



CERTIFICATE OF PROPERTY INSURANCE

2903415

DATE (MM/DD/YYYY)
05/31/2023

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.

PRODUCER CBIZ Insurance Services 3945 West Atlantic Avenue Delray Beach, FL 33445 (470) 282-2535	CONTACT NAME: Stephanie Virden	
	PHONE (A/C, N^o, Ext): 941-893-3745	FAX (A/C, N^o):
	E-MAIL ADDRESS: stephanie.virden@cbiz.com	
	PRODUCER CUSTOMER ID:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Strathmore Riverside Villas Association c/o Argus Management 2700 Riverbluff Parkway Sarasota, FL 34231	INSURER A: Citizens Property Insurance Corporation	10064
	INSURER B: Trisura Specialty Insurance	16188
	INSURER C: Travelers Casualty and Surety Company	31194
	INSURER D: Travelers Excess and Surplus Lines	29696
	INSURER E:	
	INSURER F:	

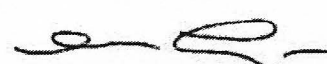
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
. STRATHMORE RIVERSIDE VILLAS ASSOCIATION , 2700 RIVERBLUFF PARKWAY , SARASOTA , FL 34231

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
	CAUSES OF LOSS	DEDUCTIBLES					
A	<input checked="" type="checkbox"/>	PROPERTY	07293266 - 2 DIFFERENCE AND CONDITIONS CIUDIC4000712 Deductible \$5,000 No Ordinance and Law Mold and Sewer Limit \$50k aggregate / \$25k Occ	05/31/2023	05/31/2024	<input checked="" type="checkbox"/> BUILDING	\$ 60,614,200
	<input type="checkbox"/>	BASIC				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 90,000
	<input checked="" type="checkbox"/>	BROAD				BUSINESS INCOME	\$
	<input type="checkbox"/>	SPECIAL				EXTRA EXPENSE	\$
	<input type="checkbox"/>	EARTHQUAKE				RENTAL VALUE	\$
	<input checked="" type="checkbox"/>	WIND				BLANKET BUILDING	\$
	<input type="checkbox"/>	FLOOD				BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/>	Sinkhole				BLANKET BLDG & PP	\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$
	<input type="checkbox"/>	CAUSES OF LOSS					\$
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER				\$
C	<input checked="" type="checkbox"/>	CRIME	107099616	05/31/2023	05/31/2024	<input checked="" type="checkbox"/> Employee Theft	\$ 500,000
	<input type="checkbox"/>	TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 5,000
D	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	8W361824	05/31/2023	05/31/2024	<input checked="" type="checkbox"/> Limit	\$ 60,704,200
	<input type="checkbox"/>					<input checked="" type="checkbox"/> Deductible	\$ 2,500
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Condominium Association with 336 residential units
Property manager is included in the crime coverage
Risk is insured to replacement cost based off the most recent appraisal / Inflation guard is included

CERTIFICATE HOLDER STRATHMORE RIVERSIDE VILLAS ASSOCIATION No Certificate Holder 2700 RIVERBLUFF PARKWAY SARASOTA, FL 34231 Loan Number: XXXX	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/31/2023

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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 CBIZ Insurance Services	Phone:	CONTACT NAME:	
	Fax:	PHONE (A/C. No. Ext):	FAX (A/C. No.):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Ascot Insurance Company	NAIC # 23752
		INSURER B : Zenith Insurance Company	13269
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			For general liability certs please email Kayla KMcCullough@CBIZ.com 301-764-2390			EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			SFU00000144	05/31/2023	05/31/2024	EACH OCCURRENCE	\$ 5,000,000
	DED RETENTION \$						AGGREGATE	\$ 5,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	Z127091709	04/01/2023	04/01/2024	PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

336 redisental condominium unit

CERTIFICATE HOLDER

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

Cbiz Insurance Services

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