



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
12/29/2025

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.

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|--|--|---------------|
| PRODUCER Higginbotham Insurance Agency, Inc. 3939 Tampa Road Oldsmar FL 34677 License#: 2081754 | CONTACT NAME: Michelle Bernier, CIC | |
| | PHONE (A/C, No, Ext): 813-818-5300 FAX (A/C, No): 813-818-5396 | |
| | E-MAIL ADDRESS: MBernier@higginbotham.net | |
| | PRODUCER CUSTOMER ID: PALMOFB-01 | |
| INSURED Palms Of Beach Park Condominium Association Inc C/O Ameri-Tech Community Management 24701 US Hwy 19 N Suite 102 Clearwater FL 33763 | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A: Travelers Casualty And Surety Company Of America | 31194 |
| | INSURER B: Southern-Owners Insurance Company | 10190 |
| | INSURER C: Lexington Insurance Company | 19437 |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** 1426308040 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
See Attached Schedule on Second Page

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 | | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY | LIMITS |
|----------|-------------------------------------|--|----------------|------------------------------------|-------------------------------------|---|-----------------|
| C | <input checked="" type="checkbox"/> | PROPERTY | 016517955-0 | 12/24/2025 | 12/24/2026 | <input checked="" type="checkbox"/> BUILDING | \$ See Schedule |
| | | CAUSES OF LOSS | | | | <input type="checkbox"/> PERSONAL PROPERTY | \$ |
| | | | | | | <input type="checkbox"/> BUSINESS INCOME | \$ |
| | | BASIC | | | | <input type="checkbox"/> EXTRA EXPENSE | \$ |
| | | BROAD | | | | <input type="checkbox"/> RENTAL VALUE | \$ |
| | <input checked="" type="checkbox"/> | SPECIAL | | | | <input type="checkbox"/> BLANKET BUILDING | \$ |
| | | EARTHQUAKE | | | | <input type="checkbox"/> BLANKET PERS PROP | \$ |
| | <input checked="" type="checkbox"/> | WIND | | | | <input type="checkbox"/> BLANKET BLDG & PP | \$ |
| | | FLOOD | | | | <input checked="" type="checkbox"/> RCV | \$ |
| | <input checked="" type="checkbox"/> | Name Storm 5% | | | | | \$ |
| | <input checked="" type="checkbox"/> | Other Wind \$50,000 | | | | | \$ |
| | <input type="checkbox"/> | INLAND MARINE | TYPE OF POLICY | | | | \$ |
| | | CAUSES OF LOSS | | | | | \$ |
| | | NAMED PERILS | POLICY NUMBER | | | | \$ |
| | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> | CRIME | 108403962 | 12/24/2025 | 12/24/2026 | <input checked="" type="checkbox"/> Aggregate | \$ 200,000 |
| | | TYPE OF POLICY | | | | | \$ |
| | | Employee Dishonesty | | | | | \$ |
| | <input type="checkbox"/> | BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | | | \$ |
| | | | | | | | \$ |
| B | | General Liability | 20289004 | 11/1/2025 | 11/1/2026 | <input checked="" type="checkbox"/> Each Occurrence | \$ 1,000,000 |
| | | | | | | <input checked="" type="checkbox"/> Aggregate | \$ 2,000,000 |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See Attached Schedule on Second Page

See Attached...

CERTIFICATE HOLDER

CANCELLATION

For Informational Purposes

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**Page 1 of 1

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|---|-----------|---|
| AGENCY Higginbotham Insurance Agency, Inc. | | NAMED INSURED Palms Of Beach Park Condominium Association Inc C/O Ameri-Tech Community Management 24701 US Hwy 19 N Suite 102 Clearwater FL 33763 |
| POLICY NUMBER | | |
| CARRIER | NAIC CODE | EFFECTIVE DATE: |

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 24 **FORM TITLE:** CERTIFICATE OF PROPERTY INSURANCE**SPECIAL CONDITIONS:**

Location One, Building One: 212 Church Avenue, Units #101-212, Tampa, FL 33609
25 Residential Units
\$2,475,885 Building

Location Two, Building One: 3817 West Platt Street, Units #301-308, Tampa, FL 33609
8 Residential Units
\$753,132 Building

Location Three, Building One: 3813-3815 West Platt Street, Units #401-402, Tampa, FL 33609
2 Residential Units
\$276,162 Building