



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
6/16/2026

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 33765	CONTACT NAME:	
	PHONE (A/C, No. Ext): 727-447-6481	FAX (A/C, No): 727-373-2823
	E-MAIL ADDRESS: FLCondoCertificates@MarshMMA.com	
	PRODUCER CUSTOMER ID: ROTHMESTAT	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Rothmoor Estates Condominium Assn, Inc. c/o Ameri-Tech Community Management 64151 1st Ave South St. Petersburg FL 33707	INSURER A: Cumis Specialty Insurance Company, Inc.	12758
	INSURER B: American Coastal Insurance Company	12968
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1838265328

REVISION NUMBER:

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

RESIDENTIAL CONDOMINIUMS - 84 UNITS
SEE ATTACHED "ADDITIONAL REMARKS SCHEDULE" FOR LOCATION 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
B	☒	PROPERTY	AMC39837	6/22/2026	6/22/2027	☒ BUILDING	\$ SEE ATTACHED
		CAUSES OF LOSS				☐ PERSONAL PROPERTY	\$
						☐ BUSINESS INCOME	\$
		BASIC				☐ EXTRA EXPENSE	\$
		BROAD				☐ RENTAL VALUE	\$
	☒	SPECIAL				☐ BLANKET BUILDING	\$
		EARTHQUAKE				☐ BLANKET PERS PROP	\$
	☒	WIND				☐ BLANKET BLDG & PP	\$
		FLOOD				☒ REPLACEMENTCOST	\$ AGREED AMOUNT
	☒	SINKHOLE				☒ EQUIP BKDN	\$ 10,000,000
	☒	ORD OR LAW	SEE BELOW				
	☐	INLAND MARINE	TYPE OF POLICY				\$
		CAUSES OF LOSS					\$
		NAMED PERILS	POLICY NUMBER				\$
							\$
A	☒	CRIME	CIUCAP102576	6/20/2026	6/20/2027	☒ EMPLOYEE THEFT	\$ 300,000
		TYPE OF POLICY				☒ DEDUCTIBLE	\$ 2,000
		CRIME/FIDELITY BOND					\$
	☐	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 LIMITS, COVEARAGE B&C COMBINED LIMIT-10%.
CRIME/FIDELITY BOND: PROPERTY MANGER IS INCLUDED AS ADDITIONAL INSURED.

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 2026-2027 Property Policy				NAMED INSURED Rothmoor Estates Condominium Association Inc
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE ATTACHED TO THE ACORD FORM				
<i>Special Conditions:</i>				
				American Coastal Ins Co (Special)
Street Address	City, State Zip	Subject	# Units	Limits
101-105 Mindy Dr	Largo, FL 33771	Condo Building	5	\$1,084,701
201-207 Mindy Dr	Largo, FL 33771	Condo Building	7	\$1,400,120
301-306 Mindy Dr	Largo, FL 33771	Condo Building	6	\$1,183,497
401-404 Mindy Dr	Largo, FL 33771	Condo Building	4	\$834,905
501-504 Cara Court	Largo, FL 33771	Condo Building	4	\$756,441
601-608 Mindy Dr	Largo, FL 33771	Condo Building	8	\$1,585,212
701-708 Mindy Dr	Largo, FL 33771	Condo Building	8	\$1,555,735
801-804 Mindy Court	Largo, FL 33771	Condo Building	4	\$784,152
901-908 Cara Dr	Largo, FL 33771	Condo Building	8	\$1,588,974
1001-1007 Cara Dr	Largo, FL 33771	Condo Building	7	\$1,349,212
1101-1104 Cara Dr	Largo, FL 33771	Condo Building	4	\$826,185
1201-1206 Cara Dr	Largo, FL 33771	Condo Building	6	\$1,183,393
1301-1306 Cara Dr	Largo, FL 33771	Condo Building	6	\$1,215,144
1401-1407 Cara Dr	Largo, FL 33771	Condo Building	7	\$1,414,774
101-105 Mindy Dr	Largo, FL 33771	Clubhouse		\$596,219
101-105 Mindy Dr	Largo, FL 33771	Pool		\$240,235
TOTAL:			84	\$17,598,899



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/16/2026

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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).

PRODUCER Marsh McLennan (CLW) 101 N Starcrest DR Clearwater FL 33765	CONTACT NAME: PHONE (A/C, No. Ext): 727-447-6481 E-MAIL ADDRESS: FLCondoCertificates@MarshMMA.com	FAX (A/C, No): 727-373-2823
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Cumis Specialty Insurance Company, Inc.		12758
INSURED Rothmoor Estates Condominium Assn., Inc. c/o Ameri-Tech Community Management 6415 1st Ave South St. Petersburg FL 33707	ROTHMESTAT	
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES**CERTIFICATE NUMBER:** 625420494**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
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			CIUCAP102576	6/20/2026	6/20/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Hired/NonOwned Auto \$ 1,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE ☐ OTH-ER ☐ 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 ONLY APPLIES TO THE COMMON AREAS AT ROTHMOOR ESTATES CONDOMINIUM ASSOCIATION, INC. SEVERALBILITY OF INTEREST INCLUDED.

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATIONAL PURPOSES ONLY

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AUTHORIZED REPRESENTATIVE

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