



CERTIFICATE OF LIABILITY INSURANCE

| |
|-------------------|
| DATE (MM/DD/YYYY) |
| 04/19/2021 |

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 Brown & Brown of Florida, Inc. 240 S. Pineapple Ave, Ste 301 Sarasota FL 34236 | | CONTACT NAME: Michelle Perillo PHONE (A/C, No, Ext): (941) 893-2200 E-MAIL ADDRESS: mperillo@bbsarasota.com FAX (A/C, No): (941) 893-2300 | |
| INSURED Our Association, Inc. 1001 Beach Road Sarasota FL 34242 | | INSURER(S) AFFORDING COVERAGE INSURER A: Aspen Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |


COVERAGES **CERTIFICATE NUMBER:** 21-22 Master **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | CIUCAP00192907 | 04/18/2021 | 04/18/2022 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 |
| | <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | 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 Severability \$ Included |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$ | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ |
| | <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

CERTIFICATE HOLDER **CANCELLATION**

| | |
|---------------------------------|--|
| For Informational Purposes 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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ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|------------------|---|--|
| AGENCY Brown & Brown of Florida, Inc. | | NAMED INSURED Our Association, Inc. | |
| POLICY NUMBER | | EFFECTIVE DATE: | |
| CARRIER | NAIC CODE | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

Equipment Breakdown coverages are written through The Hartford Steam Boiler Inspection & Ins. Co.

Policy Period: 04/18/21-22

Policy Number: BinderB&M

Limit Per Breakdown: \$18,026,297.

Deductible: \$5,000.

*Replacement Cost Basis

Crime coverage is written through Aspen Specialty Ins. Co.

Policy Number: CIUCAP00192907

Policy Period: 04/18/21-22

Coverage Limit: \$400,000.

Deductible: \$0.

*Coverage extends to the Management Company, Directors & Trustees, and Non-Compensated Officers

Flood coverage is written through Wright National Flood Ins. Co.

Policy Period: 08/30/20-21

Deductible: \$1,250. (Each Policy)

| Policy # | Description | (# Units) | Limit of Coverage |
|----------------|--------------------------|-----------|-------------------|
| 09115117711006 | 1149-1153 Lake House Cir | (3 Units) | \$615,500. |
| 09115117711606 | 1155-1157 Lake House Cir | (2 Units) | \$410,300. |
| 09115113931806 | 1125-1129 Lake House Cir | (3 Units) | \$615,500. |
| 09115113931906 | 1131-1133 Lake House Cir | (2 Units) | \$410,300. |
| 09115113932006 | 1135-1137 Lake House Cir | (2 Units) | \$410,300. |
| 09115113933606 | 1145-1147 Lake House Cir | (2 Units) | \$410,300. |
| 09115113933506 | 1159-1161 Lake House Cir | (2 Units) | \$410,300. |
| 09115113933406 | 1167 Lake House Circle | (1 Unit) | \$204,100. |
| 09115113932906 | 1169-1175 Lake House Cir | (4 Units) | \$816,000. |
| 09115113933006 | 1177 Lake House Circle | (1 Unit) | \$204,100. |
| 09115113933206 | 1179-1181 Lake House Cir | (2 Units) | \$408,000. |
| 09115113933106 | 1183-1189 Lake House Cir | (4 Units) | \$816,000. |
| 09115113933306 | 1191 Lake House Circle | (1 Unit) | \$204,100. |
| 09115113932806 | 1075-1077 Lake House Cir | (2 Units) | \$400,700. |
| 09115113932606 | 1079-1085 Lake House Cir | (4 Units) | \$801,500. |
| 09115113932506 | 1087-1089 Lake House Cir | (2 Units) | \$400,700. |
| 09115113932706 | 1091-1093 Lake House Cir | (2 Units) | \$400,700. |
| 09115113932406 | 1099-1101 Lake House Cir | (2 Units) | \$410,300. |
| 09115113932106 | 1103-1107 Lake House Cir | (3 Units) | \$615,500. |
| 09115113932206 | 1109-1111 Lake House Cir | (2 Units) | \$410,300. |
| 09115113932306 | 1113-1115 Lake House Cir | (2 Units) | \$410,300. |
| 09115113936606 | 1121-1123 Lake House Cir | (2 Units) | \$410,300. |

Replacement Cost Basis

Flood coverage is written through Wright National Flood Ins. Co.

Deductible: \$1,250. (Each Policy)

Policy Period: 05/21/20-21

| Policy # | Description | (# Units) | Limit of Coverage |
|----------------|-----------------|------------|-------------------|
| 09115109571006 | 1001 Beach Road | (28 Units) | \$7,000,000. |
| 09115109570906 | 1055 Beach Road | (28 Units) | \$7,000,000. |

Replacement Cost Basis



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/19/2021

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

| | | |
|--|--|--|
| AGENCY Brown & Brown of Florida, Inc. 240 S. Pineapple Ave, Ste 301 Sarasota FL 34236 | PHONE (A/C, No, Ext): (941)893-2200 | COMPANY Renaissance Reinsurance U.S. Inc. |
| FAX (A/C, No): (941)893-2300 | E-MAIL ADDRESS: managers@bbsarasota.com | |
| CODE: | SUB CODE: | |
| AGENCY CUSTOMER ID #: 00247975 | | |
| INSURED Our Association, Inc. 1001 Beach Road Sarasota FL 34242 | LOAN NUMBER | POLICY NUMBER BINDERPROP |
| | EFFECTIVE DATE 4/18/2021 | EXPIRATION DATE 4/18/2022 |
| | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED | |
| | THIS REPLACES PRIOR EVIDENCE DATED: | |

PROPERTY INFORMATION

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|--|
| LOCATION/DESCRIPTION 1001-1055 Beach Road / 1075-1191 Lake House Circle Sarasota, FL 34242 Residential Condominium - 7 Residential Buildings - 106 Total Units |
| 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 EVIDENCE OF PROPERTY INSURANCE 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. |

COVERAGE INFORMATION

| COVERAGE / PERILS / FORMS | AMOUNT OF INSURANCE | DEDUCTIBLE |
|---|---------------------|------------|
| Special Form / Replacement Cost Basis 5% Wind/Hail Hurricane Deductible \$25,000. All Other Wind/Hail Deductible \$5,000. All Other Perils Deductible Co-Insurance: Agreed Amount Ordinance & Law: - Coverage A Included - Coverages B&C Combined \$1,000,000. *See following page for building coverage limits | | |


REMARKS (Including Special Conditions)

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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.

ADDITIONAL INTEREST

| | | |
|--|------------|--------------------|
| NAME AND ADDRESS See ACORD 25 | MORTGAGEE | ADDITIONAL INSURED |
| | LOSS PAYEE | |
| | LOAN # | |
| AUTHORIZED REPRESENTATIVE Tara Claybaugh/MIPERI  | | |

COMMENTS/REMARKS

| Location (# Units) | Coverage Limits |
|----------------------------------|-----------------|
| 1001 Beach Road (28) | \$5,309,531. |
| 1055 Beach Road (28) | \$5,309,531. |
| 1075-1091 Lake House Circle (10) | \$1,394,174. |
| 1121-1137 Lake House Circle (9) | \$1,291,573. |
| 1145-1161 Lake House Circle (9) | \$1,291,573. |
| 1099-1115 Lake House Circle (9) | \$1,291,573. |
| 1167-1191 Lake House Circle (13) | \$1,711,679. |