



LANDTOW-01

SBURCHETT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/9/2026

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		
	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 : First Protective Insurance Company		10897
	INSURER E :		
	INSURER F :		

INSURED
Landmark Towers At Sand Key Condominium Association, Inc
1230 Gulf Blvd
Clearwater Beach, FL 33767

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	X	COMMERCIAL GENERAL LIABILITY			TLUCAP503562-01	9/6/2026	9/6/2027	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE ☒ 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
		☒ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						HNOA	\$ 1,000,000
		AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐		BODILY INJURY (Per person)				\$	
		HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY ☐		BODILY INJURY (Per accident)				\$	
				PROPERTY DAMAGE (Per accident)				\$	
B	X	UMBRELLA LIAB ☒ EXCESS LIAB ☐			BINDER-09092026-01	9/6/2026	9/6/2027	EACH OCCURRENCE	\$ 5,000,000
		CLAIMS-MADE ☐		AGGREGATE				\$ 5,000,000	
		DED ☐ RETENTION \$ 0						\$	
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			2026011122712Y	9/6/2026	9/6/2027	☒ PER STATUTE ☐ OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N ☒ N / A	E.L. EACH ACCIDENT				\$ 500,000	
		If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE				\$ 500,000	
				E.L. DISEASE - POLICY LIMIT				\$ 500,000	
A		Crime			TLUCAP503562-01	9/6/2026	9/6/2027	Employee Theft	2,000,000
D		Wind Commercial			0777895187	9/6/2026	9/6/2027	Total Insured Value	59,541,855

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

CERTIFICATE HOLDER

CANCELLATION

For Information 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

AGENCY PCS Insurance Group Inc.	License # L054562	NAMED INSURED Landmark Towers At Sand Key Condominium Association, Inc 1230 Gulf Blvd Clearwater Beach, FL 33767
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 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:

Wind & Hail-

Carrier: Frontline Insurance Unlimited

Policy No: 0777895187

Policy Term: 9/6/2026 to 9/6/2027

Total Insured Value: \$59,541,855

Cause of Loss: Wind & Hail Only

Valuation: Replacement Cost

Coinsurance: Does Not Apply; Agreed Value

Deductibles:

Named Hurricane: 5% per Building, per Calendar Year, min. \$5k per occurrence

All Other Wind/Hail: \$5,000 per occurrence

Excluding Wind & Hail-

Carrier: Wilshire Insurance Company

Policy No: IMP4002934-02

Policy Term: 9/6/2026 to 9/6/2027

Total Insured Value: \$59,541,855

Cause of Loss: Special Form, excluding Wind & Hail, including Equipment Breakdown

Valuation: Replacement Cost

Coinsurance: Does Not Apply; Agreed Value

Ordinance or Law: A Included, B&C Combined \$500,000

Deductibles:

Water Damage: \$25,000 per Occurrence

All Other Covered Perils: \$10,000 per Occurrence

Property Coverage Includes Common Elements

Inflation Guard was not available for purchase

Directors & Officers:

Carrier: Great American Insurance Company

Policy No: EPPF263375

Policy Term: 9/6/2026 to 9/6/2027

Limit: \$1,000,000

Deductible: \$1,000

216 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

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