



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
4/8/2025

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Marsh & McLennan (CLW) 101 N Starcrest Dr Clearwater FL 33763	CONTACT NAME:		
	PHONE (A/C, No. Ext): 727-447-6481	FAX (A/C, No): 727-373-2823	
	E-MAIL ADDRESS: Condos@bouchardinsurance.com		
	PRODUCER CUSTOMER ID: BELFORES		
INSURED Bel Forest Manor Condominium Assoc Inc c/o Amer-Tech Property Management 24701 US Hwy 19 N Ste 102 Clearwater FL 33763	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: American Coastal Insurance Company		12968
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 1034770881

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RESIDENTIAL CONDOMINIUM ASSOCIATION - 72 UNITS
SEE ATTACHED "ADDITIONAL REMARKS SCHEDULE" FOR LOCATIONS AND LIMITS

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 type="checkbox"/>	PROPERTY	AMC3494607	3/27/2025	3/27/2026	<input checked="" type="checkbox"/>	BUILDING	\$ SEE ATTACHED
		CAUSES OF LOSS					PERSONAL PROPERTY	\$
							BUSINESS INCOME	\$
		BASIC					EXTRA EXPENSE	\$
		BROAD					RENTAL VALUE	\$
	<input checked="" type="checkbox"/>	SPECIAL					BLANKET BUILDING	\$
		EARTHQUAKE					BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/>	WIND					BLANKET BLDG & PP	\$
		FLOOD					REPLACEMENT COST	\$ AGREED VALUE
	<input checked="" type="checkbox"/>	SINKHOLE				<input checked="" type="checkbox"/>	EQUIP BREAKDOWN	\$ INCLUDED
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY					\$
		CAUSES OF LOSS	POLICY NUMBER					\$
		NAMED PERILS						\$
								\$
	<input type="checkbox"/>	CRIME						\$
		TYPE OF POLICY						\$
								\$
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$
								\$
								\$
								\$

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

PROPERTY: ORDINANCE OR LAW; COVERAGE A-FULL, COVERAGE B&C-2.5% OF BUILDING LIMIT. SEWER BACK-UP: \$150,000; MOLD: \$50,000; EQUIPMENT BREAKDOWN MAX: \$10,000,000; WIND DRIVEN RAIN: \$250,000.

CERTIFICATE HOLDER

CANCELLATION

FOR INFORMATIONAL PURPOSES ONLY

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

Jack George

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ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh McLennan Agency	NAMED INSURED: Bel Forest Manor Condominium Association, Inc.
2025 to 2026 Policy Period	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE ATTACHED TO THE ACORD FORM

Special Conditions:

PROPERTY			
Street Address	City, State, Zip	Description	Limits
1750 Belleair Forest Drive	Belleair, FL 33756	Building A	\$3,110,606
1750 Belleair Forest Drive	Belleair, FL 33756	Carport A	\$80,000
1750 Belleair Forest Drive	Belleair, FL 33756	Building B	\$1,395,408
1750 Belleair Forest Drive	Belleair, FL 33756	Carport B	\$16,000
1750 Belleair Forest Drive	Belleair, FL 33756	Carport B	\$16,000
1750 Belleair Forest Drive	Belleair, FL 33756	Building C	\$3,110,606
1750 Belleair Forest Drive	Belleair, FL 33756	Carport C	\$80,000
1753 Belleair Forest Drive	Belleair, FL 33756	Building D	\$1,395,408
1753 Belleair Forest Drive	Belleair, FL 33756	Carport D	\$32,000
1753 Belleair Forest Drive	Belleair, FL 33756	Buildng E	\$1,395,408
1753 Belleair Forest Drive	Belleair, FL 33756	Carport E	\$32,000
1750 Belleair Forest Drive	Belleair, FL 33756	Buildng F	\$1,395,408
1753 Belleair Forest Drive	Belleair, FL 33756	Carport F	\$32,000
1750 Belleair Forest Drive	Belleair, FL 33756	Pool Cabana	\$110,729
1750 Belleair Forest Drive	Belleair, FL 33756	Swimming Pool/Deck	\$194,513
TOTAL:			\$12,396,086



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2025

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

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		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Superior Specialty Insurance Company	16551
INSURED Bel Forest Manor Condominium Assoc Inc c/o Amer-Tech Property Management 24701 US Hwy 19 N Ste 102 Clearwater FL 33763		BELFORES	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES**CERTIFICATE NUMBER:** 747165154**REVISION NUMBER:**

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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 <input type="checkbox"/> OTHER:			TLUCAP50189500	3/27/2025	3/27/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 HIRED & NON-OWNED \$ 1,000,000
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

GENERAL LIABILITY APPLIES ONLY TO THE COMMON AREAS AT BEL FOREST MANOR CONDOMINIUM ASSOCIATION; SEVERABILITY OF INTEREST INCLUDED.

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATIONAL PURPOSES ONLY

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AUTHORIZED REPRESENTATIVE

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