



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/05/2024

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

PRODUCER USI Insurance Services, LLC 2502 N Rocky Point Dr Ste 400 Tampa, FL 33607-1421	CONTACT NAME: Gina Salvat
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: westcoastcondo@usi.com
INSURED Townhomes of Summerfield HOA 3879 South US Highway 301 Suite 345 Riverview, FL 33578	INSURER(S) AFFORDING COVERAGE
	INSURER A : CUMIS Specialty Insurance Company NAIC # 12758
	INSURER B : Greenwich Insurance Company 22322
	INSURER C : Zenith Insurance Company 13269
	INSURER D : ACE Fire Underwriters Insurance Co. 20702
	INSURER E : Citizens Property Insurance Corporation 10064
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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Separation of Insureds GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CIUHOA10101402	08/04/2024	08/04/2025	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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CIUHOA10101402	08/04/2024	08/04/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ 0			PP7498751L24A01	08/04/2024	08/04/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Z138654403	08/04/2024	08/04/2025	<input checked="" 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
D & O				ADOFLF173317232002	08/04/2024	08/04/2025	1,000,000
E	Property			07776107	08/04/2024	08/04/2025	See Descriptions
A	Crime			CIUHOA10101402	08/04/2024	08/04/2025	800,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Property Management Company, Directors and Trustees and Non-Compensated Officers are included on the Crime and Directors & Officers policies.

PROPERTY -277 Units - Values as of 2022 Appraisal
Basic /Replacement Cost Total Insured Value \$53,242,100
(See Attached Descriptions)

CERTIFICATE HOLDER Townhomes at Summerfield HOA AALI C.A.M. Firm Attention: Townhomes of Summerfield 3879 South US Highway 301, Suite 345 Riverview, FL 33578	CANCELLATION 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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DESCRIPTIONS (Continued from Page 1)

Deductibles: Hurricane Calendar Year per building 3% of bldg limit

12915-12925 Jessup Watch PI , Riverview Florida
10922 - 10934 Keys Gate Dr
12936-12950 Trade Port PI
12920-12934 Trade Port PI
10935 - 10949 Keys Gate Dr
10919 - 10933 Keys Gate Dr
10934 - 10948 Keys Gate Dr
10918 - 10932 Brickside Ct
10814 - 10824 Brickside Ct & 12901- 12903 Jessup Watch PI
10802 - 10812 Brickside Ct & 10706 - 10708 Keys Gate Dr
10803 - 10817 Keys Gate Dr
12902 - 12918 Trade Post PI
12967 - 12969 Trade Post PI & 10951 - 10963 Keys Gate Dr
10901 - 10917 Keys Gate Dr
10936 - 10952 Keys Gate Dr
10954 - 10966 Keys Gate Dr & 12945 - 12947 Trade Port PI
12929 - 12931 Jessup Watch PI & 10806 - 10818 Keys Gate Dr
10740 - 10804 Keys Gate Dr
10726 - 10738 Keys Gate Dr & 10801 - 10803 Brickside Ct
12952 - 12970 Trade Port PI
10961 - 10963 Brickside Ct & 12925 - 12939 Trade Port PI
12928 - 12930 Jessup Watch PI & 10906 - 10920 Keys Gate Dr
12910 - 12912 Jessup Watch Pi 7 10901 - 10915 Brickside Ct
10917 - 10935 Brickside Ct
10937 - 10955 Brickside Ct
12905 - 12907 Trade Post PI & 10950 - 10964 Brickside Ct
10902 - 10916 Brickside Ct & 12902 - 12904 Jessup Watch PI
12909 - 12911 Jessup Watch PI & 10811 - 10825 Brickside Ct
10721 - 10739 Keys Gate Dr
10741 - 10759 Keys Gate Dr
10701 - 10719 Keys Gate Dr
Misc. (Mail Kiosk)