



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
4/3/2026

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Marsh & McLennan (CLW) 101 N Starcrest DR Clearwater FL 33765	CONTACT NAME:		
	PHONE (A/C. No. Ext):	727-447-6481	FAX (A/C. No.): 727-373-2823
	E-MAIL ADDRESS:	Condos@bouchardinsurance.com	
	PRODUCER CUSTOMER ID:	PINEBTOWNE	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Pinebrook Towne House Association, Inc. c/o Ameri-Tech Community Mgmt 24701 US Hwy 19 N, Suite 102 Clearwater FL 33763	INSURER A:	Cumis Specialty Insurance Company, Inc.	12758
	INSURER B:	Trident Reciprocal Exchange	99999
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 1457531759 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RESIDENTIAL CONDOMINIUM ASSOCIATION - 212 UNITS
SEE ATTACHED "ADDITIONAL REMARKS SCHEDULE" FOR LOCATIONS AND LIMITS

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
B	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS BASIC BROAD <input checked="" type="checkbox"/> SPECIAL EARTHQUAKE <input checked="" type="checkbox"/> WIND FLOOD <input checked="" type="checkbox"/> EQPT BKDWN	CR100584	4/3/2026	4/3/2027	<input checked="" type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP <input checked="" type="checkbox"/> REPLACEMENTCOST <input checked="" type="checkbox"/> AGREED AMOUNT	\$ SEE ATTACHED \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	<input type="checkbox"/> INLAND MARINE CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS	TYPE OF POLICY POLICY NUMBER				\$ \$ \$ \$
A	<input checked="" type="checkbox"/> CRIME TYPE OF POLICY CRIME/FIDELITY	CIUHOA10049604	12/15/2025	12/15/2026	<input checked="" type="checkbox"/> EMPLOYEE THEFT <input checked="" type="checkbox"/> DEDUCTIBLE	\$ 400,000 \$ 2,000 \$ \$ \$ \$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$ \$ \$ \$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
PROPERTY: CATASTROPHIC GROUND COVER COLLAPSE INCLUDED. 2% INFLATION GUARD INCLUDED.
CRIME/FIDELITY BOND: PROPERTY MANAGER IS INCLUDED AS ADDITIONAL INSURED.

CERTIFICATE HOLDER FOR INFORMATIONAL PURPOSES ONLY	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

ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh McLennan Agency 2026 - 2027 Policy Period	NAMED INSURED: Pinebrook Towne House Association, Inc.
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ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE ATTACHED TO THE ACORD FORM

Special Conditions:

PROPERTY - Fortegra Specialty Insurance Company

Street Address	City, State Zip	Subject	Limits
6600 121 st Ave N	Largo, FL 33773	Building	\$1,558,851
6601 121 st Ave N	Largo, FL 33773	Building	\$1,411,320
6610 121 st Ave N	Largo, FL 33773	Building	\$1,058,854
6620 121 st Ave N	Largo, FL 33773	Building	\$811,996
6621 121 st Ave N	Largo, FL 33773	Building	\$866,030
6630 121 st Ave N	Largo, FL 33773	Building	\$1,058,809
6640 121 st Ave N	Largo, FL 33773	Building	\$811,996
6641 121 st Ave N	Largo, FL 33773	Building	\$866,030
6650 121 st Ave N	Largo, FL 33773	Building	\$811,996
6660 121 st Ave N	Largo, FL 33773	Building	\$541,613
6661 121 st Ave N	Largo, FL 33773	Building	\$1,118,201
6681 121 st Ave N	Largo, FL 33773	Building	\$1,411,320
6691 121 st Ave N	Largo, FL 33773	Building	\$1,411,320
6701 121 st Ave N	Largo, FL 33773	Building	\$866,030
6710 121 st Ave N	Largo, FL 33773	Building	\$1,558,851
6720 121 st Ave N	Largo, FL 33773	Building	\$1,558,851
6721 121 st Ave N	Largo, FL 33773	Building	\$1,118,201
6730 121 st Ave N	Largo, FL 33773	Building	\$1,058,809
6741 121 st Ave N	Largo, FL 33773	Building	\$1,411,320
6750 121 st Ave N	Largo, FL 33773	Building	\$1,058,809
6761 121 st Ave N	Largo, FL 33773	Building	\$866,030
6781 121 st Ave N	Largo, FL 33774	Building	\$1,118,201
6740 121 st Ave N	Largo, FL 33775	Building	\$811,996
6760 121 st Ave N	Largo, FL 33773	Building	\$1,558,851
6770 121 st Ave N	Largo, FL 33773	Building	\$1,058,809
6780 121 st Ave N	Largo, FL 33773	Building	\$1,058,809
6700 121 st Ave N	Largo, FL 33773	Pool House	\$109,012
6700 121 st Ave N	Largo, FL 33773	Swimming Pool	\$187,000

Total Insured Values \$29,137,915



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/2/2025

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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 Marsh & McLennan (CLW) 101 N Starcrest DR Clearwater FL 33765	CONTACT NAME: PHONE (A/C No. Ext): 727-447-6481		FAX (A/C, No): 727-373-2823
	E-MAIL ADDRESS: condos@bouchardinsurance.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Cumis Specialty Insurance Company, Inc.			12758
INSURED Pinebrook Towne House Association, Inc. c/o Ameri-Tech Community Mgmt 24701 US Hwy 19 N, Suite 102 Clearwater FL 33763	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 2091941778

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CIUHOA10049604	12/15/2025	12/15/2026	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 Hired & Non-Owned \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 GENERAL LIABILITY APPLIES TO THE COMMON AREAS AT PINEBROOK TOWNE HOUSE ASSOCIATION. SEVERABILITY OF INTEREST INCLUDED.

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATIONAL PURPOSES 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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