

ACORD.

## **CERTIFICATE OF LIABILITY INSURANCE**

ACHAFFIN

2/8/2022

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).

	nis certificate does not confer rights t DUCER License # L054562	o tne	cert	ifficate noider in fieu of st	CONTA NAME:	. ,	•			
PCS Insurance Group Inc.					PHONE (A/C, No, Ext): (813) 868-1010 FAX (A/C, No): (813) 388-4598					
	5 Henderson Boulevard, Suite 200 npa, FL 33609				E-MAIL	SS: certificat	es@pcsins		:(010)	000 4000
	.pa, 1 2 00000				ADDRE			RDING COVERAGE		NAIC #
					INSLIDE	RA: Aspen				NAIC#
INSU	JRED				INSURE	<u> </u>	opoolally ii	104141100		
Westshore Townhomes Property Owners Association, Inc. C/o Ameri-Tech Community Management 24701 US Hwy 19 N, Suite 102					INSURER C :					
					INSURER D :					
Clearwater, FL 33763						INSURER E :				
						INSURER F:				
СО	VERAGES CER	TIFI	CATI	E NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESP SED HEREIN IS SUBJECT	PECT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIM	ITS	
Α	X COMMERCIAL GENERAL LIABILITY	III				(MINIO D)	(MINUSO) 1 1 1 1 1	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			CIUHOA004818-01		10/27/2021	10/27/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	OTHER:							HNOA	\$	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per acciden	t) \$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	F 000 000
Α	UMBRELLA LIAB OCCUR			011111111111111111111111111111111111111		40/07/0004	40/07/0000	EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			CIUUMH004818-01		10/27/2021	10/27/2022	AGGREGATE	\$	5,000,000
	DED RETENTION \$							PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE ER	+-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYE		
Α	Property DESCRIPTION OF OPERATIONS below			CIUHOA004818-01		10/27/2021	10/27/2022	E.L. DISEASE - POLICY LIMIT	\$	57,000
A	Crime			CIUHOA004818-01		10/27/2021		Employee Theft		100,000
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	 D 101, Additional Remarks Schedu	ıle, may t	e attached if mor	e space is requir	red)		
CF	RTIFICATE HOLDER				CAN	CELLATION				
<u> </u>	JAIL HOLDEN				CAN	AIION				
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.					
						RIZED REPRESE	_			

LOC #: 1



	REMARKS SCHEDULE Page 1 of 1									
	# L054562 NAMED INSURED									
CS Insurance Group Inc.	Westshore Townhomes Property Owners Association, Inc. C/o Ameri-Tech Community Management 24701 US Hwy 19 N, Suite 102 Clearwater, FL 33763									
DLICY NUMBER	Clearwater, FL 33763									
E PAGE 1										
	AIC CODE  EE P 1  EFFECTIVE DATE: SEE DAGE 1									
DDITIONAL REMARKS	EE P 1 EFFECTIVE DATE: SEE PAGE 1									
HIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD										
ORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Ins	nsurance									
otes roperty coverage is special form including wind. Deducti oinsurance and Replacement Cost Valuation applies.	tibles: All other perils: \$2,500, Hurricane - 2% per occurrence. 100%									
Insurer Aspen Specialty Insurance Company: Directors & Officers Pol # CIUHOA004818-02 Eff: 10/27/2021- 10/27/2022; \$1,000,000 Limit, \$1,000 Deductible.										
roperty Manager is included as an additional insured und	der General Liability, Directors & Officers, and Crime policies.									
Separation of Insureds applies to General Liability policy.										