

ACORDTM**CERTIFICATE OF PROPERTY INSURANCE**DATE (MM/DD/YYYY)
6/02/2026

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.

PRODUCER CBIZ Insurance Services, Inc. 1605 Main Street, Suite 1010 Sarasota, FL 34236 941 960-8778	CONTACT NAME: CBIZ Cert Request PHONE (A/C, No, Ext): 941-960-8778 FAX (A/C, No): 941-960-8787 E-MAIL ADDRESS: certrequest@cbiz.com PRODUCER CUSTOMER ID #:																					
INSURED Strathmore Riverside Villas Association 2700 Riverbluff Parkway Sarasota, FL 34231	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> </thead> <tbody> <tr> <td>INSURER A :</td><td>Citizens Property Insurance Corp</td><td>10064</td></tr> <tr> <td>INSURER B :</td><td>Superior Specialty Insurance Company</td><td>161551</td></tr> <tr> <td>INSURER C :</td><td>Travelers Excess and Surplus Lines Co.</td><td>29696</td></tr> <tr> <td>INSURER D :</td><td>Travelers Casualty and Surety Company</td><td>31194</td></tr> <tr> <td>INSURER E :</td><td></td><td></td></tr> <tr> <td>INSURER F :</td><td></td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Citizens Property Insurance Corp	10064	INSURER B :	Superior Specialty Insurance Company	161551	INSURER C :	Travelers Excess and Surplus Lines Co.	29696	INSURER D :	Travelers Casualty and Surety Company	31194	INSURER E :			INSURER F :		
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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		POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	COVERED PROPERTY		LIMITS
A	X	PROPERTY	072932665	05/31/2026	05/31/2027	X	BUILDING	\$ 64,411,600
		CAUSES OF LOSS DEDUCTIBLES				X	PERSONAL PROPERTY	\$ 90,000
A	X	BASIC	Replacement Cost	05/31/2026	05/31/2027		BUSINESS INCOME	\$
		BROAD					EXTRA EXPENSE	\$
B	X	SPECIAL	TLUDIC5006522	05/31/2026	05/31/2027		RENTAL VALUE	\$
		EARTHQUAKE					BLANKET BUILDING	\$
X		WIND	Difference in	Conditions			BLANKET PERS PROP	\$
		FLOOD					BLANKET BLDG & PP	\$
X		Hurricane	5%			X	Increased	\$ Cost of Const
		DIC					\$10,000	\$ Per Building
		INLAND MARINE	TYPE OF POLICY					\$
		CAUSES OF LOSS						\$
		NAMED PERILS	POLICY NUMBER					\$
								\$
D	X	CRIME	107099616	05/31/2026	05/31/2027	X	Employee Theft	\$ 1,800,000
		TYPE OF POLICY				X	Deductible	\$ 18,000
Fidelity						X	Prop Mgr Incl	\$ Yes
C	X	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	8W361824	05/31/2026	05/31/2027	X	Limit	\$ 60,706,646
						X	Deductible	\$ 2,500
								\$
								\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Total Number of Project Units 336. Property Manager is Additional Insured on Crime policy. Separation of insureds is included. Walls out coverage only. Inflation guard is optional and is not required. Replacement cost applies based on current appraisal on file. 10 days' cancellation for non-payment of premium; 45 days (See Attached Descriptions)

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

CBIZ Insurance Services, Inc.

DESC. OF OPERATIONS / LOCATIONS / SPECIAL CONDITIONS / OTHER COVERAGES

(SPECIAL CONDITIONS / OTHER COVERAGES)
for carrier non-renewals.