



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/26/2021

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: CUMIS Specialty Insurance Company	NAIC #
INSURED		INSURER B: Fireman's Fund Insurance Companies	11380
Eastwood Shores Condominium No. 4 Association, Inc. c/o Ameri-Tech Companies, Inc. 24701 US Highway 19 N #102 Clearwater FL 33763		INSURER C: CNA	
		INSURER D: Heritage Property & Casualty	14407
		INSURER E: Aspen Specialty Insurance Company	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Stack, T MV **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			CIUCAP100283	10/15/2021	10/15/2022	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			USL01482121U-45538-3	10/15/2021	10/15/2022	EACH OCCURRENCE	\$ 5,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED							\$	
	RETENTION \$							\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC6011201167	10/15/2021	10/15/2022	PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A				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	Special Form Hazard, Includes Inflation Guard			HCP006980	10/15/2021	10/15/2022	TIV \$8,063,270	Ded 5% Hurr	
							Includes Ord/Law & Equipment Breakdown	\$2,500 AOP	

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

LOCATION ADDRESS: 1837-3004 BOUGH AVE CLEARWATER, FL 33760 (68 TOTAL UNITS/ FLOOD ZONE AE)

A) PKG EFFECTIVE 10/15/21-10/15/22
POLICY #CIUCAP100283
CRIME @ \$150K/ DED \$0/ INCLUDES COVERAGE FOR MGMT COMPANY

E) D&O EFFECTIVE 10/15/21-10/15/22

CERTIFICATE HOLDER

CANCELLATION

See Additional Remarks	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Chelsey Chapman</i></p>
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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) D&O EFFECTIVE 10/15/21-10/15/22
POLICY #CIUCAP000875
D&O @ \$1M/ DED \$2,500

F) FLOOD EFFECTIVE 10/15/2021-10/15/2022
POLICY #0000295146 (1837, BLDG 1, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000299962 (1839, BLDG 2, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405913 (1841, BLDG 3, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405932 (1843, BLDG 4, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405924 (1845, BLDG 5, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000406233 (1847, BLDG 6, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405908 (1849, BLDG 7, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405897 (1851, BLDG 8, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405911 (1853, BLDG 9, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000299963 (1855, BLDG 10, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405901 (1857, BLDG 11, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405922 (1859, BLDG 12, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405881 (1861, BLDG 13, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405893 (1863, BLDG 14, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405906 (1865, BLDG 15, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405915 (3000, BLDG 16, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

POLICY #0000405920 (3004, BLDG 17, 4 Units)
BLDG LIMIT \$489,200/ DED \$25K

RE: Terri Lee Stack
1845 Bough Ave. #A, Clearwater FL 33760

U.S Bank c/o U.S Bank Home Mortgage
PO Box 961045
Fort Worth, TX 76161-0045
Loan#: 9903260084
ihaveinsurance.com/usbank