



## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
09/03/2026

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.

|                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRODUCER<br>Insurance Office of America<br>4830 W Kennedy Blvd<br>Suite 140<br>Tampa, FL 33609                                                               | CONTACT NAME:<br>PHONE (A/C, No, Ext): (813) 637-8877<br>FAX (A/C, No): (813) 637-8484<br>E-MAIL ADDRESS:<br>PRODUCER CUSTOMER ID: SHOROFM-01                                                                                                                                                   |
| INSURED<br><br>Shores of Madeira Condominium Association, Inc.<br>c/o Ameri-Tech Community Management<br>24701 US Hwy 19 N, Ste #102<br>Clearwater, FL 33763 | INSURER(S) AFFORDING COVERAGE<br>INSURER A : Frontline Insurance Unlimited Company 10074<br>INSURER B : ACE Fire Underwriters Insurance Company 20702<br>INSURER C : Federal Insurance Company 20281<br>INSURER D : Wright National Flood Insurance Company 11523<br>INSURER E :<br>INSURER F : |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
1 1 15400 Gulf Blvd, Madeira Beach, FL, 33708

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        |
|----------|-------------------|------------------------------------------|---------------------|------------------------------------|-------------------------------------|--------------------------|---------------|
| A        | X                 | PROPERTY                                 | 0855058813          | 07/07/2026                         | 07/07/2027                          | X BUILDING               | \$ 13,660,104 |
|          |                   | CAUSES OF LOSS                           |                     |                                    |                                     | X PERSONAL PROPERTY      | \$ 10,000     |
|          |                   | BASIC                                    |                     |                                    |                                     | BUSINESS INCOME          | \$            |
|          |                   | BROAD                                    |                     |                                    |                                     | EXTRA EXPENSE            | \$            |
|          | X                 | SPECIAL                                  |                     |                                    |                                     | RENTAL VALUE             | \$            |
|          |                   | EARTHQUAKE                               |                     |                                    |                                     | BLANKET BUILDING         | \$            |
|          | X                 | WIND                                     |                     |                                    |                                     | BLANKET PERS PROP        | \$            |
|          |                   | FLOOD                                    |                     |                                    |                                     | BLANKET BLDG & PP        | \$            |
|          | X                 | RCV/COINS 80                             |                     |                                    |                                     | X All Other Property     | \$ 428,865    |
|          | X                 | 48 Units                                 |                     |                                    |                                     |                          | \$            |
|          |                   | INLAND MARINE                            | TYPE OF POLICY      |                                    |                                     |                          | \$            |
|          |                   | CAUSES OF LOSS                           |                     |                                    |                                     |                          | \$            |
|          |                   | NAMED PERILS                             | POLICY NUMBER       |                                    |                                     |                          | \$            |
|          |                   |                                          |                     |                                    |                                     |                          | \$            |
| B        | X                 | CRIME                                    | ADOFLF183184772-002 | 07/07/2026                         | 07/07/2027                          | X Employee Theft         | \$ 500,000    |
|          |                   | TYPE OF POLICY                           |                     |                                    |                                     | X Includes Property Mgmt | \$            |
|          |                   | Crime                                    |                     |                                    |                                     |                          | \$            |
| C        | X                 | BOILER & MACHINERY / EQUIPMENT BREAKDOWN | 76447301            | 07/07/2026                         | 07/07/2027                          | X Equipment Breakdown    | \$ 14,098,969 |
|          |                   |                                          |                     |                                    |                                     |                          | \$            |
| D        |                   | CL NFIP Flood                            | 09115025043916      | 03/10/2026                         | 03/10/2027                          | X See Attached           | \$            |
|          |                   |                                          |                     |                                    |                                     |                          | \$            |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This certificate regarding coverage for Shores of Madeira Condominium Association Inc is issued to certificate holder in regard to:

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                   |                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This certificate is for information only.<br>Please contact IOA via email at certdesk@ioausa.com. | 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<br>                                                                                                                                  |



## ADDITIONAL REMARKS SCHEDULE

|                                              |                             |                                                                                                                                                                                       |  |
|----------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| AGENCY<br><b>Insurance Office of America</b> |                             | NAMED INSURED<br><b>Shores of Madeira Condominium Association, Inc.<br/>c/o Ameri-Tech Community Management<br/>24701 US Hwy 19 N, Ste #102<br/>Clearwater, FL 33763<br/>Pinellas</b> |  |
| POLICY NUMBER<br><b>SEE PAGE 1</b>           |                             | EFFECTIVE DATE: <b>SEE PAGE 1</b>                                                                                                                                                     |  |
| CARRIER<br><b>SEE PAGE 1</b>                 | NAIC CODE<br><b>SEE P 1</b> |                                                                                                                                                                                       |  |

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance

## 26-27 Property Remarks:

48 Units  
Special Form  
TIV \$14,098,969  
Replacement Cost  
Coinsurance 80%  
Ordinance or Law Coverages A, B, & C combined \$500,000  
Catastrophic Ground Cover Collapse Included

## Deductibles;

All Other Perils \$5,000 Per Occurrence  
All Other Windstorm/Hail 1%  
Calendar Year Hurricane 5%



A Stock Company  
P.O. Box 33003  
St. Petersburg, FL 33733-8003  
Customer Service: 1-800-820-3242  
Claims: 1-800-725-9472

FFL99.001 1025  
0736054  
3/16/26  
2000 11523 FLD RCBP

**FLOOD DECLARATIONS PAGE**  
RENEWAL

National Flood Insurance Policy

| Policy Number    | NFIP Policy Number | Product Type:                                |
|------------------|--------------------|----------------------------------------------|
| 09 1150250439 16 | 1150250439         | Residential Condominium Building Policy Form |

| Policy Period                                    | Date of Issue | Agent Code | Prior Policy Number |
|--------------------------------------------------|---------------|------------|---------------------|
| From: 3/10/26 To: 3/10/27 12:01 am Standard Time | 03/16/2026    | 0736054    | 1150250439          |

Agent (888)269-6019  
INSURANCE OFFICE OF AMERICA  
INC  
1855 W STATE ROAD 434  
LONGWOOD FL 32750

SHORES OF MADEIRA CONDO ASSOC INC  
2181 INDIAN ROCKS RD S STE 1  
LARGO FL 33774-1098

CARRIER-MANAGEMENT@IOAUSA.COM  
Property Location (if other than above)  
15400 GULF BLVD, MADEIRA BEACH FL 33708

Address may have been changed in accordance with USPS standards.

**Rating Information**

Rate Category: Rating Engine  
Primary Residence: N  
Building Occupancy: Residential Condominium Building  
Building Description: Entire Residential Condo Building

Flood Risk: AE  
First Floor Height: 20.0 ft  
Method Used to Determine First Floor Height: Elevation Certificate  
Date of Construction: 06/05/1977  
Prior NFIP Claims: 1  
Number of Units: 48  
Replacement Cost Value: 12,000,000  
Prior Claims counted are from April 1, 2023 and after.

Property Description: Elevated with enclosure solid foundation  
walls, 10 floors

| Coverage                                                         | Deductible | Annual Premium |
|------------------------------------------------------------------|------------|----------------|
| BUILDING \$12,000,000                                            | \$1,250    | \$86,231.00    |
| CONTENTS NO CONTENTS COVERAGE INSURED DECLINED CONTENTS COVERAGE |            | \$0.00         |

Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.

ICC Premium: \$75.00  
\*Community Rating Discount: \$0.00  
FULL RISK PREMIUM: \$86,306.00  
Statutory Discounts  
Annual Increased Cap Discount: \$69,744.00  
DISCOUNTED PREMIUM: \$16,562.00  
Reserve Fund Assessment: \$2,981.00  
Federal Policy Service Fee: \$1,420.00  
HFIAA Surcharge: \$250.00  
TOTAL ANNUAL PAYMENT \$21,213.00

**Coverage limitations may apply. See your Policy form for details.**

Coinurance penatly may apply. See your Policy Form for Details

\*Building is not eligible due to noncompliance

**THIS IS NOT A BILL**

Premium Paid by: Insured

**Forms and Endorsements:**

FFL 99.310 0224 0224 WFL 99.416 1021 1021 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523  
Wright National Flood Insurance Company A stock company  
Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones, President

073605409115025043926075

00004

Company



FFL99.001 1025  
0736054  
3/16/26

09 1150250439 16

Agent (888)269-6019  
INSURANCE OFFICE OF AMERICA  
INC  
1855 W STATE ROAD 434  
LONGWOOD FL 32750

**Dear Mortgagee:** The Reform Act of 1994 require you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

**The above message applies only when there is a mortgagee on the insured location.**

**Special Provisions:**

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at [www.wrightflood.com/policyforms.html](http://www.wrightflood.com/policyforms.html). The form which applies to your policy coverage is: Residential Condominium Building Policy Form

For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit [FloodSmart.gov/floodcosts](http://FloodSmart.gov/floodcosts).

**Claims Information:**

Please contact your agent or go to [www.wrightflood.com](http://www.wrightflood.com) to enter your claim as well as receive important information to mitigate the damage to your property. If you need to reach the insurance company the number is 1-800-725-9472.

To prevent delays in claim handling, it is important to make sure that your policy information is up to date and accurate. Contact your insurance agent or company to make changes to your policy or visit [floodsmart.gov/flood](http://floodsmart.gov/flood) to learn more about flood insurance.

073605409115025043926075

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Company

