ DED \$25K

RE: Linda Meade
 1859 Bough Ave
 C
 Clearwater, FL 33760
 New Rez LLC
 ISAOA/ATIMA
 PO Box 7050
 Troy, MI 48007
 Loan # 0579337686