

**CERTIFICATE OF LIABILITY INSURANCE**

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 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).

<b>PRODUCER</b> <b>BB&amp;T Insurance Services, Inc.</b> 12485 - 28th Street North Saint Petersburg, FL 33716 727 327-7070	<b>CONTACT NAME:</b> Connie Crump <b>PHONE (A/C, No, Ext):</b> 727 327-7070 <b>FAX (A/C, No):</b> 888 632-8457 <b>E-MAIL ADDRESS:</b> clicrump@bbandt.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : <b>Auto Owners Insurance Co</b> INSURER B : <b>Greenwich Insurance Company</b> INSURER C : <b>Hartford Underwriters Ins Co</b> INSURER D : <b>American States Ins Co</b> INSURER E : <b>Travelers Casualty &amp; Surety Co</b> INSURER F : <b>Wright National Flood Ins Co</b>	<b>NAIC #</b> 18988 22322 30104 19704 31194 11523

**INSURED** **Tierra Verde Community Association Inc**  
 1275 Pinellas Bayway So 2nd Flr  
 Tierra Verde, FL 33715-2100

**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 SUBR INSR 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		0323122023516017	05/09/2017	05/09/2018	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"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		0323122023516017	05/09/2017	05/09/2018	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 <input checked="" type="checkbox"/> RETENTION \$0		PPP7445964	05/09/2017	05/09/2018	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
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	21WECD53932	10/13/2016	10/13/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Property		01CH6997420	01/13/2017	03/13/2018	*See Description
E	D&O Liability		106098358	05/09/2017	05/09/2018	\$1,000,000/\$5,000 Ded
F	Flood-Contents		09115038230307	05/11/2017	05/11/2018	\$32,600/\$1,00 Ded

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

RE: 1275 Pinellas Bayway, 2nd Floor, Tierra Verde, FL 33715  
 Replacement Cost, Special Form Including Theft, 80% Co-Insurance, \$250 Deductible  
 Contents: \$47,240  
 WIND IS EXCLUDED

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> Tierra Verde Community Association, Inc. 1275 Pinellas Bayway South Tierra Verde, FL 33715	<b>CANCELLATION</b> 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 <i>Marilyn D. Williams</i>
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## DESCRIPTIONS (Continued from Page 1)

**Wind Coverage:**

Weston Insurance Company, Policy #CFA900130803, Effective 07/01/2017 to 07/01/2018

Actual Cash Value, 80% Co-Insurance, 3% Deductible

Contents: \$37,310

**Crime Coverage:**

Hartford Fire Insurance Company, Policy #21BDDHS2311, Effective 08/25/2017 to 08/25/2018

\$700,000 \$7,000 Deductible