



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/17/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 2502 N Rocky Point Dr Ste 400 Tampa, FL 33607-1421 813 321-7500	CONTACT NAME: Susan Morrisseau
	PHONE (A/C, No, Ext): 813.320.0175 FAX (A/C, No): 855.299.7117
	E-MAIL ADDRESS: westcoastcondo@usi.com
INSURER(S) AFFORDING COVERAGE	
	NAIC #
	INSURER A : Trisura Specialty Insurance Company 16188
	INSURER B : Midvale Indemnity Company 27138
	INSURER C : Heritage Property & Casualty Insurance 14407
	INSURER D :
	INSURER E :
	INSURER F :
INSURED Crystal Bay Condominium Association Inc 24701 US Hwy 19 N Suite 102 Clearwater, FL 33763	

COVERAGES CERTIFICATE NUMBER: 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes separation of insureds GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CIUCAP40060702	04/03/2024	04/03/2025	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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CIUCAP40060702	04/03/2024	04/03/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			PRP22982400001806	04/03/2024	04/03/2025	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Property			HCP009747	04/03/2024	04/03/2025	See Description
A	Crime/Bond			CIUCAP40060702	04/03/2024	04/03/2025	\$1,500,000
A	Directors & Offic			CIUCAP40060702	04/03/2024	04/03/2025	\$1,000,000

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

Property coverage including wind effective 4/3/2024 to 4/3/2025:

Heritage Property & Casualty Insurance - Policy Number HCP009747

Special form, replacement cost, 90% coinsurance, Ordinance or law - included, Equipment breakdown included.

Deductibles - 5% hurricane, 3% sinkhole, \$10,000 all other perils.

Building A - 2333 Feather Sound Drive, Clearwater, FL 33762 - Building \$13,619,476 (67 units)

(See Attached Descriptions)

CERTIFICATE HOLDER CANCELLATION

Crystal Bay Condominium Association Inc 24701 US Highway 19 N Suite 102 Clearwater, FL 33763	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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DESCRIPTIONS (Continued from Page 1)

Building B - 2333 Feather Sound Drive, Clearwater, FL 33762 - Building \$13,619,476(66 units)
Building C - 2333 Feather Sound Drive, Clearwater, FL 33762 - Building \$13,809,239 (67 units)
Building D - 2333 Feather Sound Drive, Clearwater, FL 33762 - Building \$1,600,171(clubhouse)
Building E - 2333 Feather Sound Drive, Clearwater, FL 33762 - Building \$1,098,138 (6 units)
Building F - 2323 Feather Sound Drive, Clearwater, FL 33762 - Building \$4,973,653 (26 units)
Guardhouse -2333 Feather Sound Drive, Clearwater, FL 33762 - Building \$36,935

Flood - American Bankers Insurance Company of Florida:
2333 Feather Sound Drive, Clearwater, FL 33762 - Policy no. 6010151334
Effective 8/01/2024 to 8/01/2025 - Building \$40,137,000 (206 units)
Rated flood zone - AE - not grandfathered

Flood - Wright National Flood Insurance Company:
2323 Feather Sound Drive, Clearwater, FL 33762 - Policy No. 09115017946614
Effective 12/20/2023 to 12/20/2024 - Building \$6,500,000 (26 units)
Rated flood zone - AE - not grandfathered

Property manager included in Crime & Directors & Officers policy.



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 1021
0084316
10/26/23
2000 11523 FLD RCBP

FLOOD DECLARATIONS PAGE
RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1150179466 14	1150179466	Residential Condominium Building Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 12/20/23 To:12/20/24 12:01 am Standard Time	10/26/2023	0084316	1150179466

Agent (855)874-1270
USI INSURANCE SERVICES LLC
2502 N ROCKY POINT DR STE 400
TAMPA FL 33607-1443

CRYSTAL BAY CONDOMINIUM ASSOCIATION
AND/OR ALL UNIT OWNERS ATIMA
24701 US HIGHWAY 19 N STE 102
CLEARWATER FL 33763-4086

SOUTHEASTCARRIERDOCSDELIVERY@USI.COM

Property Location (if other than above)
2323 FEATHER SOUND DR, CLEARWATER FL 33762

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: .6 ft
Method Used to Determine First Floor Height: Elevation Certificate
Date of Construction: 07/01/1994
Prior NFIP Claims: 0
Number of Units: 26
Replacement Cost Value: 6,500,000

Property Description: Slab on Grade, 3 floors

Coverage	Deductible	Annual Premium
BUILDING \$6,500,000	\$1,250	\$22,056.00
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: \$7,678.00
FULL RISK PREMIUM: \$14,453.00
Statutory Discounts
Annual Increased Cap Discount: \$5,525.00
DISCOUNTED PREMIUM: \$8,928.00
Reserve Fund Assessment: \$1,607.00
Federal Policy Service Fee: \$1,060.00
HFIAA Surcharge: \$250.00

TOTAL WRITTEN PREMIUM AND FEES \$11,845.00

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

FFL 99.310 0120 0120 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
Patricia Templeton-Jones, President

008431609115017946623299

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Company



FFL99.001 1021
0084316
10/26/23

09 1150179466 14

Agent (855)874-1270
USI INSURANCE SERVICES LLC
2502 N ROCKY POINT DR STE 400
TAMPA FL 33607-1443

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. 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.

Claims Information:

Please contact your agent or go to 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.

008431609115017946623299

00000

Company





ASSURANT®

American Bankers Insurance Company of Florida
Scottsdale, AZ

Renewal Flood Insurance Policy Declarations

This Declarations Page is part of your Policy.

Policy Term: 08/01/2024 (12:01 a.m.) to 08/01/2025 (12:01 a.m.)

NAIC: 10111

Policy Number: 6010151334

First Mortgagee / Lender Name:

Named Insured and Mailing Address:

CRYSTAL BAY CONDO ASSOC
24701 US HIGHWAY 19 N STE 102
ATTN PROPERTY MANAGER
CLEARWATER, FL 33763-4086

Loan Number:

Producer Number: 10463-21617-000

Second Mortgagee / Lender Name:

Premium Payor: INSURED

Property Location:

2333 FEATHER SOUND DR
CLEARWATER, FL 33762-3087

Loan Number:

Other / Loss Payee:

For Service Please Contact:

USI INSURANCE SERVICES LLC
2502 N ROCKY POINT DR FL 4TH
TAMPA, FL 33607-1421
800-282-3343

Loan Number:

LOCATION AND PROPERTY INFORMATION

Date of Construction: 07/01/1988
Building Occupancy: Residential Condo Building
Method Used to Determine First Floor Height: Elevation Certificate
Building Description: Entire Residential Condo Building
Property Description: SLAB ON GRADE, THREE OR MORE FLOORS

Number Of Units: 206
Primary Residence: No
Prior NFIP Claims: 0 claim(s)
First Floor Height: 0.00 ft
Replacement Cost: \$ 40,137,000

Your property's NFIP flood claims history can affect your premium.

COVERAGE AND PREMIUM INFORMATION

Rate Category: FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 40,137,000	\$ 5,000	\$ 85,688.00
Contents	\$ 32,000	\$ 5,000	\$ 524.00
Increased Cost of Compliance:			\$ 75.00
Community Rating System Discount:			\$ -34,438.00
Full Risk Premium Excluding Fees and Surcharges:			\$ 51,849.00

STATUTORY DISCOUNTS

Annual Increase Cap Discount: \$ -8,266.00
Discounted Premium: \$ 43,583.00

FEES AND SURCHARGES

Reserve Fund Assessment: \$ 7,845.00
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00
Federal Policy Fee: \$ 2,152.00

TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID

\$ 53,830.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.
Refer to www.FloodSmart.gov/floodcosts for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 6010151334

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