



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/19/2023

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 PCS Insurance Group 3315 Henderson Blvd Suite 200 Tampa FL 33609		CONTACT NAME: PCS Insurance Group PHONE (A/C No. Ext): (813) 868-1010 E-MAIL ADDRESS: certificates@pcsins.com FAX (A/C, No): (813) 388-4598	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: TRISURA SPECIALTY INSURANCE	NAIC # 16188
		INSURER B: ALLIED WORLD INSURANCE COMPANY, INC.	22730
		INSURER C: ASSOCIATED INDUSTRIES	23140
		INSURER D: FRONTLINE UNLIMITED INSURANCE	10047
		INSURER E:	
		INSURER F:	
INSURED Village Plaza Condominium Association, Inc. c/o Lighthouse Property Management 16 Church Street Osprey FL 34229			

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CIUCAP400007-01	01/24/2023	01/24/2024	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
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CIUCAP400007-01	01/24/2023	01/24/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			0313-5686-2166238	01/24/2023	01/24/2024	EACH OCCURRENCE	\$ 15,000,000
							AGGREGATE	\$ 15,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	AWC1190737	01/24/2023	01/24/2024	PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Crime/Directors & Officers/Property X-Wind			CIUCAP400007-01	01/24/2023	01/24/2024	Fidelity Bond	750,000
							Directors & Officers	1,000,000
							Property TIV	31,182,835

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

CERTIFICATE HOLDER**CANCELLATION**

For Information Only

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 PCS Insurance Group		NAMED INSURED Village Plaza Condominium Association, Inc.	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

INSR LTR: D

Carrier: Frontline Unlimited Insurance

Policy Number: 1674604948

Policy Period: 01/24/2023 - 01/24/2024

Property Wind Only coverage - Valuation is Replacement Cost, Agreed Value applies. Deductibles - 5% Hurricane per building, per calendar year; \$5,000 Wind/Hail Deductible per building, per occurrence. Ordinance & Law ABC combined limit of \$100,000.

Property Excluding Wind coverage - Valuation is Replacement Cost, Agreed Value Applies. Deductibles: All Other Peril: \$5,000 per occurrence, Ord & Law Cov A included, B&C Combined 5% sublimit.

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

Insurer

Trisura Specialty Insurance Company

Directors & Officers Liability

Policy #CIUCAP400007-01

Effective: 1/24/23-1/24/24

\$1,000,000 Limit / \$1,000 ded

Trisura Specialty Insurance Company

Crime/Fidelity

Policy #CIUCAP400007-01

Effective: 1/24/23-1/24/24

\$750,000 Limit / \$5,000 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.

Cancellation notification is 30 days except non-payment, which is 10 days.