



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/26/2026

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 E-MAIL ADDRESS: certificates@pcsins.com	FAX (A/C, No): (813) 388-4598
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Superior Specialty Insurance Company	16551
INSURED Village Plaza Condominium Association, Inc. c/o Sunstate Association Management 5602 Marquesas Cir, Suite 103 Sarasota, FL 34233		INSURER B : Midvale Indemnity Company	
		INSURER C : Technology Insurance Company	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERS **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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:				TLUCAP501561-01	1/24/2026	1/24/2027	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	
								HNOA	\$ 1,000,000	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$				PRP-229824000-02-2166238	1/24/2026	1/24/2027	COMBINED SINGLE LIMIT (Ea accident)	\$	
								BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$	
								\$	\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in N/A) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N	N / A		TWC4715596	1/24/2026	1/24/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
								E.L. EACH ACCIDENT	\$ 500,000	
								E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
								E.L. DISEASE - POLICY LIMIT	\$ 500,000	
A	Property				TLUCAP501561-01	1/24/2026	1/24/2027	Property - Wind Only		36,554,467
A	Crime				TLUCAP501561-01	1/24/2026	1/24/2027	Employee Dishonesty		1,500,000

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



ADDITIONAL REMARKS SCHEDULE

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AGENCY PCS Insurance Group Inc.	License # L054562		NAMED INSURED Village Plaza Condominium Association, Inc. c/o Sunstate Association Management 5602 Marquesas Cir, Suite 103 Sarasota, FL 34233
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 Coverage -

Special Form coverage per the following terms and conditions, including common areas:

Windstorm Coverage

Valuation is Replacement Cost: Agreed Value applies

Deductibles: Hurricane deductible is 5% of the value of the damaged building per calendar year

All other wind & hail is \$10,000 per occurrence

Ordinance & Law coverage - A, B & C Combined sublimit \$100,000

Inflation Guard not available for purchase for this association

Excluding Windstorm Coverage

Carrier: Superior Specialty Insurance Company

Policy # TLUCAP501561-01

Policy Terms: 01/24/2026 – 01/24/2027

Total Insured Value: \$36,554,467

Valuation is Replacement Cost; Agreed Value Applies

Deductibles: All other covered perils \$5,000 per occurrence

Ordinance & Law coverage - Full A, B&C 5% of the value of the damaged building

Inflation Guard not available for purchase for this association

Directors and Officers

Carrier: Superior Specialty Insurance Company

Policy # TLUCAP501561-01

Policy Terms: 01/24/2026 – 01/24/2027

Limit: \$1,000,000, Deductible: \$1,000

150 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 conditions