



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/24/2025

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

<b>PRODUCER</b> <b>Mitchell Insurance Services, Inc.</b> <b>319 5th St. N.</b> <b>Saint Petersburg, FL 33701</b> <b>License #: L057820</b>	<b>CONTACT NAME:</b> Jansen AL <b>PHONE (A/C, No. Ext):</b> (727)360-8190 <b>FAX (A/C, No):</b> (727)360-6086 <b>E-MAIL ADDRESS:</b> CSR1@mitchellinsurancefl.com
<b>INSURED</b> <b>Bayview Condominiums Clearwater Association Inc.</b> <b>24701 US Highway 19 N Ste 102</b> <b>C/O Ameri-Tech Mgmt</b> <b>Clearwater, FL 33763-4086</b>	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Atain Insurance Company <b>INSURER B:</b> Midvale Indemnity Company <b>INSURER C:</b> Zenith Insurance Company <b>INSURER D:</b> Ascot Insurance Company <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER: 00000979-0****REVISION NUMBER: 36**

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.

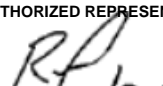
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>BWPF0079389R02</b>	<b>10/18/2025</b>	<b>10/18/2026</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</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>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			<b>PRP-229824000-01-3631324</b>	<b>10/18/2025</b>	<b>10/18/2026</b>	EACH OCCURRENCE \$ <b>15,000,000</b> AGGREGATE \$ <b>Policy Limit</b> \$ <b>15,000,000</b>
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A			<b>Z141489003</b>	<b>10/18/2025</b>	<b>10/18/2026</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
D	<b>Crime</b>			<b>SFC00000231 02</b>	<b>10/18/2025</b>	<b>10/18/2026</b>	<b>Employee Theft</b> <b>400,000</b>
D	<b>Directors &amp; Officers</b>			<b>SFD00000466 02</b>	<b>10/18/2025</b>	<b>10/18/2026</b>	<b>Directors and Offic</b> <b>1,000,000</b>

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

**Property: Frontline Pol# 5407304377, Effective 4/2/2025-4/2/2026. Deductibles: 5% Hurricane (CY), \$5,000 Wind/Hail per Occurrence, \$5,000 AOP per Occurrence, Ordinance or Law- Full A w/ 2.5% B&C. 80% Co-Insurance, RCV,TIV \$16,441,410, 1 building, 28 units, & common areas**

**EB: Travelers Indemnity Co. Pol# 3X45070A Effecitve 4/2/2025-4/2/2026. Limit \$16,441,410, \$5,000 Deductible.**

(continued on ACORD 101 Additional Remarks Schedule)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>FOR INFORMATIONAL PURPOSES ONLY</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  (CSR)

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 2 of \_\_\_\_\_

AGENCY <b>Mitchell Insurance Services, Inc.</b>		NAMED INSURED <b>Bayview Condominiums Clearwater Association Inc.</b>	
POLICY NUMBER <b>N/A</b>			
CARRIER <b>Multiple Carriers</b>	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

(continued from Description of Operations)  
 Separation of Insureds included in General Liability policy form.  
 Employee Theft and D&O cover the management entity as well.