



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
04/15/2024

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Northeast Underwriters, Inc. 4790 1st Street North St. Petersburg FL 33703		PHONE (A/C, No, Ext): (727) 521-4253	COMPANY Aspen Specialty Insurance Co. 801 W. 47th Street Kansas City MO 64112	
FAX (A/C, No): (727) 527-9455	E-MAIL ADDRESS: oudda@neu-ins.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00048967				
INSURED Caribbean Cove Association Inc, DBA: c/o Ameri-Tech Community Management 24701 US Hwy 19 N Suite 102 Clearwater FL 33763		LOAN NUMBER	POLICY NUMBER WKFCC-02914-03	
		EFFECTIVE DATE 04/07/2024	EXPIRATION DATE 04/07/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION 11722 Currie Lane Largo Loc# 00001 See Overflow	BLD B FL 33774
---	-------------------------------

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED	BASIC	BROAD	SPECIAL	SPCL	AMOUNT OF INSURANCE	DEDUCTIBLE
Building, Replacement Cost, SPCL 100% Coinsurance Catastrophic Ground Collapse				<input checked="" type="checkbox"/>	797,071	5,000


REMARKS (Including Special Conditions)

WIND COVERAGE with Frontline Insurance 8680978217
3% Hurricane Per Cal Year 1% Wind & Hail

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS FOR INSUREDS PURPOSE	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE 			

Additional Named Insureds

Other Named Insureds

c/o Ameri-Tech Community Management

Doing Business As

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
2	11722 Currie Lane, Building	SPCL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
741,496			5,000	
3	11722 Currie Lane, Building	SPCL		
671,785			5,000	
4	11722 Currie Lane, Building	SPCL		
671,785			5,000	
5	11722 Currie Lane, Building	SPCL		
741,496			5,000	
6	11722 Currie Lane, Building	SPCL		
741,496			5,000	
7	11722 Currie Lane, Building	SPCL		
741,496			5,000	
8	11722 Currie Lane, Building	SPCL		
671,785			5,000	
9	11722 Currie Lane, Building	SPCL		
701,154			5,000	
10	11722 Currie Lane, Pool	SPCL		
64,430			5,000	
10	11722 Currie Lane, Pool Deck	SPCL		
14,922				
11	11722 Currie Lane, Building	SPCL		
98,760			5,000	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/7/2024

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 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 Northeast Underwriters, Inc. 4790 1st Street North St. Petersburg FL 33703	CONTACT NAME: Ouddavone Khamphanh PHONE (A/C No. Ext): (727) 521-4253 E-MAIL ADDRESS: oudda@neu-ins.com	FAX (A/C No): (727) 527-9455						
	INSURER(S) AFFORDING COVERAGE		NAIC #					
INSURED Caribbean Cove Association Inc, DBA: c/o Ameri-Tech Commu 24701 US Hwy 19 N Suite 102 Clearwater FL 33763	INSURER A: Crum and Forster Specialty Insurance Co		INSURER B: United States Liability Insurance Compa	INSURER C: Associated Industries Insurance Company	INSURER D: Philadelphia Indemnity Ins Co	INSURER E:	INSURER F:	
			25895		18058			

COVERAGES

CERTIFICATE NUMBER: 24-25 Master

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			BAK-59559-5	2/20/2024	2/20/2025	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 5,000
	<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
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							Non owned auto	\$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			CUP1565134C	2/20/2024	2/20/2025	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> OCCUR							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED							\$
	RETENTION \$							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			AWC1204136	2/20/2024	2/20/2025	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
D	CRIME			PCAC003330-0619	2/20/2024	2/20/2025	DEDUCTIBLE \$250	\$200,000
E	DIRECTORS AND OFFICERS			106061775	2/20/2024	2/20/2025	DEDUCTIBLE \$1,000	\$1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

MASTER COI	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 Ken Kijowski/OUDDA

© 1988-2014 ACORD CORPORATION. All rights reserved.

Additional Named Insureds

Other Named Insureds

c/o Ameri-Tech Community Management

Doing Business As