

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/17/2024

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						CONTACT Brian Ford					
Insurance Resources					PHONE (727) 345-0242 (A/C, No): (727) 344-3261						
6620 1st Ave. S						E-MAIL ADDRESS:					
C+ [INSURER(S) AFFORDING COVERAGE					
St. Petersburg FL 33707					INSURER A: COMIS Specialty Ins. Co. INSURER B: Greenwich Insurance Co.					12758 22322	
Sunset Plaza East Condominium Association, Inc.					INSURER C :						
C/O Tierra Verde Property Management					INSURER D :						
PO BOX 66767					INSURER E :						
St Pete Beach FL 33736					INSURER F :						
COVERAGES CERTIFICATE NUMBER: GL/Umb/D&O											
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		ADDL	SUBR		INLDOC	POLICY EFF	POLICY EXP	LIMI	re		
LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		s 1,00	0.000	
								EACH OCCURRENCE DAMAGE TO RENTED	50.0		
								PREMISES (Ea occurrence)	φ Γ 00		
А				CIUCAP100322		11/01/2023	11/01/2024	MED EXP (Any one person)	1 00	0,000	
~				0100A1 100322		11/01/2023	11/01/2024	PERSONAL & ADV INJURY	2.00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00 \$ 2,00		
								PRODUCTS - COMP/OP AGG	\$ 1,00		
								COMBINED SINGLE LIMIT	. ,	0,000	
								(Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
									\$		
_								EACH OCCURRENCE	φ.	0,000	
В	EXCESS LIAB CLAIMS-MADE			PPP7461782		11/01/2023	11/01/2024	AGGREGATE	\$ 5,00	0,000	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
		N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	Directors and Officers							General Aggregate	\$1,0	00,000	
A	Directors and Onicers			CIUCAP100322		11/01/2023	11/01/2024	Each Occurrence	\$1,0	00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
Cert	tificate Holder listed below is the Mortgagee f	for the	e Unit	Owner:							
CERTIFICATE HOLDER						CANCELLATION					
'For Information 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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