



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/31/2025

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.

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 The Hilb Group of Florida 5850 TG Lee Boulevard Suite 340 Orlando FL 32822		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: certificatesfl@hilbgroup.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Southern-Owners Insurance Co	NAIC # 10190
		INSURER B: Pennsylvania Manufacturers' Association Insurance Co	12262
		INSURER C: Ohio Casualty Insurance Co	24074
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Pointe Towers Condominium, Inc. c/o Ameri-Tech Community Management, Inc. 24701 Us Hwy 19 N. Suite 102 Clearwater FL 33763			

COVERAGES

CERTIFICATE NUMBER: 2025- 2026 Master COI

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			20699849	01/24/2025	01/24/2026	EACH OCCURRENCE	\$ 1,000,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 10,000		
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000			
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$			
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$			
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$			
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			53-699849-00	01/24/2025	01/24/2026	EACH OCCURRENCE	\$ 5,000,000			
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000			
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE							\$			
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							\$			
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			2024010586925Y	06/10/2024	06/10/2025	<input type="checkbox"/> Y / <input type="checkbox"/> N				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						N / A			E.L. EACH ACCIDENT	\$ 500000
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE	\$ 500000
							E.L. DISEASE - POLICY LIMIT	\$ 500000			
C	Crime - Property Management Included In Coverage			019081368	01/24/2025	01/24/2026	Limit	\$500,000			

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

CERTIFICATE HOLDER**CANCELLATION**

Info 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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ADDITIONAL REMARKS SCHEDULE

AGENCY The Hilb Group of Florida		NAMED INSURED Pointe Towers Condominium, Inc.	
POLICY NUMBER _____		EFFECTIVE DATE: _____	
CARRIER _____	NAIC CODE _____		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

COVERAGE CONTINUED:

Directors & Officers @ \$2,000,000 // Travelers Insurance // Policy #107033487 // Eff: 1/24/2025-26

Equipment Breakdown @ \$3,679,972// Carrier: Travelers Insurance Company // Policy # BME1-3X456820-TXS-25 // Eff: 1/24/2025-26

PROPERTY:

Special Form Hazard Excluding Wind @ Replacement Cost // Carrier: QBE Insurance // Policy # QFE1074-11 // Effective 1/24/2025 - 26 // Total Insured Value: \$4,352,000 // Coinsurance- Agreed Amount Applies // \$5,000 AOP Deductible // Ordinance of Law Coverage Included // Inflation Guard Included // 14 Units

Wind Only @ Replacement Cost // Carrier: Citizens Property Insurance // Policy #: 00051741 // Effective 1/24/2025-26 // TIV: \$4,339,000 // Coinsurance Waived // 3% Hurricane Deductible // 1% AOW Deductible // Ordinance of Law Coverage Excluded // Inflation Guard Included // 14 Units

Mold Policy // Carrier: Superior Specialty Insurance Co // Policy #: TLUMLD500102-1 // Effective 1/24/2025-26 // Total Insured Value \$3,679,972 // \$5,000 Deductible // 14 Units

Coverage Remarks...

Insurance provided as required by FL Statute 718.111. Master policy covers from drywall to the outside of the building. From the paint to the inside of the unit is each individual Owner's responsibility.

Per florida Statute 627.4133, Notice of Cancellation shall be given 45 days prior to the Effective Date of the Cancellation, except, 10 day Notice of Cancellation for Non-payment of Premium.

7. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

FLOOD INSURANCE:

American Bankers Insurance Company
 Effective: 1/17/2025 -1/17/2026 // Replacement Cost // Zone AE // Policy # 6961546084 // Limit: \$3,500,000 // Deductible: \$2,000 // 14 Units