



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/15/2023

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).

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| PRODUCER USI Insurance Services, LLC 2502 N Rocky Point Dr Ste 400 Tampa, FL 33607-1421 813 321-7500 | CONTACT NAME: Tony San Luis | |
| | PHONE (A/C, No, Ext): 813 321-7500 | FAX (A/C, No): |
| E-MAIL ADDRESS: westcoastcondo@usi.com | | |
| INSURED Bella Costa Inc c/o Sunstate Management PO Box 18809 Sarasota, FL 34276 | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A : Southern-Owners Insurance Company | NAIC # 10190 |
| | INSURER B : Zenith Insurance Company | 13269 |
| | INSURER C : Trisura Specialty Insurance Company | 16188 |
| | INSURER D : Renaissance Re - Syndicate 1458 | NONAIC |
| | INSURER E : Travelers Excess and Surplus Lines Co | 29696 |
| 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes separation of insureds GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 20875333 | 05/24/2023 | 05/24/2024 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | 20875333 | 05/24/2023 | 05/24/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | Z071147414 | 05/24/2023 | 05/24/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| A | Crime/Bond | | | 20875333 | 05/24/2023 | 05/24/2024 | \$ 750,000 |
| C | Directors & Offic | | | CIUCAP401549 | 05/24/2023 | 05/24/2024 | \$ 1,000,000 |
| D | Property | | | CH1SE001390 | 05/24/2023 | 12/31/2023 | See description below. |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Property Management Company is included on the Directors & Officers and Crime policies.
E: Property / Hazard - Policy #CH1SE001390
Replacement Cost / Special Form / Agreed Amount
Deductibles: 5% Wind/Hail Per Occurrence; \$25,000 All Other Perils
(See Attached Descriptions)

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| CERTIFICATE HOLDER Bella Costa Inc c/o Sunstate Management PO Box 18809 Sarasota, FL 34276 | 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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DESCRIPTIONS (Continued from Page 1)

Building Ordinance or Law: Coverage A: Building Limit; Coverage B&C - \$1,000,000

210 Santa Maria Street, Venice, FL 34285 - \$2,568,224 - 18 units

220 Santa Maria Street, Venice, FL 34285 - \$4,130,272 - 32 units

230 Santa Maria Street, Venice, FL 34285 - \$3,414,879 - 24 units

240 Santa Maria Street, Venice, FL 34285 - \$3,229,151 - 24 units

250 Santa Maria Street, Venice, FL 34285 - \$3,230,357 - 24 units

260 Santa Maria Street, Venice, FL 34285 - \$3,230,357 - 24 units

270 Santa Maria Street, Venice, FL 34285 - \$1,765,283 - 12 units

E) Boiler and Machinery / Equipment Breakdown- Policy #8W359865 Effective 05/24/2023 to 05/24/2024

Limit: \$23,045,294

Deductible: \$5,000

See attached Flood Insurance Policy Declarations Page for limits and terms.