

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/04/2024

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

tr	is certificate does not confer rights to	tne c	ertiti	cate noider in lieu of sucr		. ,					
PRO	DUCER				CONTACT NAME:						
The Hilb Group of Florida						PHONE FAX (A/C, No, Ext): (A/C, No):					
585	0 TG Lee Boulevard				E-MAIL ADDRESS: certificatesfl@hilbgroup.com						
Suit	e 340				INSURER(S) AFFORDING COVERAGE			NAIC#			
Orla	ando			FL 32822	INSURER A : Southern-Owners Insurance Co				10190		
INSU					Construint Insurance Co					22322	
	Sea Castle Condominium Assoc	iotion			Continental Consults Comment					20443	
					Ohio Consults Incurrence Co						
c/o Ameri-Tech Property Management, Inc.					INSURER D: Ohio Casualty Insurance Co					24074	
24701 US Hwy 19 N, Suite 102					INSURER E :						
Clearwater FL 33763-4086					INSURER F:						
CO	VERAGES CER	TIFIC	ATE	NUMBER: 23-24 Master	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	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 300,	,000	
	CENTINO MINEE P 4 COCCIN							MED EXP (Any one person)	\$ 10,0	000	
Α				20941975		07/07/2023	07/07/2024	PERSONAL & ADV INJURY	-	00,000	
									φ .	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	1 000 000		
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG Hired/ Non- Owned	\$ 1.00	<u> </u>	
	OTHER:							COMBINED SINGLE LIMIT	, ,	0,000	
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB EXCESS LIAB  DED  RETENTION \$				07/07/2023		EACH OCCURRENCE	<sub>\$</sub> 15,0	000,000		
В				PPP7488401		07/07/2023	07/07/2024	AGGREGATE	<sub>\$</sub> 15,0	000,000	
								\$			
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								s 5000	000	
С				WC734385752		07/21/2023	07/21/2024	E.L. EACHACCIDENT			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOTEE \$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 5000		
D	Crime- Property Management included in coverage	. , , , , , , , , , , , , , , , , , , ,		019085010		07/07/2023	07/07/2024	LIMIT \$4		0,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
CERTIFICATE HOLDER						CANCELLATION					
CEI	RTIFICATE HOLDER				CANC	ELLATION					
Information 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						
l				!	ı						

AGENCY CUSTOMER ID:	
LOC #:	



## ADDITIONAL REMARKS SCHEDULE

ACOND	ADDITIONAL REMA	ONAL REMARKS SCHEDULE				
AGENCY The Hilb Group of Florida		NAMED INSURED Sea Castle Condominium Association				
POLICY NUMBER						
CARRIER	NAIC CODE					
		EFFECTIVE DATE:				

## ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM TITLE: Certificate of Liability Insurance: Notes FORM NUMBER: 25 COVERAGE CONTINUED: Directors & Officers @ \$1.000.000 // Carrier: Great American // Policy #: EPP790747-01 // Eff: 7/7/2023-24 PROPERTY. Basic Form Hazard @ Replacement Cost // Carrier: Citizens Property Insurance // Policy # 07573085 // Eff: 6/17/2023-24 // Total Insured Value \$18,348,000 // Coinsurance- Waived // \$5,000 AOP Deductible // Ordinance of Law & equipment Breakdown Coverage Excluded // Inflation guard Included // 104 Units. Wind Only @ Replacement Cost // Carrier: Citizens Property Insurance // Policy # 07556916 // Eff: 6/17/2023-24 // Total Insured Value \$18,348,000 // Coinsurance- Waived // 5% Hurricane Deductible // 1% AOW Deductible // Ordinance of Law Coverage Excluded // Inflation Guard Included // 104 Units. COVERAGE REMARKS: Insurance provided as required by FL Statute 718.111. Master policy covers from drywall to the outside of the building. From the paint to the inside of the unit is each individual Owner's responsibility. Per Florida Statute 627.4133, Notices of Cancellation shall be given 45 days prior to the Effective Date of the Cancellation, except, 10 day Notice of Cancellation for Non-payment of Premium. Separation of Insureds: Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance a. As if each Named Insured were the only Named Insured; and b. Separately to each insured against whom claim is made or "suit" is brought. Flood Coverage: Carrier: Selective Flood // Policy #: FLD3198093 // Building Limit: \$21,964,000 // Deductible: \$2,000 // Eff: 3/26/24-25 // Flood Zone: AE // Replacement Cost // 104 Units

ACORD 101 (2008/01)



BE UNIQUELY INSURED®

THE HILB GROUP OF FLORIDA, LLC DBA E/G OF FLORIDA DBA ICCF

28100 US HWY 19 N, SUITE 201 CLEARWATER, FL 33761

Agency Phone: (727) 446-5721 **NFIP Policy Number:** 0003198093 Company Policy Number: FLD3198093

ALL LINES INSURANCE GROUP Agent:

Payor: **INSURED** 

Policy Term: 03/26/2024 12:01 AM - 03/26/2025 12:01 AM

**RCBAP Policy Form:** 

To report a claim https://customer.myselectiveflood.com

visit or call us at: (877) 348-0552

## RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

THE CASTLE COUNCIL INC DBA SEA CASTLE 4939 FLORAMAR TER NEW PORT RICHEY, FL 34652-3355

INSURED NAME(S) AND MAILING ADDRESS

THE CASTLE COUNCIL INC DBA SEA CASTLE

4939 FLORAMAR TER

NEW PORT RICHEY, FL 34652-3355

**COMPANY MAILING ADDRESS** 

Selective Ins Co of the Southeast

PO BOX 782747

PHILADELPHIA, PA 19178-2747

INSURED PROPERTY LOCATION

4939 FLORAMAR TER

NEW PORT RICHEY, FL 34652-3355

**BUILDING DESCRIPTION:** 

ENTIRE RESIDENTIAL CONDOMINIUM BUILDING

**BUILDING DESCRIPTION DETAIL: N/A** 

RATING INFORMATION

**BUILDING OCCUPANCY:** RESIDENTIAL CONDOMINIUM BUILDING

NUMBER OF UNITS: 104 UNITS

PRIMARY RESIDENCE: NO

PROPERTY DESCRIPTION: ELEVATED WITH ENCLOSURE ON POSTS, PILES OR PIERS, 9

FLOOR(S)

PRIOR NFIP CLAIMS: 0 CLAIM(S) REPLACEMENT COST VALUE: \$21,963,154.00 DATE OF CONSTRUCTION: 01/01/1972

CURRENT FLOOD ZONE: ΑF FIRST FLOOR HEIGHT (FEET): 1.0

FIRST FLOOR HEIGHT METHOD: FEMA DETERMINED

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: LOAN NO: N/A

SECOND MORTGAGEE: LOAN NO: N/A

ADDITIONAL INTEREST: LOAN NO: N/A

DISASTER AGENCY: CASE NO: N/A

**DISASTER AGENCY: N/A** 

RATE CATEGORY — RATING ENGINE

**COVERAGE DEDUCTIBLE** 

**BUILDING:** \$21,964,000 \$2,000 CONTENTS: \$50,000 \$2,000

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS. Please review this declaration page for accuracy. If any changes are needed, contact your agent. Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.

**COMPONENTS OF TOTAL AMOUNT DUE BUILDING PREMIUM:** 

\$35,478.00 **CONTENTS PREMIUM:** \$483.00

INCREASED COST OF COMPLIANCE (ICC) PREMIUM: \$75.00

MITIGATION DISCOUNT: (\$1,788.00)**COMMUNITY RATING SYSTEM REDUCTION:** (\$6,811.00)

> **FULL RISK PREMIUM:** \$27,437.00

ANNUAL INCREASE CAP DISCOUNT: (\$0.00)

STATUTORY DISCOUNTS: (\$0.00)**DISCOUNTED PREMIUM:** \$27,437.00

RESERVE FUND ASSESSMENT: \$4,939.00 HFIAA SURCHARGE: \$250.00 FEDERAL POLICY FEE: \$1,948,00

PROBATION SURCHARGE: \$0.00 TOTAL ANNUAL PREMIUM: \$34,574.00

IN WITNESS WHEREOF, I have signed this policy below and enter in to this Insurance Agreement

Michael H. Lanza / Secretary

John Marchioni / Chairman, President & CEO

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Zero Balance Due - This Is Not A Bill

Policy issued by: Selective Ins Co of the Southeast **Insurer NAIC Number:** 39926

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