

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

2/24/2026

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 McGriff, a MMA LLC Company 12485 28th St. North, Third Fl St Petersburg, FL 33716	CONTACT NAME: Anthony Russo PHONE (A/C, No, Ext): 239-433-0307 FAX (A/C, No): 866-881-5271 E-MAIL ADDRESS: MCG.CertificateofInsurance@MarshMMA.com														
INSURED Terrace Park of 5 Towns #31(University) c/o Bill Ternary 5920 80th St N #112 Saint Petersburg, FL 33709-7054	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Century Surety Company</td> <td>36951</td> </tr> <tr> <td>INSURER B : American Coastal Insurance Co</td> <td>12968</td> </tr> <tr> <td>INSURER C : Travelers Casualty & Surety Co of Amer</td> <td>31194</td> </tr> <tr> <td>INSURER D : Hartford Ins Co of the Midwest</td> <td>19682</td> </tr> <tr> <td>INSURER E : Pennsylvania Manufacturers Assoc Ins Co</td> <td>12262</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Century Surety Company	36951	INSURER B : American Coastal Insurance Co	12968	INSURER C : Travelers Casualty & Surety Co of Amer	31194	INSURER D : Hartford Ins Co of the Midwest	19682	INSURER E : Pennsylvania Manufacturers Assoc Ins Co	12262	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 ☒ BI/PD Ded: \$500 ☒ Incl Sep of Insureds GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			CCP1321776	05/31/2025	05/31/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$Inc in GenAgg \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CCP1321776	05/31/2025	05/31/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
E	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	2025010609305Y	05/31/2025	05/31/2026	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
B	Property			AMC3221810	05/31/2025	05/31/2026	SEE DESCRIPTION BOX
C	D&O Liability			106461861	02/17/2026	02/17/2027	\$1,000,000/\$2,500 DED
C	Crime			106461861	02/17/2026	02/17/2027	\$70,000/\$500 DED

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

Location: 5920 80th St N, St Petersburg, FL, 33709 (48 Units)

(B) Property: American Coastal Insurance Co.; Policy # AMC3221810; Effective 05/31/2025-05/31/2026

Special Form/Replacement Cost

Deductibles: \$10,000 All Other Perils/5% Hurricane, Per Calendar Year/3% Sinkhole Per Occurrence

(See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

Flagship Bank
 ISAOA
 29750 US Hwy 19 N.
 Clearwater, FL 33761

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)

Ordinance or Law - Coverage A/B/C \$500,000 Combined Limit
Equipment Breakdown Coverage Included.
TIV \$8,402,368

(D) Flood: The Hartford; Policy #25570105322020; Effective: 02/17/2026-02/17/2027
Building Limit: \$10,443,000 (48 Units)/\$5,000 Deductible
RCBAP Replacement Cost/Flood Zone: AE

*Management, Board Members, and Board approved volunteers are covered under the Fidelity Bond and Directors & Officers Liability.

*Separation of Insureds or Severability is included as part of the General Liability coverage form.

*Cancellation Policy: 10-day Notification for Non-Payment of Premium, 45 Days All Other Reasons.

*Transfer of Rights of Recovery against others included.

*Walls Out Coverage Only

*Due to an addition to Florida Statute 626.9551, effective July 1, 2021, no one (including a lender) may require an insurance agency or agent provide a replacement cost estimator (RCE) or other insurance underwriting information in connection with a loan. Additionally, an insurance agent or agency is prohibited from supplying the RCE to anyone, even the customer.

Roberta Rehm, 5920 80th Street N., Unit #411, St. Petersburg, FL 33709.