



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/21/2024

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 Hartselle Insurance Agency 8200 113 Street N., Suite 201 Seminole FL 33772	CONTACT NAME: Melinda Wilt PHONE (A/C. No. Ext): 17273935000 E-MAIL ADDRESS: COI-Seminole@acentra.com	FAX (A/C. No.): 727-391-1204	
	INSURER(S) AFFORDING COVERAGE		
INSURED Seminole Square Apartment No. 1, II and III Assn., Inc. 901 N. Hercules Suite A Clearwater FL 33765	INSURER A : Zenith Insurance Company		NAIC # 13269
	INSURER B : Citizens Property Insurance Corporation		10064
	INSURER C : Travelers Casualty and Surety Company		19038
	INSURER D : Aspen Specialty Insurance Company		10717
	INSURER E : Trisura Specialty Insurance Company		16188
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1770703234

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
D	<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 <input checked="" type="checkbox"/> OTHER: D&O			CIUCAP401253-02	5/3/2024	5/3/2025	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 D&O Limit \$ 1,000,000
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Z135882706	5/3/2024	5/3/2025	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
E C B	Crime - Fidelity Equip Breakdown Property - See Below			CIUCAP401253-02 8W356501 00039068	5/3/2024 5/3/2024 7/3/2024	5/3/2025 5/3/2025 7/3/2025	Crime Equip Breakdown Property 50,000 11,398,570 See Below

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

PROPERTY: AOP Deductible: \$5,000 | Hurricane: 3% Calendar Year | Replacement Cost

UNITS | LOCATION | COVERAGE

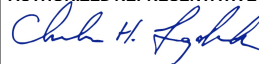
30 | 11700 PARK BLVD A, SEMINOLE, FL 33772 | \$4,062,300
 30 | 11620 PARK BLVD B, SEMINOLE, FL 33772 | \$4,062,300
 30 | 11720 PARK BLVD C, SEMINOLE, FL 33772 | \$4,062,300
 03 | 11710 PARK BLVD M, SEMINOLE, FL 33772 | \$374,300
 See Attached...

CERTIFICATE HOLDER**CANCELLATION 30**

For Insureds Purpose

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 Hartselle Insurance Agency		NAMED INSURED Seminole Square Apartment No. 1, II and III Assn., Inc. 901 N. Hercules Suite A Clearwater FL 33765	
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

CLUBHOUSE | 11700 PARK BLVD SEMINOLE, FL 33772 | \$160,000
 POOL | 11700 PARK BLVD SEMINOLE, FL 33772 | \$85,600
 10-Stall Carport | 11700 PARK BLVD BLDG A, SEMINOLE, FL 33772 | \$37,000
 17-Stall Carport | 11700 PARK BLVD BLDG A, SEMINOLE, FL 33772 | \$62,900
 03-Stall Carport | 11710 PARK BLVD BLDG M, SEMINOLE, FL 33772 | \$11,700
 03-Stall Carport | 11710 PARK BLVD BLDG M, SEMINOLE, FL 33772 | \$11,700
 30-Stall Carport | 11620 PARK BLVD BLDG B, SEMINOLE, FL 33772 | \$111,000
 30-Stall Carport | 11720 PARK BLVD BLDG C, SEMINOLE, FL 33772 | \$111,000

Severability of Interests applies for Liability coverage