# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/21/2026

**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 | CONTACT NAME: Jeremiah Fictum | |
|---|---|---|
| Fako Insurance Plus<br>4020 Park Street N, Ste 204<br>St. Petersburg, FL 33709<br>License #: R011674 | PHONE (A/C, No, Ext): (727)343-8899 | FAX (A/C, No): (727)343-8895 |
| | E-MAIL ADDRESS: customersupport@greatflstpete.com | |

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|---|---|---|
| INSURER A : | Northfield Insurance Company | |
| INSURER B : | AIG Specialty Insurance Company | |
| INSURER C : | Texas Insurance Company | 16543 |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

**INSURED**

Westwinds of Treasure Island Condominium Association, Inc.
c/o Condo Management Plus, Inc.
5666 Seminole Blvd #103
Seminole, FL 33772

**COVERAGES** **CERTIFICATE NUMBER: 95959590-0** **REVISION NUMBER: 30**

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 | | | TBD | 01/05/2026 | 01/05/2027 | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | | | | PER STATUTE OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N / A | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| B | HAZARD | | | WKFCC-06909-02 | 01/05/2026 | 01/05/2027 | SEE ADDITIONAL | REMARKS |
| C | WINDSTORM | | | TBD | 01/05/2026 | 01/05/2027 | SEE ADDITIONAL | REMARKS |

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

**SEE ADDITIONAL REMARKS (ACORD 101)**

**CERTIFICATE HOLDER**

**FOR INFORMATIONAL PURPOSES ONLY**

**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

Anthony LoSchiavo

(JLF)

AGENCY CUSTOMER ID: _____

LOC #: _____

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Fako Insurance Plus | Westwinds of Treasure Island Condominium Association, Inc. |
| POLICY NUMBER<br>N/A | |
| CARRIER: Multiple Carriers / 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 #WKFCC-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.