



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/02/2024

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: Great Florida Receptionist PHONE (A/C, No, Ext): (727)343-8899 E-MAIL ADDRESS: receptionist@greatflstpete.com	FAX (A/C, No): (727)343-8895	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED The Village On Island Estates Condominium Association, Inc. c/o Ameri-Tech Community Management 24701 Us Highway 19 N Ste 102 Clearwater, FL 33763-4086	INSURER A : Northfield Insurance Company		
	INSURER B : First Protective Insurance Company		
	INSURER C : Superior Specialty Insurance Company		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 00005310-1129369

REVISION NUMBER: 100

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:			WS623415	08/27/2024	04/13/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMPI/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	HAZARD/WINDSTORM			3047918443	04/13/2024	04/13/2025	SEE ADDITIONAL	REMARKS
C	CRIME			TLUCAP500421-00	08/27/2024	04/13/2025	SEE ADDITIONAL	REMARKS

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

SEE ADDITIONAL REMARKS (ACORD 101)

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

(GFR)

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ADDITIONAL REMARKS SCHEDULE

AGENCY Fako Insurance Plus, L.L.C. DBA Great Florida Insurance		NAMED INSURED The Village On Island Estates 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: 240 WINDWARD PASSAGE CLEARWATER, FL 33767 (51 TOTAL UNITS/ FLOOD ZONE AE)

EQUIPMENT BREAKDOWN COVERAGE PROVIDED EFFECTIVE 8/27/24-4/13/25 THROUGH TRAVELERS

B) SPECIAL FORM HAZARD @ REPLACEMENT COST; CO-INS: 100%
 EFFECTIVE 4/13/24-4/13/25
 POLICY #3047918443
 TIV \$13,342,740/ DED 5% HURR/ \$5K AOP
 INCLUDES ORD/LAW

C) CRIME EFFECTIVE 8/27/24-4/13/25
 POLICY #TLUCAP500421-00
 @ \$300K/ DED \$0/ INCLUDES COVERAGE FOR MGMT COMPANY

*D&O EFFECTIVE 8/27/24-4/13/25
 CARRIER: ACCREDITED SURETY AND CASUALTY COMPANY
 POLICY #TBA-D&O
 @ \$1M/ DED \$10K

*FLOOD EFFECTIVE 11/14/23-11/14/24
 CARRIER: IMPERIAL FIRE & CASUALTY INSURANCE COMPANY
 -POLICY #0000629298 (UNITS 101-105, 5 UNITS)
 BLDG LIMIT \$1,250,000/ DED \$5,000
 -POLICY #0000629300 (UNITS 201-203, 3 UNITS)
 BLDG LIMIT \$750,000/ DED \$5,000
 -POLICY #0000629301 (UNITS 301-304, 4 UNITS)
 BLDG LIMITS \$1,000,000/ DED \$5,000
 -POLICY #0000629303 (UNITS 401-406, 6 UNITS)
 BLDG LIMIT \$1,500,000/ DED \$5,000
 -POLICY #0000629304 (UNITS 501-504, 4 UNITS)
 BLDG LIMIT \$1,000,000/ DED \$5,000
 -POLICY #0000629305 (UNITS 601-605, 5 UNITS)
 BLDG LIMIT \$1,250,000/ DED \$5,000
 -POLICY #0000629307 (UNITS 701-702, 2 UNITS)
 BLDG LIMIT \$500,000/ DED \$5,000
 -POLICY #0000629310 (UNITS 801-805, 5 UNITS)
 BLDG LIMIT \$1,250,000/ DED \$5,000
 -POLICY #0000629313 (UNITS 901-903, 3 UNITS)
 BLDG LIMIT \$750,000/ DED \$5,000
 -POLICY #0000629314 (UNITS 1001-1004, 4 UNITS)
 BLDG LIMIT \$1,000,000/ DED \$5,000
 -POLICY #0000629315 (UNITS 1101-1103, 3 UNITS)
 BLDG LIMIT \$750,000/ DED \$5,000
 -POLICY #0000629316 (UNITS 1201-1203, 3 UNITS)
 BLDG LIMIT \$750,000/ DED \$5,000
 -POLICY #0000629317 (UNITS 1301-1304, 4 UNITS)
 BLDG LIMIT \$1,000,000/ DED \$5,000

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.

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