

ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh McLennan Agency 2026-2027 Policy Period	NAMED INSURED: Bel Forest Manor Condominium Association, Inc.
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ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE ATTACHED TO THE ACORD FORM

Special Conditions:

PROPERTY			
Street Address	City, State, Zip	Description	Limits
1750 Belleair Forest Drive	Belleair, FL 33756	Building A	\$3,179,666
1750 Belleair Forest Drive	Belleair, FL 33756	Carport A	\$109,100
1750 Belleair Forest Drive	Belleair, FL 33756	Building B	\$1,404,496
1750 Belleair Forest Drive	Belleair, FL 33756	Carport B	\$25,050
1750 Belleair Forest Drive	Belleair, FL 33756	Carport B	\$25,050
1750 Belleair Forest Drive	Belleair, FL 33756	Building C	\$3,179,666
1750 Belleair Forest Drive	Belleair, FL 33756	Carport C	\$109,100
1753 Belleair Forest Drive	Belleair, FL 33756	Building D	\$1,424,754
1753 Belleair Forest Drive	Belleair, FL 33756	Carport D	\$46,650
1753 Belleair Forest Drive	Belleair, FL 33756	Buildidng E	\$1,424,754
1753 Belleair Forest Drive	Belleair, FL 33756	Carport E	\$46,650
1750 Belleair Forest Drive	Belleair, FL 33756	Buildidng F	\$1,424,754
1753 Belleair Forest Drive	Belleair, FL 33756	Carport F	\$46,650
1750 Belleair Forest Drive	Belleair, FL 33756	Bath House	\$111,670
1750 Belleair Forest Drive	Belleair, FL 33756	Pool	\$87,050
1750 Belleair Forest Drive	Belleair, FL 33756	Pool Deck	\$15,850
TOTAL:			\$12,660,910



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/24/2026

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 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		FAX (A/C, No): 727-373-2823
	E-MAIL ADDRESS: Condos@bouchardinsurance.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Superior Specialty Insurance Company			16551
INSURED Bel Forest Manor Condominium Assoc Inc c/o Amer-Tech Property Management 24701 US Hwy 19 N Ste 102 Clearwater FL 33763	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 180119283

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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TLUCAP50189501	3/27/2026	3/27/2027	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
							HIRED & NON-OWNED	\$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTHER
							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 APPLIES ONLY TO THE COMMON AREAS AT BEL FOREST MANOR CONDOMINIUM ASSOCIATION; SEVERABILITY OF INTEREST INCLUDED.

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

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