

ACORD™

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/28/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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: 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 #:	
		INSURER(S) AFFORDING COVERAGE
INSURED PineStone at Palmer Ranch COA, Inc. C/O Progressive Community Management, Inc. 3701 S. Osprey Avenue Sarasota, FL 34239	INSURER A: American Coastal Insurance Company	
	INSURER B: Continental Casualty Company	
	INSURER C:	
	INSURER D:	
	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)						
Total Number of Project Units 310. Property Manager is Additional Insured on Crime policy. Separation of (See Attached Descriptions)						
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	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS	AMC3427408 Replacement Cost 100% Coinsurance Agreed Amount	10/23/2025	10/23/2026	<input checked="" type="checkbox"/> BUILDING	\$ 59,486,369
	<input type="checkbox"/> BASIC				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BROAD				<input checked="" type="checkbox"/> BUSINESS INCOME	\$
	<input checked="" type="checkbox"/> SPECIAL				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/> EARTHQUAKE				<input checked="" type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> WIND				<input checked="" type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> FLOOD				<input checked="" type="checkbox"/> BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/> Hurricane 5%				<input checked="" type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Sinkhole 10,000				<input checked="" type="checkbox"/> Ord or Law A	\$ Full Limit
					<input checked="" type="checkbox"/> B & C	\$ 2.5% per Bldg
<input type="checkbox"/> INLAND MARINE CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS	TYPE OF POLICY				\$	
	POLICY NUMBER				\$	
					\$	
					\$	
B	<input checked="" type="checkbox"/> CRIME TYPE OF POLICY Fidelity	768684413	10/23/2025	10/23/2026	<input checked="" type="checkbox"/> Employee Theft	\$ 1,900,000
	<input checked="" type="checkbox"/> Deductible				\$ 5,000	
	<input checked="" type="checkbox"/> Prop Mgr Incl				\$ Yes	
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	AMC3427408	10/23/2025	10/23/2026	<input checked="" type="checkbox"/> Included	\$ 10,000,000
	<input checked="" type="checkbox"/> Deductible				\$ 10,000	

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.	

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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.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	Cert Request	
	PHONE (A/C, No, Ext):	941-960-8778	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	certrequest@cbiz.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #	
INSURER A : Kinsale Insurance Company			
INSURER B : Richmond National Insurance Company			
INSURER C : Zenith Insurance Company			
INSURER D : Ascot Insurance Company			
INSURER E :			
INSURER F :			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:
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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WWD	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"/> PROJECT <input type="checkbox"/> LOC 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"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> 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 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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N	N / A	Z071726315	10/23/2025	10/23/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$500,000 \$500,000 \$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

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.