



IMPEEMB-02

CYAGER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2025

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> License # L054562 <b>PCS Insurance Group Inc.</b> 3315 Henderson Boulevard, Suite 200 Tampa, FL 33609	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (813) 868-1010	<b>FAX (A/C, No):</b> (813) 388-4598
	<b>E-MAIL ADDRESS:</b> certificates@pcsins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> Philadelphia Indemnity Ins Co	
<b>INSURED</b>  <b>IMPERIAL EMBASSY CONDOMINIUM TWO, INC.</b> c/o Ameri-Tech Community Management 24701 US Highway 19 N Clearwater, FL 33763	<b>INSURER B :</b> Old Republic Union Insurance Company	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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
	<b>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Crime</b>			PCAC025025-0125	11/1/2025	11/1/2026	<b>Employee Dishonesty</b> 100,000
<b>B</b>	<b>X-Wind</b>			ORB-CF-25-A79352-00	11/7/2025	11/7/2026	<b>TIV</b> 6,048,625

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

## CERTIFICATE HOLDER

## CANCELLATION

For Information 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

Charles Barber



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>PCS Insurance Group Inc.</b>	License # L054562	NAMED INSURED <b>IMPERIAL EMBASSY CONDOMINIUM TWO, INC.</b> c/o Ameri-Tech Community Management 24701 US Highway 19 N Clearwater, FL 33763 Pinellas
POLICY NUMBER <b>SEE PAGE 1</b>		
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>

## ADDITIONAL REMARKS

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

## Remarks

Property: Excluding Wind  
Carrier: Old Republic Union Insurance Company  
Policy # ORB-CF-25-A79352-00  
Policy Terms: 11/07/2025 – 11/07/2026  
Total Insured Value: \$6,048,625  
Coverage is Special Form, excluding wind and including equipment breakdown  
Valuation is Replacement Cost basis  
Agreed Value, Coinsurance does not apply  
Ordinance & Law Coverage: A, B & C combined sublimit: 10% of the value of the damaged building(s)  
Inflation guard was not available for purchase.  
Property Coverage includes common elements  
Deductibles:  
All Other Covered Perils: \$10,000 per occurrence  
As respects to Water Damage: \$25,000 per occurrence

## Directors and Officers

Carrier: Ascot Insurance Company  
Policy # SFD00004037  
Policy Terms: 11/01/2025 – 11/01/2026  
Limit: \$1,000,000, Deductible: \$5,000

40 Units - coverage is walls out and does not include unit interiors.

Property Manager is included for coverage under Crime/Fidelity, and D&O policy forms.

Cancellation notification is 30 days except non-payment, which is 10 days.

# COMMON POLICY DECLARATIONS

MESA UNDERWRITERS SPECIALTY  
INSURANCE COMPANY A Stock Company  
40 Wantage Avenue, Branchville, NJ 07890

Policy Number: MP001000510065900

Previous Policy Number: \_\_\_\_\_

☒ New ☐ Renewal ☐ Rewrite

Policy Period: From 03/15/2025 To 03/15/2026 at **12:01 A.M.** Standard Time at your mailing address shown below.

**Named Insured:**

IMPERIAL EMBASSY CONDOMINIUM TWO, INC.

DBA:

**Mailing Address:**

4747 AZALEA DR, APT 100

NEW PORT RICHEY

FL 34652 5046

Agent and Mailing Address:

Agent Number: 10005

10005-R-T Specialty, LLC

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF ANY INSOLVENT UNLICENSED INSURER.

Tax State: FL

State Control Number (NJ & PA):

Surplus Lines Broker Name:

Surplus Lines Broker Number:

Jeff Aumck

A009843

**Form of Business**

☐ Individual ☐ Joint Venture ☐ Partnership ☐ Limited Liability Company ☒ Corporation

☐ Organization (other): \_\_\_\_\_

**Business Description:**

CONDOMINIUMS - RESIDENTIAL (ASSOCIATION RISK ONLY)

**Select Coverage Part (for which insurance is being afforded)**

<input checked="" type="checkbox"/> Commercial General Liability	\$	6,198.00
<input type="checkbox"/> Liquor Liability	\$	
<input type="checkbox"/> Owners & Contractors Protective	\$	
<input type="checkbox"/> Commercial Property	\$	
<input type="checkbox"/> Commercial Inland Marine	\$	
<input type="checkbox"/> Commercial Crime	\$	
<input type="checkbox"/> Farm & Ranch	\$	
<input type="checkbox"/> Auto Dealers	\$	
<input type="checkbox"/> Other (Describe)	\$	
<input type="checkbox"/> TRIA	\$	
<b>Policy Taxes and Fees</b>		
Surplus Lines Tax	\$318.53	
Policy Fee	\$50.00	
Inspection Fee	\$200.00	
Stamping Fee	\$3.87	
Total Advance Premium		\$ 6,198.00
Total Other Charges		\$ 572.40
Total		\$ 6,770.40

Premiums Shown are payable at inception or as indicated on the individual Coverage Declarations.

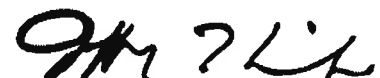
Form(s) and Endorsement(s), including edition dates, made a part of this policy at the time of issue: See Schedule of Forms

RA

GEN

03/21/2025  
Date

By: \_\_\_\_\_



Authorized Agent

MUS 01 01 10002 1122

Insured Copy

**GENERAL LIABILITY Coverage Part Declarations**

MESA UNDERWRITERS SPECIALTY  
INSURANCE COMPANY A Stock Company  
40 Wantage Avenue, Branchville, NJ 07890

Policy Number: **MP001000510065900**Named Insured: **IMPERIAL EMBASSY CONDOMINIUM TWO, INC.**

DBA:

Effective Date: **03/15/2025****LIMITS OF INSURANCE**

General Aggregate Limit (Other Than Products / Completed Operations)	\$ 2,000,000
Products / Completed Operations Aggregate Limit	\$ Included
Personal and Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Damage To Premises Rented to You Limit (Any 1 Premises)	\$ 100,000
Medical Expense Limit (Any 1 Person)	\$ 5,000

**Location(s) Of All Premises you Own, Rent or Occupy, Classification & Premium Provided**

Code No.	Classification Description	Premium Basis / Exposure*	Rate		Advanced Premium	
			Premises / Operations	Products/ Comp Ops	Premises / Operations	Products/ CompOps
Loc. No.	Street Address	Street Address	City	State	Zip	
001)	4747 AZALEA DR		NEW PORT RICHEY	FL	34652	
62003	Condominiums - Residential (association risk u 24 only)	154.9400	Included	\$3,719	Included	

Products-Completed Operations are subject to the General Aggregate Limit

62003	Condominiums - Residential (association risk u 16 only)	154.9400	Included	\$2,479	Included	
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Products-Completed Operations are subject to the General Aggregate Limit

- |   |   |
|---|---|
| <input type="checkbox"/> Abuse and Molestation Limited Coverage | <input type="checkbox"/> Increased Limits                     |
| <input type="checkbox"/> Assault and Battery Limited Coverage   | <input type="checkbox"/> Hired Automobile                     |
| <input checked="" type="checkbox"/> Additional Insured(s)       | <input type="checkbox"/> Non-Owner Automobile                 |
| <input type="checkbox"/> Employee Benefit Liability Coverage    | <input type="checkbox"/> Stop Gap                             |
| <input type="checkbox"/> Liability Enhancement Coverage         | <input type="checkbox"/> Swimming Pool Pop-up Coverage        |
| <input type="checkbox"/> Waiver of Subrogation Coverage         | <input type="checkbox"/> Primary & Non Contributory Coverage  |
| <input type="checkbox"/> Lost Key Coverage                      | <input type="checkbox"/> Timber Overcut Coverage              |
| <input type="checkbox"/> Limited Pollution Coverage             | <input type="checkbox"/> Limited Pollution Lawn Care Coverage |
| <input type="checkbox"/> Earth Movement Coverage                | <input type="checkbox"/> Ohio Pesticides Coverage             |
| <input type="checkbox"/> Misc Professional Liability Coverage   | <input type="checkbox"/> Alarm Systems Cont E&O Coverage      |
| <input type="checkbox"/> Swimming Pools - Dwelling Coverage     | <input type="checkbox"/> Contractors Liability Bundle         |
| <input type="checkbox"/> Other:                                 |   |

\*Premium Basis Types: **a - Area** (per 1,000 Square feet of area) **c - Cost** (per \$1,000 Total Cost) **m - Admissions** (per 1,000 Admissions)  
**p - Payroll** (per \$1,000 of Payroll) **s - Sales** (per \$1,000 Gross Sales) **t - Total** (per each) **u - Units** (per Unit)

Total Annual Premium: \$ 6,198

Forms/Endorsements Applicable

See Schedule of Forms and Endorsements

This Coverage Part consists of this Declarations Form, the Common Policy Conditions, the Commercial General Liability Conditions, the Coverage Form(s), and the Coverage Endorsement(s) Indicated as applicable.

Policy Number: MP001000510065900

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIABILITY DEDUCTIBLE**  
(Including Costs and Expenses)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM  
FARM LIABILITY COVERAGE FORM  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM

**SCHEDULE**

Coverage	Amount and Basis of Deductible	
	PER CLAIM	or PER OCCURRENCE
Bodily Injury Liability	\$ 2,500	\$N/A
Property Damage Liability	\$ 2,500	\$N/A

- A. The Company's obligations under the coverage afforded by this policy to pay damages on behalf of the Insured apply only to the amount of damages in excess of the deductible amount stated above.
- B. The deductible amount applies to all damages sustained by one person or organization as the result of any one claim.
- C. The deductible amount stated will also apply towards investigation, adjustment and legal expenses incurred in the handling and investigation of each claim, whether or not payment is made to claimant, compromise settlement is reached or claim is denied.
- D. The terms of the policy, including those with respect to the Company's rights and duties with respect to the defense of suits and the Insured's duties in the event of an occurrence apply irrespective of the application of the deductible amount.
- E. The Company, at its sole election and option, may either:
1. Pay any part of or all of the deductible amount to effect settlement of any claim or suit, and upon notification of the action taken, the Named Insured shall promptly reimburse the Company for such part of the deductible amount as has been paid by the Company; or
  2. Simultaneously upon receipt of notice of any claim or at any time thereafter, call upon the Insured and request said Insured to pay over and deposit with the Company all or part of the deductible amount, to be held and applied by the Company as herein provided.

All other terms and conditions of this policy remain unchanged.