

ACHAFFIN

CERTIFICATE OF LIABILITY INSURANCE

ANCE DATE (MM/DD/YYYY)
1/19/2021

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).

| tŀ | nis certificate does not confer rights to the confe | o the | cert | ificate holder in lieu of su | ıch enc | lorsement(s) | · | - require an endorse | ciliciti. A 3 | tatement on |
|-------------|--|-------------|-------------------------|---|---|---|--|---|---------------|--------------------|
| PCS | Insurance Group Inc. | | | CONTACT NAME: PHONE (A/C, No, Ext): (813) 868-1010 FAX (A/C, No): (813) 388-4598 | | | | | | |
| 331 | 5 Henderson Boulevard, Suite 200 npa, FL 33609 | | | | E-MAIL | _{ss:} certificat | es@pcsins | s.com | C, No):(013) | 300-4330 |
| | ipa, i 2 00000 | | | | ADDRE | | | RDING COVERAGE | | NAIC # |
| | | | | | INSURE | RA: Axis Su | • | | | NAIO II |
| INSU | JRED | | | | INSURER B : National Surety Corp | | | | | |
| | Village Plaza Condominium | Ass | ociati | on, Inc. | INSURER C : Associated Industries | | | | | |
| | C/o Miller Management 2848 Proctor Rd | | | | INSURER D: Heritage Property & Casualty | | | | | 14407 |
| | Sarasota, FL 34231 | | | | INSURER E : Philadelphia Indemnity Ins Co | | | | | |
| | | | | | INSURER F: | | | | | |
| СО | VERAGES CER | TIFI | CATE | NUMBER: | | | | REVISION NUMBE | R: | |
| IN C | HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | PER POLI | IREMI TAIN, CIES. | ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE | N OF A | ANY CONTRAC THE POLICI REDUCED BY I | CT OR OTHER ES DESCRIB PAID CLAIMS | R DOCUMENT WITH R EED HEREIN IS SUBJE | RESPECT TO | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | | LIMITS | 4 000 000 |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | ESC65070 | | 1/24/2021 | 1/24/2022 | DAMAGE TO RENTED PREMISES (Ea occurrence | ce) \$ | 100,000 |
| | | | | | | | | MED EXP (Any one perso | on) \$ | 5,000 1,000,000 |
| | | | | | | | | PERSONAL & ADV INJUI | RY \$ | 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: PRO- LOC | | | | | | | GENERAL AGGREGATE | | 2,000,000 |
| | July 3ECI Company | | | | | | | PRODUCTS - COMP/OP | | 1,000,000 |
| | OTHER: AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIM | IIT \$ | 1,000,000 |
| | ANY AUTO | | | | | | | (Ea accident) | rson) \$ | |
| | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per per | , , | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | s s | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Fer accident) | \$ | |
| В | X UMBRELLA LIAB X OCCUR | | | | | | | EACH OCCURRENCE | \$ | 15,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | 49868-1 | | 1/24/2021 | 1/24/2022 | AGGREGATE | \$ | 15,000,000 |
| | DED RETENTION \$ | 1 | | | | | | | \$ | |
| С | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | X PER STATUTE E | OTH- R | |
| | | N/A | | AWC1160967 | | 1/24/2021 | 1/24/2022 | E.L. EACH ACCIDENT | \$ | 500,000 |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA EMPL | LOYEE \$ | 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY I | LIMIT \$ | 500,000 |
| | Property | | | HCP006009-3 | | 1/24/2021 | | Property | | 27,424,183 |
| Ε | Crime | | | PCAC002752-0319 | | 1/24/2021 | 1/24/2022 | Employee Theft | | 1,000,000 |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES / | ACOPI | 101 Additional Pamarks Schodu | ıle may b | e attached if mor | a snaca is rocui | red) | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (| ACORI | o 101, Additional Remarks Schedu | ne, may b | e attached if mor | e space is requi | rea) | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANO | CELLATION | | | | |
| | For Information Only | | | | THE | EXPIRATION | N DATE TH | ESCRIBED POLICIES IEREOF, NOTICE W CY PROVISIONS. | | |

AUTHORIZED REPRESENTATIVE

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| AGENCY Lic PCS Insurance Group Inc. POLICY NUMBER SEE PAGE 1 | ense # L054562 | NAMED INSURED Village Plaza Condominium Association, Inc. C/o Miller Management 2848 Proctor Rd Sarasota, FL 34231 | | |
|--|----------------|--|--|--|
| CARRIER | NAIC CODE | | | |
| SEE PAGE 1 | 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 |

NOTES

Property coverage is Special form, including windstorm.

Deductibles: All Other Peril: \$2,500 per occurrence, Hurricane: 3% per building, per calendar year, Sinkhole: 3% per bldg per calendar year.

Valuation is based on 100% Replacement Cost; Agreed Value applies. Equipment Breakdown included. Ord & Law Cov A included, B&C Combined \$1,000,000 sublimit.

150 Units - coverage is walls out and does not include unit interiors.

Insurer Philadelphia Indemnity Insurance Company: Directors & Officers Liability Policy #PCAP019874-0319 Effective: 1/24/21-1/24/22; \$1,000,000 Limit / \$1,000 ded.

Property Manager is included as Additional Insured on the General Liability, Directors & Officers and Crime/Fidelity policies.

Separation of Insureds applies to the General Liability policy per the policy terms and conditions.