



We appreciate the opportunity to service the Association's insurance needs. Below are the options we offer to request proof of master insurance for unit owners & lenders.

Fax (727-343-8895)

E-Mail (customersupport@greatflstpete.com)

If you have any questions or concerns please contact us at 727-343-8899 as we welcome your inquiries. Thank you!



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/06/2024

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 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 Fako Insurance Plus, L.L.C. DBA Great Florida Insurance 4020 Park Street N, Ste 204 St. Petersburg, FL 33709 License #: R011674	CONTACT NAME: Ashley Fictum PHONE (A/C, No. Ext): (727)343-8899 E-MAIL ADDRESS: customersupport@greatflstpete.com FAX (A/C, No): (727)343-8895	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Superior Specialty Insurance Company		
INSURER B: Heritage Property & Casualty		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED Pinewood Village Condominium Association, Inc. c/o Ameri-Tech Community Management, Inc 24701 US Highway 19 North, Suite 102 Clearwater, FL 33763	
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COVERAGES**CERTIFICATE NUMBER:** 95959676-49324**REVISION NUMBER:** 3

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:			TLUHOA501397-00	11/01/2024	11/01/2025	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
	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? (Mandatory in NH) <input type="checkbox"/> Y / N 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 \$
B	HAZARD/WINDSTORM			HCP010027-0	11/01/2024	11/01/2025	SEE ADDITIONAL REMARKS

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

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

(DRR)

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**ADDITIONAL REMARKS SCHEDULE**Page 2 of _____

AGENCY Fako Insurance Plus, L.L.C. DBA Great Florida Insurance		NAMED INSURED Pinewood Village Condominium Association, Inc.
POLICY NUMBER N/A		
CARRIER Multiple Carriers	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

LOCATION ADDRESS: 601 N HERCULES AVE, CLEARWATER, FL 33765 (111 TOTAL UNITS/ FLOOD ZONE X)

A) PKG EFFECTIVE 11/1/24-11/1/25
POLICY #TLUHOA501397-00
D&O @ \$1M/ DED \$1K
CRIME @ \$800K/ DED \$0/ INCLUDES COVERAGE FOR MGMT COMPANY

B) SPECIAL FORM HAZARD @ REPLACEMENT COST
EFFECTIVE 11/1/24-11/1/25
POLICY #HCP010027-0
TIV \$15,389,204/ DED 5% HURR/ 3% SINKHOLE/ \$5K AOP
INCLUDES EQUIPMENT BREAKDOWN, INFLATION GUARD & ORD/LAW

The Hazard policy is walls out, not including betterments or improvements.

Severability Of Interest/Separation Of Insureds: Applies to the General Liability policy per the terms & conditions.

Cancellation Period: 10 Days Minimum

Due to an addition to Florida Statute 626.9551, effective July 1, 2021, no one (including a lender) may require an insurance agency or agent provide a replacement cost estimator (RCE) or other insurance underwriting information in connection with a loan. Additionally, an insurance agent or agency is prohibited from supplying the RCE to anyone, even the customer. We are, therefore, unable to provide a copy of the Replacement Cost Estimator / Appraisal.