



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/7/2019

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 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 Brown & Brown - Sarasota 240 S. Pineapple Ave Suite 301 Sarasota FL 34236	CONTACT NAME: PHONE (A/C. No. Ext): 800-421-2803		FAX (A/C. No): 941-893-2300
	E-MAIL ADDRESS: info@bbsarasota.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURED River Dance Condominium Association, Inc. C/O Atlantic Pacific Mgmt 808 3rd Avenue W Bradenton FL 34205	RIVER05	INSURER A : Aspen Specialty Ins Co 10717	
		INSURER B : Cypress Property & Casualty 10953	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1568586232

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CIUCAP00584701	7/1/2019	7/1/2020	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
							Severability Clause	\$ Included
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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 DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	For Property			See Acord 27	7/1/2019	7/1/2020		

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

River Dance Condominium Assn.
 C/O Atlantic Pacific Mgmt
 808 3rd Ave W Suite 100
 Bradenton, FL 34205

CERTIFICATE HOLDER**CANCELLATION**

River Dance Condominium Assn.
 C/O Atlantic Pacific Mgmt
 808 3rd Ave W Suite 100
 Bradenton FL 34205

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

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NOTEPAD

INSURED'S NAME River Dance Condominium Assn.

RIVER05
OP ID: KB

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Date 07/18/2019

Fidelity Bond / Crime coverage is written through Aspen Specialty Ins. Co.

Policy Number: CIUCAP00584701 Policy Period: 07/01/19-20

Policy Limit: \$400,000 Deductible: \$0

Coverage extends for employee theft only to the property manager, non compensated officers and trustees.

Equipment Breakdown coverage is written through Travelers Indemnity Co. of America

Policy Number: BME17J799447TIA19 Policy Period: 07/01/19-20

Policy Limit: \$39,447,015 Deductible: \$5,000.

Replacement Cost Basis

Flood Coverage is written through Service Insurance Co.

Policy Number: 87-04873562-2018 Policy Period: 09/26/18-19

Location:

803 3rd Ave W Bradenton, FL 34205 Units: 115

Policy Limit: \$28,750,000 Replacement Cost Basis



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/18/2019

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Brown & Brown of Florida, Inc. 240 S. Pineapple Ave Suite 301 Sarasota, FL 34236 Mike Angers		PHONE (A/C, No, Ext): 800-421-2803	COMPANY Cypress Property & Casualty 12926 Gran Bay Pky W #200 Jacksonville, FL 32258-2317	
FAX (A/C, No): 941-893-2300	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: RIVER05		LOAN NUMBER		POLICY NUMBER CCP000004001
INSURED River Dance Condominium Assn. c/o Atlantic Pacific Mgmt 808 3rd Ave W Bradenton, FL 34205		EFFECTIVE DATE 07/01/19	EXPIRATION DATE 07/01/20	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION 808 3rd Avenue West Bradenton, FL 34205	Building - 115 Units
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COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Special Form / Replacement Cost 2% Hurricane Building O&L - Full A; B/C combined to \$2,000,000 Coinsurance - Agreed Amount	38,727,221	*\$5,000

REMARKS (Including Special Conditions)

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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.

ADDITIONAL INTEREST

NAME AND ADDRESS	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE 		