



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/03/2023

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.

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 PCS Insurance Group 3315 Henderson Blvd Suite 200 Tampa FL 33609		CONTACT NAME: Barbara Ward PHONE (A/C No. Ext): (813) 868-1010 E-MAIL ADDRESS: bward@pcsins.com FAX (A/C, No): (813) 868-1012	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: TRISURA SPECIALTY INSURANCE COMPANY	
		INSURER B: NAUTILUS INSURANCE COMPANY	
		INSURER C: PMA COMPANIES	
		INSURER D: FRONTLINE INSURANCE UNLIMITED COMPANY	
		INSURER E:	
		INSURER F:	
INSURED Pelican Landing Condominium Association Of Charlotte County, 2700 North Beach Road Englewood FL 34223		NAIC # 10074	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CIUCAP401066-01	04/29/2023	04/29/2024	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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CIUCAP401066-01	04/29/2023	04/29/2024	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 type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 0.00			AN1283264	04/29/2023	04/29/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	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	2023011322957Y	04/29/2023	04/29/2024	<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	Commercial Property			1843643110	04/29/2023	04/29/2024	Limit \$18,873,305

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

CERTIFICATE HOLDER

For Informational Purposes

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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ADDITIONAL REMARKS SCHEDULE

AGENCY PCS Insurance Group		NAMED INSURED Pelican Landing Condominium Association Of Charlotte County, Inc.	
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**

PROPERTY Coverage:

Term - 04/29/2023 to 04/29/2024
 Policy # 1843643110
 Carrier – Frontline Insurance Unlimited
 TIV - \$18,873,305
 Special Form
 Replacement Cost Value
 Coinsurance: Agreed Value
 No Inflation Guard
 All Other Perils Deductible - \$5,000 Per Occurrence
 Hurricane Deductible - 3% of the value of the damaged building (s) per calendar year subject to a minimum of \$5,000 per occurrence.
 Ordinance or Law: Coverage A Included in Building Limit. Coverage B&C Combined Sublimit of 10% of the value of the damaged building (s).

EQUIPMENT BREAKDOWN Coverage:

Term - 04/29/2023 to 04/29/2024
 Policy# 8W355067
 Carrier - Travelers Excess and Surplus Lines Company
 \$18,873,305 Limit
 Deductible - \$2,500 Per Occurrence

CRIME Coverage:

Term - 04/29/2023 to 04/29/2024
 Policy # CIUCAP401066-01
 Carrier – Trisura Specialty Insurance Company
 Limit - \$500,000
 Deductible - \$2,000 Per Claim

DIRECTORS & OFFICERS Coverage:

Term - 04/29/2023 to 04/29/2024
 Policy # CIUCAP401066-01
 Carrier – Trisura Specialty Insurance Company
 Limit - \$1,000,000
 Deductible - \$1,000 Per Claim

84 Units - Coverage is walls out and does not include unit interior.

Property Manager is included for coverage under General Liability, Crime/Fidelity, and D&O policy forms.

Separation of insureds applies to the General Liability policy per the policy terms and conditions.

Cancellation notification is 30 days except non-payment, which is 10 days.