



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 2/14/2020

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. PHONE (A/C, No, Ext): (561) 451-1900 Canopius US Insurance, Inc Seeman Holtz Property & Casualty, LLC 301 Yamato Road #2250 Boca Raton, FL 33431 200 South Wacker Drive Suite 950 Chicago, IL 60606 E-MAIL ADDRESS: csr@seemanholtzpc.com FAX (A/C, No): (561) 451-4532 CODE SUB CODE: AGENCY CUSTOMER ID #: EMERBAY-01 License # L094577 **Emerald Bay Homeowners' Association, Inc** POLICY NUMBER INSURED LOAN NUMBER 24701 US Hwy 19 N OUA30001293-01 Clearwater, FL 33763 FFFECTIVE DATE EXPIRATION DATE CONTINUED UNTIL TERMINATED IF CHECKED 6/15/2019 6/15/2020 THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION Loc # 1, Bldg # 1, 1 Emerald Bay Dr, Oldsmar, FL 34677 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 EVIDENCE OF PROPERTY INSURANCE 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. X | SPECIAL COVERAGE INFORMATION PERILS INSURED BASIC BROAD COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE BI and PD occurrence Limit \$1,000,000 **Aggregate Limit** \$2,000,000 \$5,000 Medical expense (per person) Limit Personal & advertising injury Limit \$1,000,000 Products & completed operations Limit \$2,000,000 **Tenants legal liability Limit** \$50,000 **SEE ATTACHED ACORD 101** REMARKS (Including Special Conditions) 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. ADDITIONAL INTEREST NAME AND ADDRESS ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE LOAN # **Proof of Insurance** AUTHORIZED REPRESENTATIVE

LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY	ense # L094577	
Seeman Holtz Property & Casualty, LLC		Emerald Bay Homeowners' Association, Inc 24701 US Hwy 19 N
POLICY NUMBER		Clearwater, FL 33763
OUA30001293-01		
CARRIER	NAIC CODE	
Canopius US Insurance, Inc	12961	EFFECTIVE DATE: 06/15/2019

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

Coverage Information:

Loc # 1, Bldg # 1

Building, Amount of Insurance: \$102,000, Deductible: 2,500

Personal Property, Amount of Insurance: \$10,000, Deductible: 2,500

Outdoor property, Amount of Insurance: \$80,000

Employee Dishonesty, Amount of Insurance: \$10,000, Deductible: 1,000

Fine arts, Amount of Insurance: \$5,000 Sign, Amount of Insurance: \$15,000