

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.

<b>PRODUCER</b> <b>CBIZ Insurance Services, Inc.</b> 1605 Main Street, Suite 1010 Sarasota, FL 34236 941 960-8778		<b>CONTACT NAME:</b> <b>Cert Request</b> <b>PHONE (A/C, No, Ext):</b> <b>941-960-8778</b> <b>FAX (A/C, No):</b> <b>941-960-8787</b> <b>E-MAIL ADDRESS:</b> <b>certrequest@cbiz.com</b> <b>PRODUCER CUSTOMER ID #:</b>															
<b>INSURED</b> <b>Pinestone at Palmer Ranch COA, Inc. C/O</b> <b>Progressive Community Management, Inc.</b> 3701 S. Osprey Avenue Sarasota, FL 34239		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> American Coastal Insurance Company</td> <td></td> </tr> <tr> <td><b>INSURER B:</b> Continental Casualty Company</td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> American Coastal Insurance Company		<b>INSURER B:</b> Continental Casualty Company		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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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)

**Total Number of Project Units 310. Property Manager is Additional Insured on Crime policy. Separation of (See Attached Descriptions)**

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	COVERED PROPERTY	LIMITS
<b>A</b>	<b>X</b> PROPERTY	<b>AMC3427408</b>	<b>10/23/2025</b>	<b>10/23/2026</b>	<b>X</b> BUILDING	<b>\$ 59,486,369</b>
	CAUSES OF LOSS DEDUCTIBLES				PERSONAL PROPERTY	\$
	BASIC BUILDING				BUSINESS INCOME	\$
	BROAD 10,000				EXTRA EXPENSE	\$
	<b>X</b> SPECIAL CONTENTS				RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$
	WIND				BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$
	<b>X</b> Hurricane 5%				<b>X</b> Ord or Law A	<b>\$ Full Limit</b>
	<b>X</b> Sinkhole 10,000				<b>X</b> B & C	<b>\$ 2.5% per Bldg</b>
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	NAMED PERILS	POLICY NUMBER				\$
						\$
<b>B</b>	<b>X</b> CRIME	<b>768684413</b>	<b>10/23/2025</b>	<b>10/23/2026</b>	<b>X</b> Employee Theft	<b>\$ 1,900,000</b>
	TYPE OF POLICY				<b>X</b> Deductible	<b>\$ 5,000</b>
	<b>Fidelity</b>				<b>X</b> Prop Mgr Incl	<b>\$ Yes</b>
<b>A</b>	<b>X</b> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	<b>AMC3427408</b>	<b>10/23/2025</b>	<b>10/23/2026</b>	<b>X</b> Included	<b>\$ 10,000,000</b>
					<b>X</b> Deductible	<b>\$ 10,000</b>
						\$
						\$

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

## CERTIFICATE HOLDER

## CANCELLATION

FOR INFORMATION PURPOSES

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

### (LOCATION OF PREMISES / DESCRIPTION OF PROPERTY)

insureds and waiver of subrogation is included. Inflation guard is optional and is not required. Coverage is walls out. Replacement cost applies based on current appraisal. 10 days' cancellation for non-payment of premium; 90 days for non-renewals. Flood Zone X-shaded.

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/28/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>CBIZ Insurance Services, Inc.</b> <b>1605 Main Street, Suite 1010</b> <b>Sarasota, FL 34236</b>	<b>CONTACT NAME:</b> Cert Request <b>PHONE (A/C, No, Ext):</b> 941-960-8778 <b>FAX (A/C, No):</b> 941-960-8787 <b>E-MAIL ADDRESS:</b> certrequest@cbiz.com														
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Deductible: 5,000 <input checked="" type="checkbox"/> Per Claim GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			01004064740	10/23/2025	10/23/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			01004064740	10/23/2025	10/23/2026	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$NIL			RN70514722	10/23/2025	10/23/2026	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Z071726315	10/23/2025	10/23/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
D	Directors & Officers (D&O)			SFD00001981 PRIOR DATE CLAIMS MADE	10/23/2025 10/23/2024	10/23/2026 Retention	2,000,000 2,500

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

GL policy includes Waiver of Subrogation and Separation of Insureds. 10 days' cancellation for non-payment of premium; 90 days for non-renewals.

## CERTIFICATE HOLDER

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