



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/8/2024

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).

<b>PRODUCER</b> License # L054562 <b>PCS Insurance Group Inc.</b> 3315 Henderson Boulevard, Suite 200 Tampa, FL 33609	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(813) 868-1010</b> FAX (A/C, No): <b>(813) 388-4598</b>	
	<b>E-MAIL ADDRESS:</b> <b>certificates@pcsins.com</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> <b>Vineyard of Tampa Condominium Association, Inc.</b> <b>c/o TERRA MANAGEMENT SERVICES, LLC</b> <b>Attn: Angel-Boyetette-McCarthy</b> <b>14914 Winding Creek Court</b> <b>Tampa, FL 33613</b>	<b>INSURER A : Great American E&amp;S Insurance Company</b>	
	<b>INSURER B : Midvale Indemnity Company</b>	
	<b>INSURER C : PMA Companies</b>	
	<b>INSURER D : Lloyds of London</b>	
	<b>INSURER E : Philadelphia Indemnity Ins Co</b>	
<b>INSURER F :</b>		

### COVERAGES

### CERTIFICATE NUMBER:

### 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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>PL F053449-00</b>	<b>6/30/2024</b>	<b>6/30/2025</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
							<b>HNO AUTO</b> \$ <b>1,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO 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) \$
							\$
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			<b>0313-0691-1920225</b>	<b>6/30/2024</b>	<b>6/30/2025</b>	EACH OCCURRENCE \$ <b>5,000,000</b>
							AGGREGATE \$
							<b>Aggregate</b> \$ <b>5,000,000</b>
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			<b>202401-05-97-84-9Y</b>	<b>6/30/2024</b>	<b>6/30/2025</b>	PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$ <b>500,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
<b>D</b>	<b>Property</b>			<b>ICAT117382</b>	<b>6/30/2024</b>	<b>6/30/2025</b>	<b>Total Insured Value</b> \$ <b>6,217,046</b>
<b>E</b>	<b>Crime</b>			<b>PCAC019087-0223</b>	<b>6/30/2024</b>	<b>6/30/2025</b>	<b>Employee Theft</b> \$ <b>200,000</b>

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

### 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



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>PCS Insurance Group Inc.</b>	License # L054562	NAMED INSURED Vineyard of Tampa Condominium Association, Inc. c/o TERRA MANAGEMENT SERVICES, LLC Attn: Angel-Boyette-McCarthy 14914 Winding Creek Court Tampa, FL 33613
POLICY NUMBER <b>SEE PAGE 1</b>		
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description****Property Insurance**

Carrier: ICAT/Certain Underwriters at Lloyd's

Policy #ICAT117382

Policy Terms: 06/30/2024 – 06/30/2025

Property coverage is Special Form, including Equipment Breakdown. Valuation is Replacement Cost basis, Agreed Value, coinsurance does not apply.

Deductibles: All covered perils - \$25,000 per occurrence, Named Storm - 5% per building, per occurrence, All Other Wind/Hail - \$100,000 per Occurrence.

**Directors and Officers**

Carrier: Atlantic Specialty Insurance Company

Policy #MML-30733-24

Policy Terms: 06/30/2024 – 06/30/2025

Limit: \$1,000,000, Deductible: \$35,000

**Crime**

Carrier: Philadelphia Indemnity Insurance Company

Policy #PCAC019087-0223

Policy Terms: 06/30/2024 – 06/30/2025

Limit: \$200,000 Deductible: \$250

46 Units - coverage is walls out and does not include unit interiors.

Property Manager is included for coverage under General Liability, Crime/Fidelity, and D&amp;O policy forms.

Inflation guard does not apply.

Cancellation notification is 30 days except non-payment, which is 10 days.

Separation of insureds applies to the General Liability policy per the policy terms and conditions

4611 W North B St (Units 1, 113, 115, 117, 119, 121, 123, 125, 127, 129, 131, 133, 135, 137, 139, 214, 216, 218, 220, 222, 224, 226, 228, 230, 232, 234, 236, 238, 240)

4609 W North B St (Units 109, 111, 210, 212)

4607 W North B St (Units 105, 107, 206, 208)

302 N Trask St (Units 101, 103, 202, 204)

4614 W Fig St (Units A, B, C, D)

4616 W Fig St (Unit S-S)