



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
2/3/2020

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: ADESTECO														
INSURED Adeste Condominium Association Inc c/o Vera Property Management 1025 Ohio Ave Palm Harbor FL 34683	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%; text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%; text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Great American Insurance Co.</td> <td>16691</td> </tr> <tr> <td>INSURER B : Aspen Specialty Insurance Co</td> <td>10717</td> </tr> <tr> <td>INSURER C : Selective Insurance Co of America</td> <td>12572</td> </tr> <tr> <td>INSURER D : Lloyds of London</td> <td>10200</td> </tr> <tr> <td>INSURER E : Travelers Property Casualty Ins. Co.</td> <td>36161</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Great American Insurance Co.	16691	INSURER B : Aspen Specialty Insurance Co	10717	INSURER C : Selective Insurance Co of America	12572	INSURER D : Lloyds of London	10200	INSURER E : Travelers Property Casualty Ins. Co.	36161	INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Great American Insurance Co.	16691														
INSURER B : Aspen Specialty Insurance Co	10717														
INSURER C : Selective Insurance Co of America	12572														
INSURER D : Lloyds of London	10200														
INSURER E : Travelers Property Casualty Ins. Co.	36161														
INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** 731092077 **REVISION NUMBER:**

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

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		
D	<input checked="" type="checkbox"/> PROPERTY	CPQ02243	1/27/2020	1/27/2021	<input checked="" type="checkbox"/>	BUILDING	\$ SEE ATTACHED	
	CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC					BUILDING	BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD					5,000 AOP	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL					<input type="checkbox"/> CONTENTS	RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE						BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND					3% HURRICANE	BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD						BLANKET BLDG & PP	\$
<input checked="" type="checkbox"/> SINKHOLE	5,000	<input checked="" type="checkbox"/>	REPLACEMENT COST	\$ AGREED AMOUNT				
<input checked="" type="checkbox"/> ORD & LAW	SEE BELOW			\$				
B	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY	1/27/2020	1/27/2021	<input checked="" type="checkbox"/>	PER OCCURENCE	\$ 25,000	
	CAUSES OF LOSS	LIMITED MOLD				<input checked="" type="checkbox"/> ANNUAL AGGREGAT	\$ 50,000	
A	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER	1/27/2020	1/27/2021	<input checked="" type="checkbox"/>	DEDUCTIBLE	\$ 2,500	
	<input checked="" type="checkbox"/> LIMITED MOLD	CIUMLD0008806				<input checked="" type="checkbox"/> REPLACEMENT COST	\$	
A	<input checked="" type="checkbox"/> CRIME	SSA55438211059008	1/27/2020	1/27/2021	<input checked="" type="checkbox"/>	EMPLOYEE	\$ 300,000	
	TYPE OF POLICY	CRIME/FIDELITY				<input checked="" type="checkbox"/> DISHONESTY	\$	
	<input type="checkbox"/> CRIME/FIDELITY					<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 2,500	
E	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	7K043522	1/27/2020	1/27/2021	<input checked="" type="checkbox"/>	EQUIP BREAKDOWN	\$ 5,351,629	
						<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 2,500	
C D	FLOOD	FLD2118485	1/27/2020	1/27/2021	<input checked="" type="checkbox"/>	LIMIT	\$ SEE DEC PAGE	
	EXCESS FLOOD	WKF1168190465				<input checked="" type="checkbox"/> DEDUCTIBLE	\$ SEE DEC PAGE	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
ORD & LAW CVG-A:FULL LIMITS; B & C COMBINED: 2.5% PER BUILDING. CRIME/FIDELITY BOND: PROPERTY MANAGER IS INCLUDED AS ADDITIONAL INSURED.

CERTIFICATE HOLDER 	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
-----------------------------------	---

ADDITIONAL REMARKS SCHEDULE

AGENCY Bouchard Insurance	NAMED INSURED Adeste Condo Assoc . Inc.
2020 to 2021 Policy Period	

ADDITIONAL REMARKS
FORM IS A SCHEDULE

Special Conditions:

PROPERTY				
Street Address	City, State Zip	Subject	# Units	Property
4941-4973 Bayshore Blvd	Tampa, FL 33611	Building	17	\$ 4,661,808.00
4945-4947 Bayshore Blvd	Tampa, FL 33611	Carport		\$ 93,793.00
4949-4951 Bayshore Blvd	Tampa, FL 33611	Carport		\$ 89,290.00
4953-4955 Bayshore Blvd	Tampa, FL 33611	Carport		\$ 89,290.00
4957 Bayshore Blvd	Tampa, FL 33611	Carport		\$ 43,912.00
4959-4961 Bayshore Blvd	Tampa, FL 33611	Carport		\$ 89,290.00
4963-4965 Bayshore Blvd	Tampa, FL 33611	Carport		\$ 89,290.00
4967-4969 Bayshore Blvd	Tampa, FL 33611	Carport		\$ 93,793.00
4969 Bayshore Blvd	Tampa, FL 33611	Fountain		\$ 22,000.00
4969 Bayshore Blvd	Tampa, FL 33611	Sliding Gate		\$ 7,225.00
4969 Bayshore Blvd	Tampa, FL 33611	Perimeter Wall		\$ 68,213.00
4969 Bayshore Blvd	Tampa, FL 33611	Telephone Entry System		\$ 3,725.00
TOTAL:			17	\$ 5,351,629.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/27/2020

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).

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		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Scottsdale Insurance Company			41297
INSURED Adeste Condominium Association Inc c/o Vera Property Management 1025 Ohio Ave Palm Harbor FL 34683	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 769593147

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			G094025860	1/27/2020	1/27/2021	EACH OCCURRENCE	\$ 1,000,000
	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)	\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
	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 TO THE COMMON AREAS AT ADESTE CONDO ASSOCIATION, INC. SEVERABILITY OF INTEREST INCLUDED.

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATION PURPOSES

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

© 1988-2010 ACORD CORPORATION. All rights reserved.

ROGER BOUCHARD INSURANCE INC
PO BOX 6090
CLEARWATER, FL 33758

Agency Phone: (727) 447-6481

NFIP Policy Number: 0002118485
Company Policy Number: FLD2118485
Agent: ROGER BOUCHARD INSURANCE INC

Policy Term: 01/27/2020 12:01 AM through 01/27/2021 12:01 AM

Renewal Billing Payor: INSURED

To report a claim visit or call us at: www.myselectiveflood.com
(877) 348-0552

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY

DELIVERY ADDRESS	INSURED NAME(S) AND MAILING ADDRESS
ADESTE CONDOMINIUM ASSN & THE UNIT OWNERS ATIMA C/O VERA PROPERTY MGMT 1025 OHIO AVE PALM HARBOR, FL 34683-4418	ADESTE CONDOMINIUM ASSN & THE UNIT OWNERS ATIMA C/O VERA PROPERTY MGMT 1025 OHIO AVE PALM HARBOR, FL 34683-4418

COMPANY MAILING ADDRESS	PROPERTY LOCATION
Selective Ins Co of the Southeast PO BOX 782747 PHILADELPHIA, PA 19178-2747	4941-4973 BAYSHORE BLVD TAMPA, FL 33611-3800

Refer to www.fema.gov/cost-of-flood for more information about flood risk and policy rating.

DESCRIPTION: N/A

RATING INFORMATION		DATE OF CONSTRUCTION:	
ORIGINAL NEW BUSINESS DATE:	01/27/2015	DATE OF CONSTRUCTION:	10/30/1986
REINSTATEMENT DATE:	N/A	COMMUNITY NUMBER:	120114 0363 H REGULAR PROGRAM
BUILDING OCCUPANCY:	OTHER RESIDENTIAL	COMMUNITY NAME:	TAMPA, CITY OF
CONDOMINIUM INDICATOR:	RCBAP LOW RISE	CURRENT FLOOD ZONE:	AE
NUMBER OF UNITS:	17	GRANDFATHERED:	NO
PRIMARY RESIDENCE:	NO	FLOOD RISK/RATED ZONE:	AE
ADDITIONS/EXTENSIONS:	N - NO ADDITIONS/EXTENSIONS	ELEVATION DIFFERENCE:	0
BUILDING TYPE:	TWO FLOORS	ELEVATED BUILDING TYPE:	NON-ELEVATED
BASEMENT/ENCLOSURE/CRAWLSPACE TYPE:	NO BASEMENT	REPLACEMENT COST:	\$6,167,287

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:

PREMIUM CALCULATION –								Standard
	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM
BUILDING	\$4,250,000	\$5,000	\$1,020,000	1.670	\$3,230,000	0.080	(\$1,962.00)	\$17,656.00
CONTENTS	\$0	\$0	\$0	0.730	\$0	0.120	\$0.00	\$0.00

Coverage limitations may apply. See your policy form for details.

ANNUAL SUBTOTAL:	\$17,656.00
INCREASED COST OF COMPLIANCE:	\$8.00
COMMUNITY RATING DISCOUNT: 25%	(\$4,416.00)
RESERVE FUND ASSESSMENT: 15.0%	\$1,987.00
PROBATION SURCHARGE:	\$0.00
ANNUAL PREMIUM:	\$15,235.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$800.00
TOTAL:	\$16,285.00

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


Michael H. Lanza / Secretary


Gregory E. Murphy / Chairman

Zero Balance Due - This Is Not A Bill

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

This is a Residential Condominium Building Association Policy. If, at the time of the loss, the building is not insured within 80% of the replacement cost of the building or the maximum amount available for this building, whichever is less, a co-insurance penalty will be applied to the claims settlement.

Policy issued by Selective Ins Co of the Southeast

Company NAIC: 39926



This page is intentionally left blank.



TO: Anthony Mancrief
 All Risks Ltd.-Tampa
 813-371-1030

**On behalf of Lloyd's of London,
 WKFC is proud to present the following confirmation of coverage:**

**Renewal Business Binder
 Excess Flood, Valid for Thirty (30) days**

Named Insured: Adeste Condominium Association & The Unit Owners ATIMA
Mailing Address: 1025 Ohio Avenue , Palm Harbor, FL 34683

EFFECTIVE DATE	1/27/2020	EXPIRATION DATE	1/27/2021
POLICY NUMBER	WKF1168-19-0465	PREVIOUS POLICY NUMBER	WKF1168-18-0461

LIMITS OF LIABILITY	
EXCESS FLOOD (FOLLOWING FORM) LIMIT OFFERED	\$2,457,737 - Ultimate net loss per occurrence and in the annual aggregate

LOC	BLDG	COVERAGE	LIMIT OF LIABILITY Any one loss or occurrence and the annual aggregate	UNDERLYING DEDUCTIBLE Any one loss or occurrence per building will remain
1	1	Building	\$2,457,737	\$4,250,000

TOTAL TIV	\$6,707,737
VALUES CLAUSE	90%
VALUATION	As per underlying
PREMIUM	\$4,500 = (Non-Terrorism Premium: \$4,500 + Terrorism Premium: Declined)
MINIMUM EARNED PREMIUM	50% Minimum earned premium applies or \$500, whichever is greater
COMMISSION	
FEES	Not Applicable

Note: Taxes, Fees and Filings (if applicable) are the responsibility of the broker. Evidence of filing must be provided 15 days from date of binding.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission. Coverage shall be subject to all terms and conditions of the policy to be issued which shall when delivered, replace the binder.

FORMS AND ENDORSEMENTS

Lloyd's Certificate Jacket	LMA3136J
Schedule of Forms	Forms
Location Schedule	Excess Flood LocSched
Underlying Flood Policy Schedule -	ExcessFlood Underlying
Excess Flood without Underlying Aggregate (2017)	1230THBNASR0044
Asbestos Endorsement	LMA5019 (Amended)
Lloyd's Privacy Policy Statement	LSW1135B
Minimum Earned Premium Clause	664THBNA00119
Sanction Limitation and Exclusion Clause	LMA3100
Several Liability Notice	LSW 1001
U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause	LMA5219
Line Slip	Flood 2019

Note: State exceptions may apply. The forms above are subject to change and may not reflect a current comprehensive listing.

CONDITIONS/WARRANTIES

- Subject to a signed application within 30 days of binding
- Subject to receipt of primary carriers policies (underlying policy) within 30 days of binding
- Subject to no material changes from the expiring within 30 days of binding
- Subject to a signed TRIA application within 30 days of binding

PROPERTY LOCATIONS

LOC	BLDG	ADDRESS
1	1	4941-4973 Bayshore Boulevard Tampa, FL 33611

Thank you for your continued support!

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission. Coverage shall be subject to all terms and conditions of the policy to be issued which shall when delivered, replace the binder.

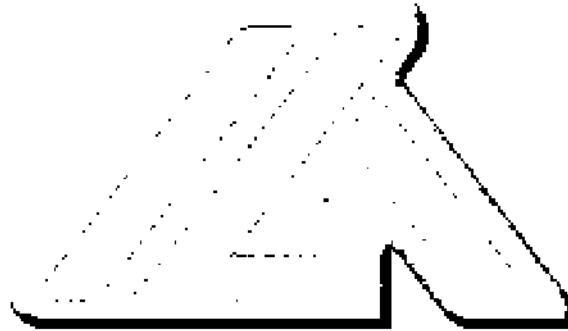
IMPORTANT NOTE: The Home State of the Named Insured shall be determined in accordance with the provisions of the Non-admitted and Reinsurance Act of 2010, 15. U.S.C. §8201, *etc.* ("NRRA"), and the applicable law of the Home State governing cancellation or non-renewal of insurance shall apply to this Policy.

B123019WK1168

Attaching To and Forming Part Of Binding Authority Agreement

This evidences that insurance has been placed with certain Underwriters at Lloyd's, London as set forth below:

Syndicates	Signed Line
Ace Global Markets Syndicate No. 2488 (CGM)	28.5000%
Aegis Syndicate No 1225 (AES)	12.1111%
XL Catlin Syndicate No 2003 (XLC)	17.0000%
Argo Global Syndicate No 1200 (AMA)	9.6889%
Argenta Syndicate No 2121 (ARG)	7.2667%
Brit Syndicate No. 2987 (BRT)	13.3222%
Travelers at Lloyds Syndicate No. 5000 (TRV)	6.0556%
Channel Syndicate No. 2015 (CHN)	6.0555%
Total:	100.0000%



PREVIEW