



LANDOFT-01

JBENITEZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/31/2020

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 FAX (A/C, No): (813) 388-4598 E-MAIL ADDRESS: certificates@pcsins.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Aspen Specialty Insurance	
INSURER B : National Surety Corp	
INSURER C : PMA Companies	
INSURER D : Centauri Specialty Insurance	
INSURER E :	
INSURER F :	

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	X COMMERCIAL GENERAL LIABILITY			CIUCAP007147-01	12/31/2020	12/31/2021	EACH OCCURRENCE	\$ 1,000,000				
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							MED EXP (Any one person)	\$ 5,000			
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> HIRED AUTOS ONLY				<input type="checkbox"/> NON-OWNED AUTOS ONLY	PERSONAL & ADV INJURY	\$ 1,000,000			
B	X UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		USL00656920U-49200-2	12/31/2020	12/31/2021	COMBINED SINGLE LIMIT (Ea accident)	\$				
	X EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					BODILY INJURY (Per person)	\$				
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					BODILY INJURY (Per accident)	\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below							PROPERTY DAMAGE (Per accident)	\$			
								EACH OCCURRENCE	\$ 15,000,000			
								AGGREGATE	\$ 15,000,000			
C				202001-11-33-54-5Y	12/31/2020	12/31/2021	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	\$				
								E.L. EACH ACCIDENT	\$ 500,000			
								E.L. DISEASE - EA EMPLOYEE	\$ 500,000			
D	Property				CRP 0000367-01	12/31/2020	12/31/2021	Property	21,743,382			
	A Crime/Fidelity				CIUCAP007147-01	12/31/2020	12/31/2021	Employee Theft	400,000			

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

CERTIFICATE HOLDER <p style="text-align: center;">For Information Only</p>	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 PCS Insurance Group Inc.	License # L054562	NAMED INSURED The Landings Of Tampa Condominium Association, Inc. c/o Ameri-tech Community Management 5434 Grand Blvd New Port Richey, FL 34652
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

Additional Information:

Property coverage is special form including windstorm and equipment breakdown. All covered perils deductible is \$2,500 per occurrence, except hurricane, which is 3% per building, per calendar year. Valuations is based on 100% replacement cost. Agreed value applies. Ordinance or Law: Cov A Included, Cov B&C Combined Limit 2.5% per building. Severability of Interests / Separation of Insureds applies.

230 Units - Coverage is walls out and does not include unit interior.

Property Manager is included for coverage under General Liability, Crime/Fidelity, and D&O policy forms.

Insurer A: Directors & Officers - CIUCAP007147-01 - 12/31/2020 to 12/31/2021 - \$1,000,000 Limit, \$1,000 Deductible