

ACORD TM. **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
05/06/2011

PRODUCER Phone: (727) 446-5721 Fax: (727) 298-8850
ALL LINES INSURANCE GROUP INC
 1345 S MISSOURI AVE
 CLEARWATER FL 33756

INSURED
PARKSIDE OF ONE BAYSHORE CONDO ASSN
 275 BAYSHORE BLVD.
 TAMPA, FL 33606

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.


INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Wilshire Insurance Company	
INSURER B: Great American Insurance Company	
INSURER C: American Capital	
INSURER D: The Hanover American Insurance	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	CL00037213	04/15/11	04/15/12	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED. EXP (Any one person) \$ 5,000
		B) Crime @ \$250,000				PERSONAL & ADV INJURY \$ 1,000,000
		SAA55438217998 Eff 4/25/11-12				GENERAL AGGREGATE \$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS-COMP/OP AGG. \$ 1,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A		AUTOMOBILE LIABILITY	CL00037213	04/15/11	04/15/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
B		EXCESS / UMBRELLA LIABILITY	UM1235734-1370711	04/15/11	04/15/12	EACH OCCURRENCE \$ 25,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 25,000,000
		<input type="checkbox"/> DEDUCTIBLE				B) D&O \$ 1,000,000
		<input type="checkbox"/> RETENTION \$				#EPP3303296 \$
						Eff: 4/15/11-12 \$
D		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WDF904319400	04/15/11	04/15/12	WC STATUTORY LIMITS
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTHER
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE-EA EMPLOYEE \$ 500,000
						E.L. DISEASE-POLICY LIMIT \$ 500,000
C		OTHER: SPECIAL FORM HAZARD @ REPLACEMENT COST	FAC2480	04/16/11	04/16/12	TIV: \$21,036,000 \$5,000 AOP DED / 3% HURRICANE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 Selim Benbadis, 275 Bayshore Blvd #408, Tampa, FL 33606
 Flood c/o Pro-Flood /Fidelity National Flood: Policy #: 091150475893 Effective: 04/25/2011-04/25/2012
 Limits: \$26,000,000 Building/\$5,000 Deductible; Number of Units: 104 / Flood Zone:A10

CERTIFICATE HOLDER	CANCELLATION
CITIBANK ISAOA/ATIMA PO BOX 7807 SPRINGFIELD, OH 45501 LOAN# 2908170638-011L Attention: 937-324-6577	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <div style="text-align: right;">  Michael B. Clarkson </div>