Client#: 183581 BAYSKEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/28/2025

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.

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 any rights to the certificate holder in lieu of such endorsement(s).

this certificate does not comer any rights to the certificate holder in hea c	or such chaorsement(s).				
PRODUCER	CONTACT EOI Direct				
CBIZ Insurance Services, Inc.	PHONE (A/C, No, Ext): 877-456-3643 FAX (A/C, No):				
1605 Main Street, Suite 1010	E-MAIL ADDRESS: help@eoidirect.com				
Sarasota, FL 34236	INSURER(S) AFFORDING COVERAGE NAIC #				
941 960-8778	INSURER A: Southern-Owners Insurance Co.				
INSURED	INSURER B : Greenwich Insurance Co.				
Bayside Key Homeowners Association, Inc	INSURER C : Zenith Insurance Co.				
c/o Ameri-Tech Community Mgmt	INSURER D : Ascot Insurance Company				
24701 US Highway 19 N., Ste. 102	INSURER E :				
Clearwater, FL 33763	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMI	LIX.

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 S	UBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	Х	COMMERCIAL GENERAL LIABILITY			7240516524	12/01/2024	12/01/2025	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	Х	Includes Separation						MED EXP (Any one person)	\$10,000
		of Insureds						PERSONAL & ADV INJURY	\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
Α	AU1	TOMOBILE LIABILITY			7240516524	12/01/2024	12/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS							\$
	Χ	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В		UMBRELLA LIAB OCCUR			PPP7457297	12/01/2024	12/01/2025	EACH OCCURRENCE	\$5,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
		DED X RETENTION \$0							\$
С		RKERS COMPENSATION DEMPLOYERS' LIABILITY			Z141560202	12/01/2024	12/01/2025	X PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$500,000
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$500,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
D	Dir	ectors & Ofcrs			SFD00000542	12/01/2024	12/01/2025	1,000,000 / 5,000 De	d

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
GL policy includes Waiver of Subrogation and Separation of Insureds. 10 days' cancellation for non-payment of premium; 90 days for non-renewals.

CERTIFICATE HOLDER	CANCELLATION				
FOR INFORMATIONAL PURPOSES 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 CBIZ Insurance Services, Inc.				

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