



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/5/2026

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: Superior Specialty Insurance Company	16551
INSURED	The Moorings of Pinellas County Condominium Association, Inc. c/o Ameri-Tech Community Mgmt 24701 US Hwy 19 N Clearwater, FL 33763	INSURER B: Ascot Insurance Company	23752
		INSURER C: PMA Companies	
		INSURER D: Slide Insurance Company	17227
		INSURER E:	
		INSURER F:	

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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:				TLUCAP503185-00	1/1/2026	1/1/2027	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
								HNO AUTO	\$ 1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
	Hired AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
									\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR			SFMASU00001-03	1/1/2026	1/1/2027	EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$ 5,000,000
	DED	RETENTION \$							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in N/A) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N	N / A		2026010997726Y	1/1/2026	1/1/2027	<input checked="" type="checkbox"/> PER STATUTE	OTHE- R
								E.L. EACH ACCIDENT	\$ 500,000
								E.L. DISEASE - EA EMPLOYEE	\$ 500,000
								E.L. DISEASE - POLICY LIMIT	\$ 500,000
D	Property				CPFL 0000968-00	10/1/2025	1/1/2027	Property	12,316,600
A	Crime				TLUCAP503185-00	1/1/2026	1/1/2027	Employee Dishonesty	500,000

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

CERTIFICATE HOLDER	CANCELLATION
For Information 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



ADDITIONAL REMARKS SCHEDULE

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AGENCY PCS Insurance Group Inc.	License # L054562	NAMED INSURED The Moorings of Pinellas County Condominium Association, Inc. c/o Ameri-Tech Community Mgmt 24701 US Hwy 19 N Clearwater, FL 33763
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

Description

Property

Coverage is Special Form, including wind and equipment breakdown

Valuation is Replacement Cost basis

Agreed Value, Coinsurance does not apply

Ordinance & Law: Coverage A, B & C Combined Sublimit: \$1,000,000

Inflation Guard was not available for purchase for this association.

Property Coverage includes common elements

Deductibles: Named Hurricane: 5% per building, per calendar year

All Other Covered Perils - \$10,000 per occurrence.

Directors & Officers

Carrier: Ascot Insurance Company

Policy#: SFD00001048-02

Policy effective dates: 1/1/2026 to 1/1/2027

Limit: \$1,000,000, Deductible: \$2,500

84 Units - coverage is walls out and does not include unit interiors

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

Cancellation notification is 30 days except non-payment, which is 10 days.

Separation of insureds applies to the General Liability policy per the policy terms and conditions