SEMIONT-01 MWATSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/22/2026

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

PRODUCER **License # L054562** **PCS Insurance Group Inc.** **3315 Henderson Boulevard, Suite 200** **Tampa, FL 33609**	CONTACT NAME: PHONE (A/C, No, Ext): **(813) 868-1010** FAX (A/C, No): **(813) 388-4598** E-MAIL ADDRESS: **certificates@pcsins.com**
INSURED **Seminole On The Green Cavalier Building One Association, Inc.** **6515 1st Ave S** **Saint Petersburg, FL 33707-1303**	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : **Superior Specialty Insurance Company** — **16551** INSURER B : **Spinnaker Specialty Insurance Company** — **17045** INSURER C : **PMA Companies** INSURER D : **Slide Insurance Company** — **17227** INSURER E : INSURER F :

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			**TLUCAP503046-01**	**5/31/2026**	**5/31/2027**	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG **HNOA**	$ **1,000,000** $ **100,000** $ **5,000** $ **1,000,000** $ **2,000,000** $ **2,000,000** $ **1,000,000**
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
B	[X] **UMBRELLA LIAB** [X] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			**PPP3004240**	**5/31/2026**	**5/31/2027**	EACH OCCURRENCE AGGREGATE	$ **5,000,000** $ **5,000,000**
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N **N** **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	**N / A**		**2026011008259Y**	**5/31/2026**	**5/31/2027**	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ **500,000** $ **500,000** $ **500,000**
D	**Property**			**CPFL 0001633-02**	**5/31/2026**	**5/31/2027**	**TIV**	**14,193,995**
A	**Crime**			**TLUCAP503046-01**	**5/31/2026**	**5/31/2027**	**Employee Dishonesty**	**400,000**

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

CERTIFICATE HOLDER

For Information Only

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

Charles Barber

AGENCY CUSTOMER ID: SEMIONT-01 MWATSON

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY	License # L054562	NAMED INSURED
PCS Insurance Group Inc.		Seminole On The Green Cavalier Building One Association, Inc. 6515 1st Ave S Saint Petersburg, FL 33707-1303 Pinellas
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	EFFECTIVE DATE: SEE PAGE 1
SEE PAGE 1	SEE P 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Remarks:

Property Insurance
Property coverage is Special Form, including Equipment Breakdown
Valuation is Replacement Cost basis
Agreed Value, Coinsurance does not apply
Ordinance & Law: A,B,C combined $1,000,000.
Deductibles:
All Covered Perils - $10,000 per occurrence
Named Hurricanes - 5% per building, per calendar year

Directors & Officers Insurance
Carrier: Travelers Casualty and Surety Company of America
Policy #107643333
Policy Terms: 5/31/2026 - 5/31/2027
Limit: $1,000,000, Deductible: $2,500

66 Units - coverage is walls out and does not include unit interiors.

Property Manager is included for coverage under General Liability, Crime/Fidelity, and D&O policy forms.

Inflation guard does not apply.

Cancellation notification is 30 days except non-payment, which is 10 days.

Separation of insureds applies to the General Liability policy per the policy terms and conditions