

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

04/08/2026

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> Mitchell Insurance Services, Inc. 319 5th St. N. Saint Petersburg, FL 33701 License #: L057820	CONTACT NAME: Account Manager PHONE (A/C, No, Ext): (727)360-8190 E-MAIL ADDRESS: am@mitchellinsurancefl.com	FAX (A/C, No): (727)360-6086	
	INSURER(S) AFFORDING COVERAGE INSURER A: <b>Superior Specialty Insurance Company</b> INSURER B: <b>Midvale Indemnity Company</b> INSURER C: <b>CNA Insurance</b> INSURER D: <b>StarNet Insurance Company</b> INSURER E: INSURER F:		NAIC #
<b>INSURED</b> Windrush Bay Condominium Association, Inc. 24701 US Highway 19 N Ste 102 C/O Ameri-Tech Mgmt Clearwater, FL 33763-4086			

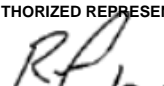
**COVERAGES** CERTIFICATE NUMBER: 0000234-0 REVISION NUMBER: 71

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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. \*Not Applicable in WY

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TLUHOA501781-01	12/06/2025	12/06/2026	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TLUHOA501781-01	12/06/2025	12/06/2026	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ <b>0</b>			PRP-229824000-02-2104680	12/06/2025	12/06/2026	EACH OCCURRENCE \$ <b>25,000,000</b> AGGREGATE \$ <b>25,000,000</b> \$
C	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	N/A	WC 4 19985663	01/19/2026	01/19/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
A	Crime			TLUHOA501781-01	12/06/2025	12/06/2026	Employee Theft \$ <b>750,000</b>
D	Directors & Officers			QDO0014918-00	12/06/2025	12/06/2026	Directors and Offic \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Property (Special Form): Slide Insurance Policy#: CPFL 0001249-00. Effective 10/01/2025-10/01/2026. Deductible \$5,000, RCV, Agreed Amount, 5% Hurricane (per Occ), Equipment Breakdown Included, Ordinance or Law A,B&C, TIV \$22,445,099.**

**Property: (Special Form Common Area Only): Superior Policy#: TLUHOA501781-01. Effective Date: 12/06/2025 - 12/06/2026. Deductible: \$2,500 AOP, 3% Named Storm Per Bldg/Occ, TIV \$20,695. Light Poles & Pool Fencing. (continued on ACORD 101 Additional Remarks Schedule)**

<b>CERTIFICATE HOLDER</b>  for Informational Purposes Only	<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.
	AUTHORIZED REPRESENTATIVE   (CAM)



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Mitchell Insurance Services, Inc.</b>		NAMED INSURED <b>Windrush Bay Condominium Association, Inc.</b>	
POLICY NUMBER <b>N/A</b>		EFFECTIVE DATE:	
CARRIER <b>Multiple Carriers</b>	NAIC CODE	(Empty)	

**ADDITIONAL REMARKS**

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

(continued from Description of Operations)  
 Policies cover Common Area Property Items and 53 Residential Buildings w/139 Units Total.

Severability of Insureds included in General Liability policy form. Employee theft/ D&O covers the management entity as well.