



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/23/2023

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 Mitchell Insurance Services, Inc. 6534 Central Ave Saint Petersburg, FL 33707 License #: L057820	CONTACT NAME: Account Manager PHONE (A/C, No, Ext): (727)360-8190 E-MAIL ADDRESS: am@mitchellinsurancefl.com	FAX (A/C, No): (727)360-6086	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Tarpon Highlands @ Lake Tarpon Sail & Tennis Club 1 COA, Inc c/o Ameri-Tech Community Management 24701 US Hwy 19 N, Suite 102 Clearwater, FL 33763	INSURER A: Trisura Specialty Insurance Company		
	INSURER B: Allied World Insurance Company		
	INSURER C: Pennsylvania Manufacturers' Association Insuran		
	INSURER D: Ascot Insurance Company		
	INSURER E: INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 00000055-1234444

REVISION NUMBER: 54

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:			CIUCAP401068-01	04/27/2023	04/27/2024	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				
								\$				
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CIUCAP401068-01	04/27/2023	04/27/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
							BODILY INJURY (Per person)	\$				
							BODILY INJURY (Per accident)	\$				
							PROPERTY DAMAGE (Per accident)	\$				
								\$				
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			0313-5686-2301766	04/27/2023	04/27/2024	EACH OCCURRENCE	\$ 5,000,000				
							AGGREGATE	\$ 5,000,000				
								\$				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <table style="float: right;"> <tr> <td>Y / N</td> <td>N / A</td> </tr> <tr> <td><input checked="" type="checkbox"/> N</td> <td></td> </tr> </table>	Y / N	N / A	<input checked="" type="checkbox"/> N				202301-05-90-36-4Y	04/27/2023	04/27/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
Y / N	N / A											
<input checked="" type="checkbox"/> N												
							E.L. EACH ACCIDENT	\$ 500,000				
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000				
							E.L. DISEASE - POLICY LIMIT	\$ 500,000				
D	Directors & Officers			SFD00000131	04/27/2023	04/27/2024	Each Claim/Aggr	1,000,000				
A	Crime			CIUCAP401068-01	04/27/2023	04/27/2024	Employee Theft	250,000				

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

Property (Special Form): Heritage, Policy# HCP004343-07, Effective 4/27/23-4/27/24. Deductibles 5% Wind/Hail, \$5000 All Other Perils, Equipment Breakdown Included, CGCC Included, Ord or Law \$250K A/B/C Comb, RCV, 80% Coinsurance, 2% Inflation Guard, TIV \$16,149,938. Policy covers the Association's Common Area Property and 23 Residential Bldgs with 46 Units Total.

Separation Of Insureds included in General Liability policy coverage form. Property Manager Entity included in Crime and Directors & Officers policy coverage form.

CERTIFICATE HOLDER**CANCELLATION**

For Information 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  (CAM)

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