



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/21/2024

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> Acentria Insurance - Seminole 8200 113 Street N., Suite 201 Seminole FL 33772	<b>CONTACT NAME:</b> Certificate Team <b>PHONE (A/C. No. Ext):</b> 727-393-5000 <b>E-MAIL ADDRESS:</b> condocert@acentria.com	<b>FAX (A/C. No.):</b> 850-806-3475
	<b>INSURER(S) AFFORDING COVERAGE</b>	
License#: L100460 BAYPOIN-06	<b>INSURER A:</b> American Coastal Insurance Company	
<b>INSURED</b> Bay Pointe Villas Condo Assn. C/O Ameri Tech 24701 US Hwy 19 N Ste 102 Clearwater FL 33763	<b>INSURER B:</b> Southern-Owners Insurance Company	10190
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 1397623347 **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
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	20499639	12/21/2023	12/21/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		Y	20499639	12/21/2023	12/21/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5315700900	12/21/2023	12/21/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B A	Crime Property Flood			20499639 AMC3462406	12/21/2023 12/21/2023	12/21/2024 12/21/2024	Deductible \$1,000 Ded \$10,00/5% Occ See Notes 100,000 4,189,974

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 23 Total Units: Property: Special | RC | \$10,000 AOP Ded | includes wind 5% Hurr OCC (replacement cost is up to and not to exceed insured value) No inflation guard. Insured to appraisal value/ Inflation guard not offered by carrier | Ordinance or Law included/ | Equipment Breakdown included/ 100% Coinsurance/ Waiver of Subrogation applies  
 Liability policy includes severability of interests/separation of insured  
 Cancellation 10 Days  
 Walls in and improvements and betterments not included in Master Policy coverage.  
 Property Management is included in Fidelity/Crime Coverage:  
 See Attached...

<b>CERTIFICATE HOLDER</b>  For Information Purposes Please email request for a updated certificate to Condocert@acentria.com or Fax request to 850-806-3475	<b>CANCELLATION 10</b>  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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Acentria Insurance - Seminole		NAMED INSURED Bay Pointe Villas Condo Assn. C/O Ameri Tech 24701 US Hwy 19 N Ste 102 Clearwater FL 33763	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

**PROPERTY COVERAGES**

9485 Hamlin Blvd, Seminole, FL 33776  
 Units 1-4 (4 Units)/Prop Limit: \$707,091  
 9485 Hamlin Blvd, Seminole, FL 33776  
 Units 5-8 (4 Units)/Prop Limit: \$666,747  
 9420 Commodore Dr, Seminole, FL 33776  
 Unit 23 with Garages 19,20,22,23 (1 Unit)/Prop Limit: \$221,780  
 14460 Marina Way, Seminole, FL 33776  
 Units 9-22 with Garage 21 (14 Units)/Prop Limit: \$1,408,816  
 Garages 1-2 - 9485 Hamlin Blvd, Seminole, FL 33776 | \$64,852  
 Garage 3-6 - 9485 Hamlin Blvd, Seminole, FL 33776 | \$67,661  
 Garage 9-10 - 14460 Marina Way, Seminole, FL 33776 | \$45,905  
 Garage 11-16 - 14460 Marina Way, Seminole, FL 33776 | \$84,353  
 Pool House - 9485 Hamlin Blvd, Seminole, FL 33776 | \$26,900

Flood insured with Assurant/American Bankers Insurance Company  
 9485 Hamlin Blvd, Seminole, FL 33776  
 Policy# 5005174056 Units 1-4 (4 Units)/ Eff. 4/18/23-4/18/24  
 Flood Limit \$1,000,000 Flood Deductible, \$5,000 Policy#5005174056  
 9485 Hamlin Blvd, Seminole, FL 33776  
 Policy# 5005167985 Units 5-8 (4 Units)/ Eff. 1/6/24-1/6/25  
 Flood Limit \$911,000 Flood Deductible \$5,000 Policy# 5005167985  
 9420 Commodore Dr, Seminole, FL 33776  
 Policy#5400432208 Unit 23 with Garages 19,20,22,23 (1 Unit)/ Eff. 5/17/23-5/17/24  
 Flood Limit \$250,000 Flood Deductible \$5,000 Policy#5400432208  
 14460 Marina Way, Seminole, FL 33776  
 Policy# 5000161447 Units 9-22 (14 Units) Eff. 7/17/23-7/17/24  
 Flood Limit \$1,944,000 Flood Ded \$5,000 Policy# 5000161447



**ASSURANT®**

**American Bankers Insurance Company of Florida  
Scottsdale, AZ**

**Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

**Policy Term: 01/06/2024 (12:01 a.m.) to 01/06/2025 (12:01 a.m.)**

NAIC: 10111

**Policy Number:** 5005167985

**First Mortgagee / Lender Name:**

**Named Insured and Mailing Address:**

BAY POINTE VILLAS  
24701 US HIGHWAY 19 N STE 102  
C/O AMERI TECH  
CLEARWATER, FL 33763-4086

**Loan Number:**

**Producer Number:** 70001-01554-001

**Second Mortgagee / Lender Name:**

**Premium Payor:** INSURED

**Property Location:**

UNIT 5 TO 8  
9485 HAMLIN BLVD  
SEMINOLE, FL 33776-1085

**Loan Number:**

**Other / Loss Payee:**

**For Service Please Contact:**

FOUNDATION RISK PARTNERS CORP  
DBA ACENTRIA INSURANCE  
8200 113TH ST STE 201  
SEMINOLE, FL 33772-4111  
727-393-5000

**Loan Number:**

**LOCATION AND PROPERTY INFORMATION**

Date of Construction: 12/07/1997  
Building Occupancy: Residential Condo Building  
Method Used to Determine First Floor Height: FEMA determined  
Building Description: Entire Residential Condo Building  
Property Description: SLAB ON GRADE, TWO FLOORS, FRAME CONSTRUCTION

Number Of Units: 4  
Primary Residence: No  
Prior NFIP Claims: 0 claim(s)  
First Floor Height: 0.25 ft  
Replacement Cost: \$ 911,000

*Your property's NFIP flood claims history can affect your premium.*

**COVERAGE AND PREMIUM INFORMATION**

**Rate Category:** FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 911,000	\$ 5,000	\$ 2,309.00
Contents	\$ 0	\$ 0	\$ 0.00
Increased Cost of Compliance:			\$ 44.00
Community Rating System Discount:			\$ -755.00
<b>Full Risk Premium Excluding Fees and Surcharges:</b>			<b>\$ 1,598.00</b>

**STATUTORY DISCOUNTS**

**Discounted Premium:** \$ 0.00  
\$ 1,598.00

**FEES AND SURCHARGES**

Reserve Fund Assessment: \$ 288.00  
H homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00  
Federal Policy Fee: \$ 188.00

**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID** \$ 2,324.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.  
Refer to [www.FloodSmart.gov/floodcosts](http://www.FloodSmart.gov/floodcosts) for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 5005167985



**ASSURANT®**

**American Bankers Insurance Company of Florida  
Scottsdale, AZ**

**Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

**Policy Term: 04/18/2023 (12:01 a.m.) to 04/18/2024 (12:01 a.m.)**

NAIC: 10111

**Policy Number:** 5005174056

**First Mortgagee / Lender Name:**

**Named Insured and Mailing Address:**

RAYPOINT VILLAS INC  
24701 US HIGHWAY 19 N STE 102  
CLEARWATER, FL 33763-4086

**Loan Number:**

**Producer Number:** 70001-01554-001

**Second Mortgagee / Lender Name:**

**Premium Payor:** INSURED

**Property Location:**

UNITS 1-4  
9485 HAMLIN BLVD  
SEMINOLE, FL 33776-1085

**Loan Number:**

**Other / Loss Payee:**

**For Service Please Contact:**

FOUNDATION RISK PARTNERS CORP  
DBA ACENTRIA INSURANCE  
8200 113TH ST STE 201  
SEMINOLE, FL 33772-4111  
727-393-5000

**Loan Number:**

**LOCATION AND PROPERTY INFORMATION**

Date of Construction: 07/06/1998  
Building Occupancy: Residential Condo Building  
Method Used to Determine First Floor Height: FEMA determined  
Building Description: Entire Residential Condo Building  
Property Description: SLAB ON GRADE, TWO FLOORS, MASONRY

Number Of Units: 4  
Primary Residence: No  
Prior NFIP Claims: 0 claim(s)  
First Floor Height: 0.25 ft  
Replacement Cost: \$ 1,000,000

*Your property's NFIP flood claims history can affect your premium.*

**COVERAGE AND PREMIUM INFORMATION**

**Rate Category:** FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 1,000,000	\$ 5,000	\$ 2,465.00
Contents	\$ 0	\$ 0	\$ 0.00
		Increased Cost of Compliance:	\$ 47.00
		Community Rating System Discount:	\$ -810.00
		<b>Full Risk Premium Excluding Fees and Surcharges:</b>	<b>\$ 1,702.00</b>

**STATUTORY DISCOUNTS**

**Discounted Premium:** \$ 0.00  
\$ 1,702.00

**FEES AND SURCHARGES**

Reserve Fund Assessment: \$ 306.00  
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00  
Federal Policy Fee: \$ 188.00

**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID** \$ 2,446.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.  
Refer to [www.FloodSmart.gov/floodcosts](http://www.FloodSmart.gov/floodcosts) for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 5005174056



**ASSURANT®**

**American Bankers Insurance Company of Florida**  
**Scottsdale, AZ**  
**Renewal Flood Insurance Policy Declarations**  
This Declarations Page is part of your Policy.  
**Policy Term: 05/17/2023 (12:01 a.m.) to 05/17/2024 (12:01 a.m.)**

NAIC: 10111

**Policy Number:** 5400432208

**First Mortgagee / Lender Name:**

**Named Insured and Mailing Address:**

BAYPOINT VILLAS INC  
24701 US HIGHWAY 19 N STE 102  
CLEARWATER, FL 33763-4086

**Loan Number:**

**Producer Number:** 70001-01554-001

**Second Mortgagee / Lender Name:**

**Premium Payor:** INSURED

**Property Location:**

9420 COMMODORE DR  
SEMINOLE, FL 33776-1172

**Loan Number:**

**Other / Loss Payee:**

**For Service Please Contact:**

FOUNDATION RISK PARTNERS CORP  
DBA ACENTRIA INSURANCE  
8200 113TH ST STE 201  
SEMINOLE, FL 33772-4111  
727-393-5000

**Loan Number:**

**LOCATION AND PROPERTY INFORMATION**

Date of Construction: 11/18/1999  
Building Occupancy: Residential Condo Building  
Method Used to Determine First Floor Height: Elevation Certificate  
Building Description: Entire Residential Condo Building  
Property Description: SLAB ON GRADE, ONE FLOOR

Number Of Units: 1  
Primary Residence: No  
Prior NFIP Claims: 0 claim(s)  
First Floor Height: 0.80 ft  
Replacement Cost: \$ 250,000

*Your property's NFIP flood claims history can affect your premium.*

**COVERAGE AND PREMIUM INFORMATION**

**Rate Category:** FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 250,000	\$ 5,000	\$ 3,429.00
Contents	\$ 0	\$ 0	\$ 0.00
		Increased Cost of Compliance:	\$ 65.00
		Community Rating System Discount:	\$ -1,154.00
		<b>Full Risk Premium Excluding Fees and Surcharges:</b>	<b>\$ 2,340.00</b>

**STATUTORY DISCOUNTS**

Annual Increase Cap Discount: \$ -956.00  
**Discounted Premium:** \$ 1,384.00

**FEES AND SURCHARGES**

Reserve Fund Assessment: \$ 249.00  
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00  
Federal Policy Fee: \$ 47.00

**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID** \$ 1,930.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.  
Refer to [www.FloodSmart.gov/floodcosts](http://www.FloodSmart.gov/floodcosts) for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 5400432208



**ASSURANT®**

**American Bankers Insurance Company of Florida  
Scottsdale, AZ**

**Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

**Policy Term: 07/17/2023 (12:01 a.m.) to 07/17/2024 (12:01 a.m.)**

NAIC: 10111

**Policy Number:** 5000161447

**First Mortgagee / Lender Name:**

**Named Insured and Mailing Address:**

BAYPOINT VILLAS INC  
24701 US HIGHWAY 19 N STE 102  
C/O AMERI TECH  
CLEARWATER, FL 33763-4086

**Loan Number:**

**Producer Number:** 70001-01554-001

**Second Mortgagee / Lender Name:**

**Premium Payor:** INSURED

**Property Location:**

14460 MARINA WAY  
SEMINOLE, FL 33776-1176

**Loan Number:**

**Other / Loss Payee:**

**For Service Please Contact:**

FOUNDATION RISK PARTNERS CORP  
DBA ACENTRIA INSURANCE  
8200 113TH ST STE 201  
SEMINOLE, FL 33772-4111  
727-393-5000

**Loan Number:**

**LOCATION AND PROPERTY INFORMATION**

Date of Construction: 02/28/1999  
Building Occupancy: Residential Condo Building  
Method Used to Determine First Floor Height: Elevation Certificate  
Building Description: Entire Residential Condo Building  
Property Description: SLAB ON GRADE, TWO FLOORS

Number Of Units: 14  
Primary Residence: No  
Prior NFIP Claims: 0 claim(s)  
First Floor Height: 1.00 ft  
Replacement Cost: \$ 1,944,000

*Your property's NFIP flood claims history can affect your premium.*

**COVERAGE AND PREMIUM INFORMATION**

**Rate Category:** FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 1,944,000	\$ 5,000	\$ 14,528.00
Contents	\$ 0	\$ 0	\$ 0.00
		Increased Cost of Compliance:	\$ 75.00
		Community Rating System Discount:	\$ -5,044.00
		<b>Full Risk Premium Excluding Fees and Surcharges:</b>	<b>\$ 9,559.00</b>

**STATUTORY DISCOUNTS**

\$ 0.00  
**Discounted Premium:** \$ 9,559.00

**FEES AND SURCHARGES**

Reserve Fund Assessment: \$ 1,721.00  
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00  
Federal Policy Fee: \$ 658.00

**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID**

\$ 12,188.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.  
Refer to [www.FloodSmart.gov/floodcosts](http://www.FloodSmart.gov/floodcosts) for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 5000161447