



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
7/23/2021

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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C. No. Ext): 727-447-6481</td> <td>FAX (A/C. No): 727-449-1267</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: Condos@bouchardinsurance.com</td> </tr> <tr> <td colspan="2">PRODUCER CUSTOMER ID: VILLASDE</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: American Coastal Insurance Company</td> <td style="text-align: right;">NAIC # 12968</td> </tr> <tr> <td>INSURER B: Aspen Speciality Insurance Co.</td> <td style="text-align: right;">10717</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME:		PHONE (A/C. No. Ext): 727-447-6481	FAX (A/C. No): 727-449-1267	E-MAIL ADDRESS: Condos@bouchardinsurance.com		PRODUCER CUSTOMER ID: VILLASDE		INSURER(S) AFFORDING COVERAGE		INSURER A: American Coastal Insurance Company	NAIC # 12968	INSURER B: Aspen Speciality Insurance Co.	10717	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED Villas de Golf Association Inc. C/O Resource Property Mgmt. 7300 Park St. N SEMINOLE FL 33777																							

COVERAGES **CERTIFICATE NUMBER: 304383706** **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	
A	<input checked="" type="checkbox"/> PROPERTY	AMC3407704	6/30/2021	6/30/2022	<input checked="" type="checkbox"/> BUILDING	\$ SEE ATTACHED	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				\$2,500 AOP	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND				5% HURRICANE	<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> SINKHOLE				3%	<input checked="" type="checkbox"/> REPLACEMENT COST	\$
<input checked="" type="checkbox"/> ORD & LAW	SEE BELOW	<input checked="" type="checkbox"/> AGREED AMOUNT	\$				
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
B	<input checked="" type="checkbox"/> CRIME	CIUHOA00454702	6/30/2021	6/30/2022	<input checked="" type="checkbox"/> EMPLOYEE THEFT	\$ 900,000	
	TYPE OF POLICY				<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 0	
	<input type="checkbox"/> CRIME/FIDELITY					\$	
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 PROPERTY: ORD & LAW COVERAGE A- FULL LIMITS; B & C COMBINED LIMITS - 2,161,233. CRIME/FIDELITY BOND: PROPERTY MANAGER IS INCLUDED AS ADDITIONAL INSURED.

CERTIFICATE HOLDER

CANCELLATION

FOR INFORMATIONAL PURPOSES ONLY	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> AUTHORIZED REPRESENTATIVE
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ADDITIONAL REMARKS SCHEDULE

AGENCY Bouchard Insurance	NAMED INSURED: Villas De Golf Assoc. Inc.
2021 to 2022 Policy Period	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE ATTACHED TO THE ACORD FORM

Special Conditions:

Street Address	City, State Zip	Subject	# Units	Special Property American Coastal Limits	Misc Prop Aspen Specialty Limits
12300 Vonn Rd (1101-1209)	Largo, FL 33774	Building 1	18	\$1,855,974	
12300 Vonn Rd (2101-2205)	Largo, FL 33774	Building 2	10	\$1,129,417	
12300 Vonn Rd (3101-3207)	Largo, FL 33774	Building 3	14	\$1,466,527	
12300 Vonn Rd (4101-4307)	Largo, FL 33774	Building 4	21	\$2,407,289	
12300 Vonn Rd (5101-5308)	Largo, FL 33774	Building 5	24	\$3,215,870	
12300 Vonn Rd (6101-6308)	Largo, FL 33774	Building 6	24	\$3,215,870	
12300 Vonn Rd (7101-7307)	Largo, FL 33774	Building 7	21	\$2,407,289	
12300 Vonn Rd (8101-8207)	Largo, FL 33774	Building 8	14	\$1,466,527	
12300 Vonn Rd (9101-9205)	Largo, FL 33774	Building 9	10	\$1,129,417	
12300 Vonn Rd (10101-10209)	Largo, FL 33774	Building 10	18	\$1,855,974	
12300 Vonn Rd	Largo, FL 33774	Clubhouse		\$332,046	
12300 Vonn Rd	Largo, FL 33774	Pool Restroom Bldg		\$197,095	
12300 Vonn Rd	Largo, FL 33774	Office & Maintenance Bldg		\$146,030	
12300 Vonn Rd	Largo, FL 33774	Guardhouse		\$6,212	
12300 Vonn Rd	Largo, FL 33774	Swimming Pool, Deck, Heaters		\$136,980	
12300 Vonn Rd	Largo, FL 33774	Pool Fence			\$9,589
12300 Vonn Rd	Largo, FL 33774	Tennis Courts			\$37,800
12300 Vonn Rd	Largo, FL 33774	Perimeter Fencing			\$2,623
12300 Vonn Rd	Largo, FL 33774	Perimeter Wall			\$29,000
12300 Vonn Rd	Largo, FL 33774	10 Stall Carport (Bldg 4)		\$37,000	
12300 Vonn Rd	Largo, FL 33774	10 Stall Carport (Bldg 7)		\$37,000	
12300 Vonn Rd	Largo, FL 33774	12 Stall Carport (Bldg 4 & 5)		\$44,400	
12300 Vonn Rd	Largo, FL 33774	12 Stall Carport (Bldg 6 & 7)		\$44,400	
12300 Vonn Rd	Largo, FL 33774	5 Stall Carport (Bldg 1)		\$18,500	
12300 Vonn Rd	Largo, FL 33774	5 Stall Carport (Bldg 10)		\$18,500	
12300 Vonn Rd	Largo, FL 33774	6 Stall Carport (Bldg 1)		\$22,200	
12300 Vonn Rd	Largo, FL 33774	6 Stall Carport (Bldg 10)		\$22,200	
12300 Vonn Rd	Largo, FL 33774	6 Stall Carport (Bldg 2)		\$22,200	
12300 Vonn Rd	Largo, FL 33774	6 Stall Carport (Bldg 2)		\$22,200	
12300 Vonn Rd	Largo, FL 33774	6 Stall Carport (Bldg 9)		\$22,200	
12300 Vonn Rd	Largo, FL 33774	6 Stall Carport (Bldg 8 & 9)		\$22,200	
12300 Vonn Rd	Largo, FL 33774	7 Stall Carport (Bldg 1)		\$25,900	
12300 Vonn Rd	Largo, FL 33774	7 Stall Carport (Bldg 10)		\$25,900	
12300 Vonn Rd	Largo, FL 33774	8 Stall Carport (Bldg 5)		\$29,600	
12300 Vonn Rd	Largo, FL 33774	8 Stall Carport (Bldg 6)		\$29,600	
12300 Vonn Rd	Largo, FL 33774	9 Stall Carport (Bldg 3)		\$33,300	
12300 Vonn Rd	Largo, FL 33774	9 Stall Carport (Bldg 5)		\$33,300	
12300 Vonn Rd	Largo, FL 33774	9 Stall Carport (Bldg 8)		\$33,300	
12300 Vonn Rd	Largo, FL 33774	9 Stall Carport (Bldg 9)		\$33,300	
12300 Vonn Rd	Largo, FL 33774	9 Stall Carport (Bldg 3 & 4)		\$33,300	
12300 Vonn Rd	Largo, FL 33774	9 Stall Carport (Bldg 7 & 8)		\$33,300	
TOTAL:			174	\$21,612,317	\$79,012



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2021

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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): 727-449-1267 E-MAIL ADDRESS: Condos@bouchardinsurance.com	
	INSURER(S) AFFORDING COVERAGE INSURER A : Aspen Speciality Insurance Co.	NAIC # 10717
INSURED Villas de Golf Association Inc. C/O Resource Property Mgmt. 7300 Park St. N SEMINOLE FL 33777	VILLASDE INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1485366262

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			CIUHOA00454702	6/30/2021	6/30/2022	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 Hired & Non Owned \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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 VILLAS DE GOLF ASSOCIATION INC. SEVERABILITY OF INTEREST IS INCLUDED.

CERTIFICATE HOLDER**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

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