

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

09/09/2026

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 Drive Suite 400 Tampa, FL 33607	CONTACT NAME: Tony San Luis PHONE (A/C, No, Ext): 813 321-7500 FAX (A/C, No): 855-299-711 E-MAIL ADDRESS: westcoastcondo@usi.com														
INSURED Harbor Oaks Place, Inc. c/o Amer-Tech Community Mgmt 24701 Us Highway 19 N Ste 102 Clearwater, FL 33763-4086	<table border="1"> <thead> <tr> <th data-bbox="816 426 1433 453">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1433 426 1563 453">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 453 1433 485">INSURER A : Superior Specialty Insurance Company</td> <td data-bbox="1433 453 1563 485">16551</td> </tr> <tr> <td data-bbox="816 485 1433 516">INSURER B : Midvale Indemnity Company</td> <td data-bbox="1433 485 1563 516">27138</td> </tr> <tr> <td data-bbox="816 516 1433 548">INSURER C : Transportation Insurance Company</td> <td data-bbox="1433 516 1563 548">20494</td> </tr> <tr> <td data-bbox="816 548 1433 579">INSURER D : Slide Insurance Company</td> <td data-bbox="1433 548 1563 579">17227</td> </tr> <tr> <td data-bbox="816 579 1433 611">INSURER E :</td> <td data-bbox="1433 579 1563 611"></td> </tr> <tr> <td data-bbox="816 611 1433 634">INSURER F :</td> <td data-bbox="1433 611 1563 634"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Superior Specialty Insurance Company	16551	INSURER B : Midvale Indemnity Company	27138	INSURER C : Transportation Insurance Company	20494	INSURER D : Slide Insurance Company	17227	INSURER E :		INSURER F :	
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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 ☐ CLAIMS-MADE ☒ OCCUR ☒ Includes separation of insureds GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			TLUCAP501026	12/01/2025	12/01/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY			TLUCAP501026	12/01/2025	12/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☐ EXCESS LIAB ☒ OCCUR ☐ CLAIMS-MADE DED RETENTION \$			PRP229824000022120	12/01/2025	12/01/2026	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? ☒ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC429416382	08/21/2025	08/21/2026	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Crime/Bond			TLUCAP501026	12/01/2025	12/01/2026	\$300,000
A	Directors & Offic			TLUCAP501026	12/01/2025	12/01/2026	\$1,000,000
D	Property			CPFL000134000	12/01/2025	12/01/2026	See description below.

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

Property Address: 30 Turner Street, Clearwater, FL 33756; 70 Units.

Property policy with Hurricane: Slide Insurance Company, Policy #CPFL000134000

Effective 12/01/2025 to 12/01/2026

Special Form, Replacement Cost, Agreed Amount

(See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

Harbor Oaks Place, Inc.
 c/o Amer-Tech Community Mgmt
 24701 Us Highway 19 N Ste 102
 Clearwater, FL 33763-4086

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



DESCRIPTIONS (Continued from Page 1)

Deductibles: 5% Calendar Year Hurricane; \$1,000 All Other Perils

Building Limit: \$17,515,216

Swimming Pool Limit: \$63,840

Windstorm/Hail Included

Equipment Breakdown Included

Ordinance or Law Included

Inflation Guard Not Included-Not Available

Walls-Out Coverage

Property Management Company is included on the Directors & Officers and Crime policies.

Flood coverage not provided by USI.