



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/29/2022

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).

PRODUCER Stahl & Associates Insurance Inc. 3939 Tampa Road Oldsmar FL 34677		CONTACT NAME: Melissa Pray PHONE (A/C, No, Ext): (813) 818-5300 E-MAIL ADDRESS: melissa.pray@stahlinsurance.com FAX (A/C, No): (813) 818-5396	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Trisura Specialty Insurance Company	NAIC # 16188
		INSURER B: Greenwich Insurance Co	
		INSURER C: Zenith Insurance Company	13269
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Villa Serena Owners Association Inc c/o Ameri-Tech Community Mgmt Inc 24701 US Hwy 19 N #102 Clearwater FL 33763			

COVERAGES

CERTIFICATE NUMBER: 2022

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CIUCAP40193800	06/15/2022	06/15/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Hired & Non-Owned Auto \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CIUCAP40193800	06/15/2022	06/15/2023	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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7447739	06/15/2022	06/15/2023	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Z137814301	06/15/2022	06/15/2023	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A				CIUCAP40193800	06/15/2022	06/15/2023	

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

CERTIFICATE HOLDER**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

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ADDITIONAL REMARKS SCHEDULE

AGENCY Stahl & Associates Insurance Inc.		NAMED INSURED Villa Serena Owners Association Inc	
POLICY NUMBER			
CARRIER	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: Notes

- 2056-2074 Kings Palace Dr 10 Units \$2,291,361
- 2041-2059 Kings Palace Dr 10 Units \$2,291,361
- 2022-2040 Kings Palace Dr 10 Units \$2,291,361
- 2004-2018 Kings Palace Dr 8 Units \$1,874,084
- 2003-2021 Santa Catalina Ln 10 Units \$2,291,361
- 2050-2064 Santa Catalina Ln 8 Units \$1,874,084
- 2065-2079 Kings Palace Dr 8 Units \$1,874,084
- 2030-2044 Santa Catalina Ln 8 Units \$1,874,084
- 10233-10247 Spanish Breeze Ct 8 Units \$1,874,084
- 10212-10226 River Palencia Ct 8 Units \$1,874,084
- 10209-10227 Spanish Breeze Ct 10 Units \$2,291,361
- 2251-2269 Kings Palace Dr 10 Units \$2,291,361
- 2209-2223 Kings Palace Dr 8 Units \$1,874,084
- 2078-2096 Kings Palace Dr 10 Units \$2,291,361
- 2005-2019 River Turia Cir 8 Units \$1,874,084
- 2025-2043 River Turia Cir 10 Units \$2,291,361
- 2256-2270 Kings Palace Dr 8 Units \$1,874,084
- 2104-2118 River Turia Cir 8 Units \$1,874,084
- 2111-2125 River Turia Cir 8 Units \$1,874,084
- 2238-2252 Kings Palace Dr 8 Units \$1,874,084
- 2139-2149 River Turia Cir 10 Units \$2,291,361
- 2214-2232 Kings Palace Dr 10 Units \$2,291,361
- 2147-2165 Kings Palace Dr 10 Units \$2,291,361
- 2124-2138 River Turia Cir 8 Units \$1,874,084
- 2159-2173 River Turia Cir 8 Units \$1,874,084
- 2146-2164 River Turia Cir 10 Units \$2,291,361
- 2127-2141 Kings Palace Dr 8 Units \$1,874,084
- 2103-2121 Kings Palace Dr 10 Units \$2,291,361
- 2021-2035 Kings Palace Dr 8 Units \$1,874,084