



SABAHAR-01

JBENITEZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/11/2020

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 License # L054562 PCS Insurance Group Inc. 3315 Henderson Boulevard, Suite 200 Tampa, FL 33609	CONTACT NAME: PHONE (A/C, No, Ext): (813) 868-1010 FAX (A/C, No): (813) 388-4598 E-MAIL ADDRESS: certificates@pcsins.com
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : Aspen Specialty Insurance
	INSURER B : National Surety Corp
	INSURER C : PMA Companies
	INSURER D : American Capital Assurance Com
	INSURER E :
	INSURER F :

INSURED Sabal Harbour Homeowners Association, Inc. c/o C&S Community Mgmt Srvc 4301 32nd St W, Ste A-20 Bradenton, FL 34205	
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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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>			CIUHOA001472-06	12/12/2020	12/12/2021	EACH OCCURRENCE \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
	<input type="checkbox"/> AUTOMOBILE LIABILITY <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	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			USL00656920U-49066-2	12/12/2020	12/12/2021	EACH OCCURRENCE \$ 15,000,000
		DED RETENTION \$ PER STATUTE OTH-ER					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N N / A	202001-76-51-33-4Y	12/12/2020	12/12/2021	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Property			CI-FL-002100-003	12/12/2020	12/12/2021	Property 18,710,587
A	Crime/Fidelity			CIUHOA001472-06	12/12/2020	12/12/2021	Employee Theft 1,500,000

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

CERTIFICATE HOLDER For Information Only	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.
	AUTHORIZED REPRESENTATIVE



ADDITIONAL REMARKS SCHEDULE

AGENCY PCS Insurance Group Inc.		License # L054562	NAMED INSURED Sabal Harbour Homeowners Association, Inc. c/o C&S Community Mgmt Svcs 4301 32nd St W, Ste A-20 Bradenton, FL 34205
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

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

Additional Information:
Property coverage is special form including windstorm and equipment breakdown. All covered perils deductible is \$5,000 per occurrence, except hurricane, which is 2% per building, per calendar year. Sinkhole deductible is \$5,000 per building, per occurrence. Valuation is based on 100% replacement cost. Agreed value applies. Ordinance or Law: Cov A Included, Cov B&C Combined Limit \$1,000,000. Severability of Interests / Separation of Insureds applies.

General Liability Coverage - 582 Units
Property Coverage is for 150 Townhome Units - Coverage is walls out and does not include unit interior.

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

Insurer A: Directors & Officers, CIUHAO001472-06, 12/12/2020 to 12/12/2021, \$1,000,000 Limit, \$1,000 Deductible