



CERTIFICATE OF PROPERTY INSURANCE

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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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.

PRODUCER Higginbotham Insurance Agency, Inc. 3939 Tampa Road Oldsmar FL 34677		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
License#: 2081754		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Casualty And Surety Company Of America NAIC # 31194 INSURER B: Southern-Owners Insurance Company 10190 INSURER C: Lexington Insurance Company 19437 INSURER D: INSURER E: INSURER F:
INSURED Palms Of Beach Park Condominium Association Inc C/O Ameri-Tech Community Management 24701 US Hwy 19 N Suite 102 Clearwater FL 33763		

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 <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP <input checked="" type="checkbox"/> RCV	\$ See Schedule				
	CAUSES OF LOSS	DEDUCTIBLES					\$				
		BASIC \$10,000					\$				
		BROAD CONTENTS					\$				
	<input checked="" type="checkbox"/> SPECIAL						\$				
		EARTHQUAKE					\$				
	<input checked="" type="checkbox"/> WIND						\$				
		FLOOD					\$				
	<input checked="" type="checkbox"/> Name Storm	5%					\$				
	<input checked="" type="checkbox"/> Other Wind	\$50,000					\$				
	INLAND MARINE		TYPE OF POLICY				\$				
	CAUSES OF LOSS						\$				
	NAMED PERILS						\$				
							\$				
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 checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$				
							\$				
B	General Liability		20289004	11/1/2025	11/1/2026	<input checked="" type="checkbox"/> Each Occurrence <input checked="" type="checkbox"/> Aggregate	\$ 1,000,000				
							\$ 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 For Informational Purposes		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

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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