

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/16/2026

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).

| <b>PRODUCER</b><br>Patriot Growth Insurance Services LLC (FAK)<br>4020 Park St N<br>Ste 204<br>Saint Petersburg FL 33709-4030                                        | <b>CONTACT</b><br>NAME: Lois Moses<br>PHONE (A/C, No, Ext): 727-343-8899<br>FAX (A/C, No): 727-343-8895<br>E-MAIL ADDRESS: patriotFL1-Certificates@patriotgis.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                                                         |       |                                                |       |                                                  |       |                                       |       |             |  |             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|---------------------------------------------------------|-------|------------------------------------------------|-------|--------------------------------------------------|-------|---------------------------------------|-------|-------------|--|-------------|--|
| <b>INSURED</b><br>Tyrone Fifth Avenue Apartments Condominium Assn, Inc.<br>24701 US Hwy 19 N, Ste #102<br>c/o Ameri-Tech Community Management<br>Clearwater FL 33763 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Westchester Surplus Lines Insurance Company</td> <td style="text-align: center;">10172</td> </tr> <tr> <td>INSURER B : American Coastal Insurance Company</td> <td style="text-align: center;">12968</td> </tr> <tr> <td>INSURER C : Superior Specialty Insurance Company</td> <td style="text-align: center;">16551</td> </tr> <tr> <td>INSURER D : StarNet Insurance Company</td> <td style="text-align: center;">40045</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Westchester Surplus Lines Insurance Company | 10172 | INSURER B : American Coastal Insurance Company | 12968 | INSURER C : Superior Specialty Insurance Company | 16551 | INSURER D : StarNet Insurance Company | 40045 | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE                                                                                                                                        | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |        |                                                         |       |                                                |       |                                                  |       |                                       |       |             |  |             |  |
| INSURER A : Westchester Surplus Lines Insurance Company                                                                                                              | 10172                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |        |                                                         |       |                                                |       |                                                  |       |                                       |       |             |  |             |  |
| INSURER B : American Coastal Insurance Company                                                                                                                       | 12968                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |        |                                                         |       |                                                |       |                                                  |       |                                       |       |             |  |             |  |
| INSURER C : Superior Specialty Insurance Company                                                                                                                     | 16551                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |        |                                                         |       |                                                |       |                                                  |       |                                       |       |             |  |             |  |
| INSURER D : StarNet Insurance Company                                                                                                                                | 40045                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |        |                                                         |       |                                                |       |                                                  |       |                                       |       |             |  |             |  |
| INSURER E :                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                                         |       |                                                |       |                                                  |       |                                       |       |             |  |             |  |
| INSURER F :                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                                         |       |                                                |       |                                                  |       |                                       |       |             |  |             |  |

**COVERAGES****CERTIFICATE NUMBER:** 297755974**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           | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CLAIMS-MADE<br/> <input checked="" type="checkbox"/> OCCUR<br/>           GEN'L AGGREGATE LIMIT APPLIES PER:<br/> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br/>           OTHER:         </div> <div> <input type="checkbox"/> SCHEDULED AUTOS<br/> <input type="checkbox"/> NON-OWNED AUTOS ONLY         </div> </div> |                                   |          | GLWF18185994 002                                 | 3/19/2026                           | 3/19/2027                           | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ INCLUDED<br>\$ |
|             | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                                                                                                                                                                                                                         |                                   |          |                                                  |                                     |                                     | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                         |
|             | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |          |                                                  |                                     |                                     | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                      |
|             | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                                                                                                                                                                                                   | Y / N<br><input type="checkbox"/> | N / A    |                                                  |                                     |                                     | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                              |
| B<br>C<br>D | Hazard/Windstorm<br>Crime<br>D&O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |          | AMC-37428-06<br>TLUCAP501979-01<br>QDO0002542-01 | 3/19/2026<br>3/19/2026<br>3/19/2026 | 3/19/2027<br>3/19/2027<br>3/19/2027 | See Additional<br>Remarks                                                                                                                                                                                                                     |

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

LOCATION ADDRESS: 5924, 5916, 5908, 5900, 5912 5TH AVE N ST.PETE, FL 33710 (55 TOTAL UNITS/ FLOOD ZONE X)

B) SPECIAL FORM HAZARD @ REPLACEMENT COST; AGREED VALUE  
 EFFECTIVE 3/19/26-3/19/27  
 POLICY #AMC-37428-06  
 TIV \$7,231,779/ DED 5% HURR/ \$2,500 AOP  
 See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

FOR INFORMATIONAL PURPOSES ONLY

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





# **ADDITIONAL REMARKS SCHEDULE**

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|                                                       |           |                                                                                                                                                                     |
|-------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AGENCY<br>Patriot Growth Insurance Services LLC (FAK) |           | NAMED INSURED<br>Tyrone Fifth Avenue Apartments Condominium Assn, Inc.<br>24701 US Hwy 19 N, Ste #102<br>c/o Ameri-Tech Community Management<br>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

INCLUDES ORD/LAW & EQUIPMENT BREAKDOWN

C) CRIME EFFECTIVE 3/19/26-3/19/27

POLICY #TLUCAP501979-01

CRIME @ \$250K/ DED \$0/ INCLUDES COVERAGE FOR MGMT COMPANY

D) D&O EFFECTIVE 3/19/26-3/19/27

POLICY #QDO0002542-01

D&O @ \$1M/ DED \$1K

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 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.