



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/13/2026

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).

<b>PRODUCER</b> <b>Fako Insurance Plus</b> <b>4020 Park Street N, Ste 204</b> <b>St. Petersburg, FL 33709</b> <b>License #: R011674</b>	<b>CONTACT NAME:</b> Jeremiah Fictum <b>PHONE (A/C, No. Ext):</b> (727)343-8899 <b>E-MAIL ADDRESS:</b> customersupport@greatflstpete.com	<b>FAX (A/C, No):</b> (727)343-8895	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> <b>Westwinds of Treasure Island Condominium Association, Inc.</b> <b>c/o Condo Management Plus, Inc.</b> <b>5666 Seminole Blvd #103</b> <b>Seminole, FL 33772</b>	<b>INSURER A:</b> Northfield Insurance Company		<b>27987</b>
	<b>INSURER B:</b> AIG Specialty Insurance Company		<b>26883</b>
	<b>INSURER C:</b> Texas Insurance Company		<b>16543</b>
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER: 95959590-0**                      **REVISION NUMBER: 26**

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	<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:			TBD	01/05/2026	01/05/2027	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
	<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 type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE	\$	
							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						PER STATUTE		
								OTH-ER	
								E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$	
B	<b>HAZARD</b>			<b>WK FCC-06909-02</b>	01/05/2025	01/05/2026	<b>SEE ADDITIONAL</b>	<b>REMARKS</b>	
C	<b>WINDSTORM</b>			<b>TBD</b>	01/05/2026	01/05/2027	<b>SEE ADDITIONAL</b>	<b>REMARKS</b>	

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

<b>CERTIFICATE HOLDER</b>  <b>FOR INFORMATIONAL PURPOSES ONLY</b>	<b>CANCELLATION</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.
	<b>AUTHORIZED REPRESENTATIVE</b> <i>Anthony Loschiavo</i> (JLF)

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Fako Insurance Plus</b>		NAMED INSURED <b>Westwinds of Treasure Island Condominium Association, Inc.</b>	
POLICY NUMBER <b>N/A</b>			
CARRIER <b>Multiple Carriers</b>	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

LOCATION ADDRESS: 10265 GULF BLVD, TREASURE ISLAND, FL 33706 (36 TOTAL UNITS/ FLOOD ZONE AE)

**B) SPECIAL FORM HAZARD @ REPLACEMENT COST**  
 EFFECTIVE 1/5/26-1/5/27  
 POLICY #WKFC-06909-02  
 TIV \$6,911,211/ DED \$25K  
 INCLUDES EQUIPMENT BREAKDOWN

**C) WINDSTORM @ REPLACEMENT COST**  
 EFFECTIVE 1/5/26-1/5/27  
 POLICY #BRPPWPTFL011100\_080028\_03  
 TIV \$6,687,703/ DED 5% NS, \$50K AOWH

\*D&O EFFECTIVE 1/5/26-1/5/27  
 CARRIER: ACCREDITED SURETY AND CASUALTY COMPANY  
 POLICY #1-SKN-FL-01537978  
 @ \$1M/ DED \$10K

\*CRIME EFFECTIVE 1/5/26-1/5/27  
 CARRIER: STARNET INSURANCE COMPANY  
 POLICY #QDR0001249-00  
 @ \$300K/ DED \$1K/ INCLUDES COVERAGE FOR MGMT COMPANY

\*FLOOD EFFECTIVE 6/15/25-6/15/26  
 POLICY #0002995242  
 BLDG LIMIT \$6,645,000/ DED \$1,250

The Hazard policy is walls out, not including betterments or improvements.

Severability Of Interest/Separation Of Insureds: Applies to the General Liability policy per the terms & conditions.

Cancellation Period: 10 Days Minimum

Due to an addition to Florida Statute 626.9551, effective July 1, 2021, no one (including a lender) may require an insurance agency or agent provide a replacement cost estimator (RCE) or other insurance underwriting information in connection with a loan. Additionally, an insurance agent or agency is prohibited from supplying the RCE to anyone, even the customer. We are, therefore, unable to provide a copy of the Replacement Cost Estimator / Appraisal.