**WOODATA-01** 

**MWATSON** 

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/25/2024

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 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	CONTACT NAME:			
PCS Insurance Group Inc. 3315 Henderson Boulevard, Suite 200	PHONE (A/C, No, Ext): (813) 868-1010 FAX (A/C, No): (813)		88-4598	
Tampa, FL 33609	E-MAIL ADDRESS: certificates@pcsins.com			
	INSURER(S) AFFORDING COVERAGE		NAIC#	
	INSURER A: Trisura Specialty Insurance			
INSURED	INSURER B: Greenwich Insurance Company			
The Woods at Anderson Park Condominium Association, Inc.	INSURER C: PMA Companies			
c/o Ameri-Tech Property Mgmt 24701 US Hwy 19 N, Ste 102	INSURER D : Citizens Property Insurance		10064	
Clearwater, FL 33763	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,

			ADDL		LIMITS SHOWN MAY HAVE BEEN			I				
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S			
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR					CIUCAP400816-02	4/15/2024	4/15/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000		
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000		
		OTHER:						HNO AUTO	\$	1,000,000		
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANY AUTO						BODILY INJURY (Per person)	\$			
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$			
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
									\$			
В	X	UMBRELLA LIAB X OCCUR		PPP7495683	PPP7495683			EACH OCCURRENCE	\$	15,000,000		
		EXCESS LIAB CLAIMS-MADE	PPP7495683				PPP7495683	4/15/2024	4/15/2025	AGGREGATE	\$	
		DED RETENTION \$						Aggregate	\$	15,000,000		
С	AND EMPLOYEDS! LIABILITY						PER OTH- STATUTE ER					
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		202401-87-81-19-7Y	4/15/2024	4/15/2025	E.L. EACH ACCIDENT	\$	500,000		
		ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	500,000		
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000		
D	Pro	perty			11937521-1	4/15/2024	4/15/2025	Property		15,037,800		
Α	Cri	me			CIUCAP400816-02	4/15/2024	4/15/2025	Employee Theft		500,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Elaine Watkins/ Tammy Schneider, 39650 US HIGHWAY 19 N Unit 533, TARPON SPRINGS FL, 34689, Loan #1224387335

CERTIFICATE HOLDER	CANCELLATION

United Wholesale Mortgage, LLC ISAOA 585 South Blvd E Pontiac, MI 48341

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** 

LOC #: 1



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Lic PCS Insurance Group Inc. POLICY NUMBER SEE PAGE 1	ense # L054562	NAMED INSURED The Woods at Anderson Park Condominium Association, Inc. c/o Ameri-Tech Property Mgmt 24701 US Hwy 19 N, Ste 102 Clearwater, FL 33763	
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHE	DULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Ce	ificate of Liability Insurance

## Remarks

Property coverage is Basic Perils. Citizens Property Insurance. Deductibles: Named Hurricane 5% per building per occurence; All Other Perils - \$5,000 per occurence. Valuation is based on 100% Replacement Cost

Property coverage is Special Form, excluding Basic Form Perils. Carrier: TRISURA SPECIALTY INSURANCE. Policy: CIUDIC401305. Effective Dates 04/15/2024-04/15/2025. Limits: Building \$15,037,840. Deductible: \$5,000 per occurrence. Valuation is based on Replacement Cost, Agreed Values applies. Ord & Law: A sublimit \$500,000, B & C sublimit \$500,000.

90 Units. Coverage is Walls Out.

Directors & Officers Coverage. Insurer: TRISURA SPECIALTY INSURANCE Policy #CIUCAP400816-02. Effective Dates 04/15/2024-04/15/2025. Limit: \$1,000,000; Deductible \$1,000

Equipment Breakdown. Insurer: Travelers Excess & Surplus Company, Policy 3X450932. Effective Dates 04/15/2024-04/15/2025. Limit: \$15,037,840. Deductible \$5,000 per occurrence.

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

Inflation guard does not apply.

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