	Client	1157	7	569TOWNSHO6							
	ACORD. CERT	IFIC	CA.	TE OF LIAB	LIT	Y INSU	JRANO	CE		/m/dd/yyyy) <b>/2023</b>	
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 McGriff Insurance Services						CONTACT NAME: Lisa Jakubowski					
12485 28th Street N 3rd Floor						PHONE (A/C, No, Ext): 727-803-8113 FMAIL OT DIA 0 M - O T (C + C + C + C + C + C + C + C + C + C					
	Petersburg, FL 33716		E-MAIL ADDRESS: STPINS@McGriff.com								
727 823-5551						INSURER(S) AFFORDING COVERAGE NAI					
						INSURER A : CUMIS Specialty Insurance Company Inc					
INSURED Town Shores of Gulfport #212 Inc						INSURER B : American Coastal Insurance Co					
(Diplomat)						INSURER C : Trisura Specialty Insurance Company					
3210 59th Street South						INSURER D : Travelers Indemnity Co of America					
Gulfport, FL 33707						INSURER E : American Bankers Insurance Co of FL 10111					
•						INSURER F :					
COVERAGES CERTIFICATE 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	INSR W	VVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)			IITS		
Α	X COMMERCIAL GENERAL LIABILITY		•	CIUCAP100908		02/01/2023	02/01/2024	EACH OCCURRENCE	\$1,00	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,0	000	
	X Includes Separation							MED EXP (Any one person)	\$5,00	)0	
	of Insureds							PERSONAL & ADV INJURY		00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,00	00,000	
	PRO- POLICY JECT LOC							PRODUCTS - COMP/OP AGO	\$ \$ <b>2,00</b>	00,000	
								COMBINED SINGLE LIMIT	*		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ \$		
	OWNED SCHEDULED							BODILY INJURY (Per accider	it) \$		
	HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OT	\$ H-		
	AND EMPLOYERS' LIABILITY							ISTATUTE			
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOY			
	DÉSCRIPTION OF OPERATIONS below	+		M0000007		00/04/0000	00/04/000 1	E.L. DISEASE - POLICY LIMI			
B	*Property-Special			AMC3293607				*See description b	οx		
	Crime							\$800,000/\$0 Ded			
C	D&O Liability			CIUCAP007291				\$1,000,000/\$1,000	Ded		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Address:5980 Shores Blvd S, Gulfport FL 33707; Total # of Units: 120 B)*Property: Special Form/Replacement Cost/ TIV: \$20,606,856; Deductibles: \$10,000 All Other Perils/5% Per Occurrence Hurricane/3% Sinkhole; Ordinance or Law - Coverage \$250,000 Limit											
(Se	e Attached Descriptions)										
CERTIFICATE HOLDER CANCELLATION											
Town Shores of Gulfport #212 Inc (Diplomat) 3210 59th Street South Gulfport, FL 33707						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					
						Oaine Encidence					
	i i		( and buck and and								

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## **DESCRIPTIONS (Continued from Page 1)**

D) Equipment Breakdown: Policy #BME17J801539TIA22, Eff 02/01/23-24; Limit \$20,606,856/\$2,500 Deductible

E) Flood: RCBAP/Replacement Cost; Policy #14160014932022, Eff 4/1/22-23, Limit \$24,515,000/\$5,000 Deductible; Flood Zone A07-Grandfathered; Total # of Units: 120