



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
11/27/2024

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.

<b>PRODUCER</b> Acentria Insurance - Seminole 8200 113th St. N Ste 200 Seminole FL 33772	<b>CONTACT NAME:</b> Certificate Team <b>PHONE (A/C, No, Ext):</b> 727-393-5000 <b>E-MAIL ADDRESS:</b> frpcertificatesteam-oe@foundationrp.com <b>PRODUCER CUSTOMER ID:</b> BROAVIL-01	<b>FAX (A/C, No):</b> 800-299-5055
License#: L100460	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> Broadmoor Villa Inc c/o Ameri-Tech Community Management 24701 US Hwy 19N, Suite 102 Clearwater FL 33763	<b>INSURER A:</b> Frontline Insurance Unlimited Company	31194
	<b>INSURER B:</b> Travelers Casualty and Surety Company of America	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER: 1899072116

REVISION NUMBER:

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Residential Condominium Association / 14 Units. Property policy is 100% Replacement Cost coverage up to policy limits. Walls-out coverage. Property Manager is included as Employee under the Crime policy. 30-day notice of cancellation applies except for 10-day notice for non-payment of premium. See Attached...

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
A	<input checked="" type="checkbox"/> <b>PROPERTY</b>		7721942962	9/12/2024	9/12/2025	<input checked="" type="checkbox"/> BUILDING	\$ See Description
	CAUSES OF LOSS	DEDUCTIBLES				<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC	BUILDING				<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD	\$5,000				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL	CONTENTS				<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND	1%				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Hurricane	5%					\$
							\$
	<input type="checkbox"/> <b>INLAND MARINE</b>		TYPE OF POLICY				\$
	CAUSES OF LOSS		POLICY NUMBER				\$
	<input type="checkbox"/> NAMED PERILS						\$
							\$
B	<input checked="" type="checkbox"/> <b>CRIME</b>		0105677710LB	9/12/2024	9/12/2025	<input checked="" type="checkbox"/> Limit	\$ 40,000
	TYPE OF POLICY					<input checked="" type="checkbox"/> Deductible	\$ 500
	Employee Dishonesty						\$
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>						\$
							\$
							\$
							\$

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

## CERTIFICATE HOLDER

## CANCELLATION

Proof of Insurance

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

*Chad H. Lybick*

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Acentria Insurance - Seminole		NAMED INSURED Broadmoor Villa Inc c/o Ameri-Tech Community Management 24701 US Hwy 19N, Suite 102 Clearwater FL 33763
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 24 **FORM TITLE:** CERTIFICATE OF PROPERTY INSURANCE

## DESCRIPTION OF PROPERTY:

attached Schedule of Property. \*\*\*Subject to policy terms, conditions, and exclusions\*\*\*

Schedule of Property  
Address: 919 Osceola Road, Belleair, Florida, 33756  
Building 1) \$2,296,210 Building Limit / 12 Units  
Building 2) \$480,724 Building Limit / 2 Units  
Building 2) \$6,500 Contents Limit