



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
8/4/2023

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Bouchard Insurance 101 N Starcrest DR Clearwater FL 33765	CONTACT NAME:		
	PHONE (A/C. No. Ext):	727-447-6481	FAX (A/C. No): 727-373-2823
	E-MAIL ADDRESS:	condos@bouchardinsurance.com	
	PRODUCER CUSTOMER ID:	INDIANSP	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Indian Springs Condominiums Inc c/o Ameri-Tech Property Management, Inc 24701 US Hwy 19 #102 Clearwater FL 33763	INSURER A:	Wright National Flood Insurance Company	11523
	INSURER B:	Heritage Property & Casualty Insurance	14407
	INSURER C:	Trisura Specialty Insurance Company	16188
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 2026468526

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SEE ADDITIONAL REMARKS SCHEDULE FOR LOCATION INFORMATION AND PROPERTY & FLOOD COVERAGE LIMITS.

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
B	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS	HCP008864	8/3/2023	8/3/2024	<input checked="" type="checkbox"/> BUILDING	\$ SEE ATTACHED
	<input type="checkbox"/> DEDUCTIBLES				<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> EQUIP BKDW				<input checked="" type="checkbox"/> REPLACEMENTCOST	\$
	<input checked="" type="checkbox"/> ORD & LAW				<input checked="" type="checkbox"/> COINSURANCE80%	\$
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$
	<input type="checkbox"/> CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
						\$
C	<input checked="" type="checkbox"/> CRIME TYPE OF POLICY	CIUCAP40235001	8/3/2023	8/3/2024	<input checked="" type="checkbox"/> EMPLOYEE THEFT	\$ 250,000
	<input type="checkbox"/> CRIME/FIDELITY BOND				<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 1,000
						\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
A	<input type="checkbox"/> MULTIPLE FLOOD POLICIES SEE ATTACHED	09115091317910	3/20/2023	3/20/2024	<input checked="" type="checkbox"/> BLDG/ CONTENTS	\$ SEE ATTACHED
					<input checked="" type="checkbox"/> DEDUCTIBLE	\$ SEE ATTACHED

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PROPERTY: ORD & LAW CVG A B & C COMBINED SUBLIMIT \$250,000. CRIME/FIDELITY BOND: PROPERTY MANAGER INCLUDED AS ADDITIONAL INSURED. EQUIPMENT BREAKDOWN IS INCLUDED.

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

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ADDITIONAL REMARKS SCHEDULE

AGENCY Bouchard Insurance Policy Period 8/3/23 to 8/3/24 Property Policy Period 3/20/23 to 3/20/24 Flood Policy Period	NAMED INSURED Indian Springs Condominium Inc.
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ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE ATTACHED TO THE ACORD FORM

Special Conditions:

Property Heritage Property & Casualty Insurance Company						FLOOD Wright National Flood Ins. Co. -NAIC#11523			
Street Address	Bldg#	City, State Zip	Subject	# Units	Limits	Policy #	Policy Period	Flood Limit	Flood Deductible
14800 Walsingham Rd	1	Largo, FL 33774	Building	3	\$588,811	09115091314708	3/20/23- 3/20/24	\$750,000	\$5,000
14800 Walsingham Rd	2	Largo, FL 33774	Building	16	\$3,102,679	09115091317608	3/20/23- 3/20/24	\$4,000,000	\$5,000
14800 Walsingham Rd	3	Largo, FL 33774	Building	4	\$713,834	09115091317908	3/20/23- 3/20/24	\$1,000,000	\$5,000
14800 Walsingham Rd	4	Largo, FL 33774	Building	5	\$903,141	09115091318908	3/20/23- 3/20/24	\$1,250,000	\$5,000
14800 Walsingham Rd	5	Largo, FL 33774	Building	4	\$713,834	09115091319408	3/20/23- 3/20/24	\$1,000,000	\$5,000
14800 Walsingham Rd	6	Largo, FL 33774	Building	8	\$1,599,439	09115091319608	3/20/23- 3/20/24	\$2,000,000	\$5,000
14800 Walsingham Rd	7	Largo, FL 33774	Building	12	\$2,349,823	09115091320008	3/20/23- 3/20/24	\$2,578,000	\$5,000
14800 Walsingham Rd	8	Largo, FL 33774	Building	5	\$903,141	09115091320708	3/20/23- 3/20/24	\$1,250,000	\$5,000
14800 Walsingham Rd	9	Largo, FL 33774	Building	5	\$903,141	09115091321308	3/20/23- 3/20/24	\$1,250,000	\$5,000
14800 Walsingham Rd	12	Largo, FL 33774	Building	12	\$1,653,014	09115091322008	3/20/23- 3/20/24	\$3,000,000	\$5,000
14800 Walsingham Rd		Largo, FL 33774	Maintenance Building		\$36,261				
TOTAL:				74	\$13,467,118			TOTAL: \$18,078,000	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/4/2023

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 Bouchard Insurance 101 N Starcrest DR Clearwater FL 33765	CONTACT NAME: PHONE (A/C. No. Ext): 727-447-6481		FAX (A/C. No): 727-737-2823	
	E-MAIL ADDRESS: condos@bouchardinsurance.com			
INSURER(S) AFFORDING COVERAGE			NAIC #	
INSURER A : Trisura Specialty Insurance Company			16188	
INSURED Indian Springs Condominiums Inc c/o Ameri-Tech Property Management, Inc 24701 US Hwy 19 #102 Clearwater FL 33763	INDIANSP			
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			
INSURER F :				

COVERAGES

CERTIFICATE NUMBER: 1738302862

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <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			CIUCAP40235001	8/3/2023	8/3/2024	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
							DEDUCTIBLE	\$ 0
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 GENERAL LIABILITY APPLIES ONLY TO THE COMMON AREAS AT INDIAN SPRINGS CONDOMINIUM INC. SEVERABILITY OF INTEREST INCLUDED.

CERTIFICATE HOLDER**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

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