

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

1/06/2025

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 Acrisure dba Gulfshore Ins SWF 4100 Goodlette Road N Naples, FL 34103 239 261-3646	CONTACT NAME: PHONE (A/C, No, Ext): 239 261-3646 FAX (A/C, No): 239-213-2823 E-MAIL ADDRESS: condocertificates@gulfshoreinsurance.com INSURER(S) AFFORDING COVERAGE INSURER A : Cincinnati Insurance Company NAIC # 10677
INSURED Tra-Vigne Condominium Association Inc C/O SW Property Management 1044 Castello Dr #206 Naples, FL 34103	INSURER B : Heritage Insurance INSURER C : Continental Casualty Company INSURER D : INSURER E : INSURER F :

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ENP0560928	02/01/2024	02/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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 \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Property/Hazard			HCP0071776	02/01/2024	02/01/2025	See Description
C	Crime/Fidelity			618772485	02/01/2024	02/01/2025	\$700,000 Limit

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

B)Hazard

Replacement Cost up to Insured Value - Agreed Value

Cause of Loss: Special

Deductibles: 5% Calendar Year Hurricane - \$10,000 All other Perils

Equipment Breakdown Coverage Included

(See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

For Information 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

Ryan Schmidt

© 1988-2015 ACORD CORPORATION. All rights reserved.

DESCRIPTIONS (Continued from Page 1)

Ordinance or Law Coverage Included

Inflation Guard: 2%

Total Number of Units: 77

Locations - Number of Units - Building Limits

160-166 Via Perignon Naples, FL 34119 4 Units \$1,230,276
211-217 Via Perignon Naples, FL 34119 4 Units \$1,230,276
201-207 Via Perignon Naples, FL 34119 4 Units \$1,230,276
191-197 Via Perignon Naples, FL 34119 4 Units \$1,230,276
180-186 Via Perignon Naples, FL 34119 4 Units \$1,230,276
220-226 Via Perignon Naples, FL 34119 4 Units \$1,230,276
170-176 Via Perignon Naples, FL 34119 4 Units \$1,230,276
230-236 Via Perignon Naples, FL 34119 4 Units \$1,230,276
240-246 Via Perignon Naples, FL 34119 4 Units \$1,230,276
250-256 Via Perignon Naples, FL 34119 4 Units \$1,230,276
249-255 Via Perignon Naples, FL 34119 4 Units \$1,230,276
239-245 Via Perignon Naples, FL 34119 4 Units \$1,230,276
229-235 Via Perignon Naples, FL 34119 4 Units \$1,230,276
219-225 Via Perignon Naples, FL 34119 4 Units \$1,230,276
260-264 Perignon Place Naples, FL 34119 3 Units \$692,150
290-294 Perignon Place Naples, FL 34119 3 Units \$692,150
284-288 Perignon Place Naples, FL 34119 3 Units \$692,150
279-283 Perignon Place Naples, FL 34119 3 Units \$692,150
273-277 Perignon Place Naples, FL 34119 3 Units \$692,150
267-271 Perignon Place Naples, FL 34119 3 Units \$692,150
261-265 Perignon Place Naples, FL 34119 3 Units \$692,150

C)Crime/Fidelity Coverage includes Property Manager