ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/4/2026

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
Patriot Growth Insurance Services LLC (FAK)
4020 Park St N
Ste 204
Saint Petersburg FL 33709-4030

CONTACT NAME: Dee Wheaton
PHONE (A/C, No, Ext): 727-343-8899 **FAX (A/C, No):**
E-MAIL ADDRESS: patriotFL1-Certificates@patriotgis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : CUMIS Specialty Insurance Company, Inc.	12758
INSURER B : Lexington Insurance Company	19437
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED OUTLVIL-01
Outlook Village Condominium Association Inc.
24701 US Hwy 19 N, Ste #102
c/o Ameri-Tech Community Management
Clearwater FL 33763

COVERAGES **CERTIFICATE NUMBER:** 965487176 **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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY**			CIUCAP100449-04	11/18/2025	11/18/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)**	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Hazard			WKFCC-08768-01	12/11/2025	12/11/2026	See Additional	Remarks

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
LOCATION ADDRESS: 6301 58TH ST. N., PINELLAS PARK, FL 33781 (66 UNITS / FLOOD ZONE X)

A) PKG EFFECTIVE 11/18/25-11/18/26
POLICY #CIUCAP100449-04
CRIME @ $200K / DED $0 / INCLUDES COVERAGE FOR MGMT COMPANY
D&O @ $1M / DED $1K
See Attached...

CERTIFICATE HOLDER

FOR INFORMATIONAL PURPOSES 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

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AGENCY CUSTOMER ID: OUTLVIL-01

LOC #:

ACORD ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Patriot Growth Insurance Services LLC (FAK)	Outlook Village Condominium Association Inc. 24701 US Hwy 19 N, Ste #102 c/o Ameri-Tech Community Management Clearwater FL 33763
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

B) SPECIAL FORM HAZARD @ REPLACEMENT COST; CO-INS NIL
POLICY #WKFCC-08768-01
TIV $10,233,179 / DED $25K WATER DAMAGE/ $5K AOP
INCLUDES EQUIPMENT BREAKDOWN & ORD/LAW

The Hazard policy is walls out, not including betterments or improvements.

Severability of Interest/Separation of Insureds: Applies to the General Liability policy per the terms & conditions.

Cancellation Period: 10 Days Minimum.

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 to 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. We are, therefore, unable to provide a copy of the Replacement Cost Estimator / Appraisal.

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