Phone: (843)413-2064

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/07/2025

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).

PRODUCER	Palm Insurance Management 209 Turner Street 2nd Floor Clearwater, FL 33756 License #: L093474	CONTACT NAME: Lee Holton PHONE (A/C, No, Ext): 727-593-4120 FAX (A/C, No): 727-565-0081 E-MAIL ADDRESS: Certificate@pimfl.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Westchester Surplus Lines Insurance Company	10172
INSURED	The Cloisters at Bardmoor Condominium Association, Inc. c/o Leading Edge C.A.M. 901 N Hercules Ave, Ste A Clearwater, FL 33765	INSURER B : Midvale Indemnity Company	27138
		INSURER C : Zenith Insurance Company	13269
		INSURER D : Accredited Surety and Casualty Co, Inc.	26379
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 00003034-0** **REVISION NUMBER: 4**

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Ded $500 BI/PD GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GLWF17660378 002	02/09/2025	02/09/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Terrorism	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ Excluded
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			GLWF17660378 002	02/09/2025	02/09/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			PRP-229824000-01-2225843	02/09/2025	02/09/2026	EACH OCCURRENCE AGGREGATE Terrorism	$ 5,000,000 $ 5,000,000 $ Included
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Z140324703	02/09/2025	02/09/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
D	Directors & Officers			1-SKN-FL-01462692-01	02/09/2025	02/09/2026	Ded $2,500 / Limit	$1,000,000
D	Fidelity Bond			1-SKN-FL-01462692-01	02/09/2025	02/09/2026	Ded $5,000 / Limit	$250,000

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

RE: 8395 Meadowbrook Drive E #1, Seminole FL 33777 / Kathleen E Carfagno / Loan #0012265775

COVERAGES Continued:
E - LEGAL DEFENSE: Carrier Atlantic Mutual Insurance / NAIC #29095 / Policy #CU0002431-01 / Effective Date 02/09/2025 - 02/09/2026 / Limit $Unlimited / Deductible $0

(continued on ACORD 101 Additional Remarks Schedule)

CERTIFICATE HOLDER

Regions Bank, ISAOA
PO Box 200401
Florence, SC 29502

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.

AUTHORIZED REPRESENTATIVE

(LBH)

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Palm Insurance Management	The Cloisters at Bardmoor Condominium Association, Inc.
POLICY NUMBER N/A	
CARRIER Multiple Carriers / 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)

F - PROPERTY: Carrier American Coastal / NAIC #12968 / Policy #AMC-39333-00 / Effective Date 02/09/2025 - 02/09/2026 / Limit $$8,704,297 / Deductibles: 3% Hurricane CY, Sinkhole 3% per occ, AOP $5,000 per occ / Special Form / Replacement Cost (per Appraisal) / Co-Insurance Agreed Amount / Ordinance or Law: Cov A Included in Bldg Limit, Cov B&C Combined 5% of Bldg limit / Equipment Breakdown Included / No Inflation Guard / Terrorism Excluded / 42 Units / Walls Out. Notice of Cancellation: 20 Days if in effect less than 90 Days; 45 Days if in effect more than 90 Days except for 10 Day Notice for Non-Payment of premium

Property Schedule:

Loc#	Bldg#	Description	Value
1	1	8395 Meadowbrook Dr	$1,017,685
1	2	8352 Meadowbrook Dr	$1,153,171
1	3	8310 Meadowbrook Dr	$1,365,043
1	4	10835 Indian Hills Ct	$1,164,131
1	5	10847 Indian Hills Ct	$ 795,144
1	6	10823 Indian Hills Ct	$1,153,868
1	7	10811 Indian Hills Ct	$1,584,041
1	8	Pool Restroom	$ 92,990
1		Spa	$ 25,600
1		Pool	$ 134,962
1		Pool Deck	$ 49,662
1		Carports	$ 168,000