



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

01/05/2026

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.

<b>AGENCY</b> Northeast Underwriters, Inc. 4790 1st Street North  St. Petersburg FL 33703		<b>PHONE (A/C, No, Ext):</b> (727) 521-4253	<b>COMPANY</b> American Coastal Insurance Company 20405 SH 249, Suite 550  Houston TX 77070	
<b>FAX (A/C, No):</b> (727) 527-9455	<b>E-MAIL ADDRESS:</b> syoung@neu-ins.com			
<b>CODE:</b>	<b>SUB CODE:</b>			
<b>AGENCY CUSTOMER ID #:</b> 00056973				
<b>INSURED</b> Curry Cove Condominium Association, Inc. 321 Interstate Blvd  Sarasota FL 34240		<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> AMC3928501	
		<b>EFFECTIVE DATE</b> 01/01/2026	<b>EXPIRATION DATE</b> 01/01/2027	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>				

## PROPERTY INFORMATION

<b>LOCATION/DESCRIPTION</b> 400-402 Curry St Nokomis Loc# 00001/Bldg# 00001 See Overflow  FL 34275
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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 EVIDENCE OF PROPERTY INSURANCE 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.

## COVERAGE INFORMATION

PERILS INSURED  BASIC  BROAD  SPECIAL  SPCL

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building, Replacement Cost, SPCL	447,763	5,000
Hurricane		3%

## REMARKS (Including Special Conditions)

87 total units  
 Walls Out Coverage  
 O&L \$1,000,000 ABC Combined  
 Sinkhole included  
 Equipment Breakdown \$10,000,000

## 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

<b>NAME AND ADDRESS</b>  For Insured Purposes	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE		
	<b>LOAN #</b>		
	<b>AUTHORIZED REPRESENTATIVE</b> 		

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
2	401,03 Curry St, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
427,903			5,000	
3	404,06 Curry St, Building	SPCL		
318,777			5,000	
4	405,07 Curry St, Building	SPCL		
447,763			5,000	
5	408,10 Curry St, Building	SPCL		
447,763			5,000	
6	409,11 Curry St, Building	SPCL		
447,763			5,000	
7	412,14 Curry St, Building	SPCL		
447,763			5,000	
8	416,18 Curry St, Building	SPCL		
447,763			5,000	
9	1700,02 Curry Tr, Building	SPCL		
331,642			5,000	
10	1704,06 Curry Tr, Building	SPCL		
331,642			5,000	
11	1701,03 Curry Tr, Building	SPCL		
318,777			5,000	
12	1705,07 Curry Tr, Building	SPCL		
427,903			5,000	

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
13	1709,11 Curry Tr, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
318,777			5,000	
14	1708,10 Curry Tr, Building	SPCL		
318,777			5,000	
15	1712,14 Curry Tr, Building	SPCL		
318,777			5,000	
16	1713,15 Curry Tr, Building	SPCL		
447,763			5,000	
17	1716,18 Curry Tr, Building	SPCL		
318,777			5,000	
18	1717,19 Curry Tr, Building	SPCL		
447,763			5,000	
19	1720,22 Curry Tr, Building	SPCL		
331,642			5,000	
20	1800,02 Curry Tr, Building	SPCL		
331,642			5,000	
21	1801,03 Curry Tr, Building	SPCL		
331,642			5,000	
22	1804,06 Curry Tr, Building	SPCL		
331,642			5,000	
23	1805,07 Curry Tr, Building	SPCL		
331,642			5,000	

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
24	1808,10 Curry Tr, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
318,777			5,000	
25	1809,11 Curry Tr, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
331,642			5,000	
26	1813,15 Curry Tr, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
427,903			5,000	
27	1700,02 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
318,777			5,000	
28	1701,03 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
318,777			5,000	
29	1704,06 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
447,763			5,000	
30	1705,07 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
331,642			5,000	
31	1708,10 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
447,763			5,000	
32	1709,11 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
427,903			5,000	
33	1712,14 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
427,903			5,000	
34	1716,18 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
331,642			5,000	

## ADDITIONAL COVERAGES

<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
35	1720,22 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
447,763			5,000	
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
36	1800,02 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
447,763			5,000	
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
37	1801,03 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
447,763			5,000	
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
38	1804,06 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
447,763			5,000	
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
39	1805,07 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
447,763			5,000	
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
40	1808,10 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
331,642			5,000	
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
41	1809,11 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
447,763			5,000	
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
42	1812,14 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
447,763			5,000	
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
43	1813,15 Curry Ave, Building	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
447,763			5,000	
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
44	1817 Curry Ave, Bulding	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
229,002			5,000	
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
45	415 Curry Trail, Maintenance Bldg	SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
10,373			5,000	

## ADDITIONAL COVERAGES

<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
45	415 Curry Trail, Maintenance Shed				SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>		<b>Premium</b>	
8,400			5,000				
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
46	415 Curry Trail, Swimming Pool				SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>		<b>Premium</b>	
116,269			5,000				
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
47	416 Curry Trail, Pool Heater				SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>		<b>Premium</b>	
5,500			5,000				
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
48	415 Curry Trail, Pool Deck				SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>		<b>Premium</b>	
31,957			5,000				
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
49	415 Curry Trail, Clubhouse				SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>		<b>Premium</b>	
95,440			5,000				
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
50	415 Curry Trail, Fence Coverage				SPCL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>		<b>Premium</b>	
14,649			5,000				
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>		<b>Premium</b>	
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>		<b>Premium</b>	
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>		<b>Premium</b>	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/5/2026

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.

**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).

<b>PRODUCER</b> Northeast Underwriters, Inc. 4790 1st Street North  St. Petersburg FL 33703	<b>CONTACT NAME:</b> Stephanie Young <b>PHONE (A/C No. Ext):</b> (727) 521-4253 <b>E-MAIL ADDRESS:</b> syoung@neu-ins.com	<b>FAX (A/C No):</b> (727) 527-9455	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Curry Cove Condominium Association, Inc. 321 Interstate Blvd  Sarasota FL 34240	<b>INSURER A:</b> Westchester Surplus Lines Ins		
	<b>INSURER B:</b> Preferred Property Program		
	<b>INSURER C:</b> Am Trust Group		42376
	<b>INSURER D:</b> Philadelphia Indemnity Ins Co		18058
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 26-27 Master

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	<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 OTHER:			GLWF18250561 002	1/1/2026	1/1/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
							Hired and Non Owned	\$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <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)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP3000192	1/1/2026	1/1/2027	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TWC4723630	1/1/2026	1/1/2027	PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
D	<b>Crime</b> Directors and Officers			PCAC022757-0225	1/1/2026	1/1/2027	\$5,000 Deductible	1,000,000
				PCAP046880-0225	1/1/2026	1/1/2027	\$1,000 Deductible	1,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

For Insured Purposes	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  Jeff Taylor/ALEXP 

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