



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
4/2/2025

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 33763	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		
INSURED Pinebrook Towne House Assoc c/o Ameri-Tech Community Mgmt 24701 US Hwy 19 N, Suite 102 Clearwater FL 33763	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Cumis Specialty Insurance Company, Inc.		12758
	INSURER B: Fortegra Specialty Insurance Company		16823
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 202497708

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	9942010	4/3/2025	4/3/2026	<input checked="" type="checkbox"/> BUILDING	\$ SEE ATTACHED		
		CAUSES OF LOSS					<input type="checkbox"/> PERSONAL PROPERTY	\$	
	<input checked="" type="checkbox"/>	BASIC					<input type="checkbox"/> BUSINESS INCOME	\$	
		BROAD					<input type="checkbox"/> EXTRA EXPENSE	\$	
		SPECIAL					<input type="checkbox"/> RENTAL VALUE	\$	
		EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$	
	<input checked="" type="checkbox"/>	WIND				5% HURRICANE		<input type="checkbox"/> BLANKET PERS PROP	\$
		FLOOD						<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/>	CCGC				INCLUDED		<input checked="" type="checkbox"/> REPLACEMENT COST	\$
								<input checked="" type="checkbox"/> COINSURANCE	\$ 80%
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$		
		CAUSES OF LOSS					\$		
		NAMED PERILS	POLICY NUMBER				\$		
							\$		
A	<input checked="" type="checkbox"/>	CRIME	CIUHOA10049603	12/15/2024	12/15/2025	<input checked="" type="checkbox"/> EMPLOYEE THEFT	\$ 400,000		
		TYPE OF POLICY CRIME/FIDELITY				<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 2,000		
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$		
							\$		
							\$		
							\$		

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CRIME/FIDELITY BOND: PROPERTY MANAGER IS INCLUDED AS ADDITIONAL INSURED.

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

Jack George

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AGENCY Marsh & McLennan Agency		NAMED INSURED: Pinebrook Towne House Association	
25-26 Policy Period			
ADDITIONAL REMARKS			
FORM IS A SCHEDULE			
Special Conditions:			
PROPERTY			
Street Address	City, State Zip	Subject	Limits
6600 121 st Ave N	Largo, FL 33773	Building	\$ 1,273,309
6601 121 st Ave N	Largo, FL 33773	Building	\$ 1,154,525
6610 121 st Ave N	Largo, FL 33773	Building	\$ 881,129
6620 121 st Ave N	Largo, FL 33773	Building	\$ 674,246
6621 121 st Ave N	Largo, FL 33773	Building	\$ 715,124
6630 121 st Ave N	Largo, FL 33773	Building	\$ 881,129
6640 121 st Ave N	Largo, FL 33773	Building	\$ 674,246
6641 121 st Ave N	Largo, FL 33773	Building	\$ 715,124
6650 121 st Ave N	Largo, FL 33773	Building	\$ 674,246
6660 121 st Ave N	Largo, FL 33773	Building	\$ 465,170
6661 121 st Ave N	Largo, FL 33773	Building	\$ 912,637
6681 121 st Ave N	Largo, FL 33773	Building	\$ 1,154,525
6691 121 st Ave N	Largo, FL 33773	Building	\$ 1,154,525
6701 121 st Ave N	Largo, FL 33773	Building	\$ 715,124
6710 121 st Ave N	Largo, FL 33773	Building	\$ 1,273,309
6720 121 st Ave N	Largo, FL 33773	Building	\$ 1,273,309
6721 121 st Ave N	Largo, FL 33773	Building	\$ 912,637
6730 121 st Ave N	Largo, FL 33773	Building	\$ 881,129
6741 121 st Ave N	Largo, FL 33773	Building	\$ 1,154,252
6750 121 st Ave N	Largo, FL 33773	Building	\$ 881,129
6761 121 st Ave N	Largo, FL 33773	Building	\$ 715,124
6781 121 st Ave N	Largo, FL 33774	Building	\$ 912,637
6740 121 st Ave N	Largo, FL 33775	Building	\$ 674,246
6760 121 st Ave N	Largo, FL 33773	Building	\$ 1,273,309
6770 121 st Ave N	Largo, FL 33773	Building	\$ 881,129
6780 121 st Ave N	Largo, FL 33773	Building	\$ 881,129
6700 121 st Ave N	Largo, FL 33773	Pool House	\$ 80,654
6700 121 st Ave N	Largo, FL 33773	Swimming Pool	\$ 144,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/2/2025

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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 E-MAIL ADDRESS: condos@bouchardinsurance.com FAX (A/C, No): 727-373-2823
INSURED Pinebrook Towne House Association c/o Ameri-Tech Community Mgmt 24701 US Hwy 19 N, Suite 102 Clearwater FL 33763	INSURER(S) AFFORDING COVERAGE INSURER A: Cumis Specialty Insurance Company, Inc. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 801104863**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:			CIUHOA10049603	12/15/2024	12/15/2025	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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

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AUTHORIZED REPRESENTATIVE

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