



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
06/22/2020

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.

PRODUCER Stahl & Associates Insurance Inc. 3939 Tampa Road Oldsmar FL 34677	CONTACT NAME: Susan Kern, AAI CIC CPIW PHONE (A/C, No, Ext): (813) 818-5300 FAX (A/C, No): (813) 818-5396 E-MAIL ADDRESS: susan.kern@stahlinsurance.com PRODUCER CUSTOMER ID: 00030571														
INSURED Bayside Key Homeowners Association, Inc. c/o Ameri-Tech Property Managers 24701 US 19 #102 Clearwater FL 33763	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: American Coastal Insurance Company</td> <td style="text-align: center;">12968</td> </tr> <tr> <td>INSURER B: Travelers Casualty & Surety Co</td> <td style="text-align: center;">19038</td> </tr> <tr> <td>INSURER C: Westfield Insurance Company</td> <td style="text-align: center;">24112</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: American Coastal Insurance Company	12968	INSURER B: Travelers Casualty & Surety Co	19038	INSURER C: Westfield Insurance Company	24112	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** 2019-2020 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 6302-6312 Bayside Key Drive Tampa FL 33615 - 6 units

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	
A	<input checked="" type="checkbox"/> PROPERTY	AMC3146805	12/01/2019	12/01/2020	<input checked="" type="checkbox"/> BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP	\$ 570,063	
	CAUSES OF LOSS					DEDUCTIBLES	\$
	BASIC					BUILDING 5,000	\$
	BROAD					CONTENTS	\$
	<input checked="" type="checkbox"/> SPECIAL						\$
	EARTHQUAKE						\$
	<input checked="" type="checkbox"/> WIND					3% Hurricane	\$
	FLOOD						\$
B	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS	POLICY NUMBER				\$	
	<input type="checkbox"/> CRIME	105511573	12/01/2019	12/01/2022	<input checked="" type="checkbox"/> Employee <input type="checkbox"/> Dishonesty	\$ 250,000	
	TYPE OF POLICY					\$	
C	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
	General Liability	CWP7958609	12/01/2019	12/01/2020	<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)

<p style="text-align: center;">For Information Only</p>	<p style="text-align: center;">CANCELLATION</p> <p style="text-align: center; font-size: small;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p style="text-align: center; font-size: x-small;">AUTHORIZED REPRESENTATIVE</p> <div style="text-align: center; font-family: cursive; font-size: x-large; color: blue;">  </div>
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THESE DECLARATIONS, TOGETHER WITH THE **COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART DECLARATIONS FORMS(S) AND FORMS AND ENDORSEMENT**, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

COVERAGES PROVIDED Insurance at the Described Premises Applies Only For Coverages For Which A Limit of Insurance is shown					
Described Location Premises			Limit of Insurance		
Loc No.	Bldg. No.	Address	Building	Contents	Other
0001	0001	6002-6012 Bayside Key Dr Tampa FL 33612	\$570,063		
0002	0001	5932-5942 Bayside Key Dr Tampa FL 33612	\$570,063		
0003	0001	5916-5926 Bayside Key Dr Tampa FL 33612	\$570,063		
0004	0001	5907-5921 Bayside Key Dr Tampa FL 33612	\$749,389		
0005	0001	5927-5941 Bayside Key Dr Tampa FL 33612	\$749,819		
0006	0001	6001-6015 Bayside Key Dr Tampa FL 33612	\$749,389		
0007	0001	6021-6035 Bayside Key Dr Tampa FL 33612	\$749,819		
0008	0001	6101-6119 Bayside Key Dr Tampa FL 33612	\$928,998		
0009	0001	6125-6143 Bayside Key Dr Tampa FL 33612	\$928,998		
0010	0001	6201-6215 Bayside Key Dr Tampa FL 33612	\$749,819		
0011	0001	6225-6235 Bayside Key Dr Tampa FL 33612	\$570,063		
0012	0001	6331-6341 Bayside Key Dr Tampa FL 33612	\$570,063		
0013	0001	6345-6355 Bayside Key Dr Tampa FL 33612	\$570,063		
0014	0001	6359-6375 Bayside Key Dr Tampa FL 33612	\$749,819		
0015	0001	6334-6348 Bayside Key Dr Tampa FL 33612	\$749,819		
0016	0001	6316-6330 Bayside Key Dr Tampa FL 33612	\$749,819		
0017	0001	6302-6312 Bayside Key Dr Tampa FL 33612	\$570,063		

Described Location Premises			Limit of Insurance		
Loc No.	Bldg. No.	Address	Building	Contents	Other
0018	0001	6222-6236 Bayside Key Dr Tampa FL 33612	\$749,819		
0019	0001	6202-6216 Bayside Key Dr Tampa FL 33612	\$749,819		
0020	0001	5900 Bayside Key Dr Tampa FL 33612			\$75,000
0021	0001	5900 Bayside Key Dr Tampa FL 33612	\$72,472		

LOSS PAYEE

See Loss Payable Provisions Endorsement if Applicable

Forms and Endorsements:

AC CL 1 08 17	AC SLC 03 14	AC 00 01 08 17	AC 00 10 06 07
AC 00 12 06 07	AC 00 17 06 16	AC 01 25 06 16	AC 14 20 06 12
CP 00 10 06 07	CP 00 90 07 88	CP 03 22 01 06	CP 03 23 06 07
CP 10 30 06 07	IL 01 75 09 07	IL 09 35 07 02	IL 09 53 01 15

PURSUANT TO SECTION 627.70132, FLORIDA STATUTES, LOSS OR DAMAGE CAUSED BY THE PERIL OF WINDSTORM OR HURRICANE IS NOT COVERED UNLESS NOTICE OF THE CLAIM, SUPPLEMENTAL CLAIM OR REOPENED CLAIM IS PROVIDED TO US IN ACCORDANCE WITH THE POLICY CONDITIONS, WITHIN THREE (3) YEARS FROM THE DATE THE HURRICANE MADE LANDFALL OR THE WINDSTORM CAUSED THE DAMAGE.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.