

PRODUCER Phone: (727) 446-6101 Fax: (727) 298-8850

**DAN RAILEY AGENCY**  
1345 S MISSOURI AVENUE  
CLEARWATER FL 33756

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 #

INSURED  
**PARKSIDE OF ONE BAYSHORE CONDO ASSN**  
C/O GREENACRE PROPERTIES, INC.  
4131 GUNN HIGHWAY  
TAMPA FL 33624

INSURER A: **Wilshire Ins Co**  
INSURER B: **Great American/ Old Republic Surety**  
INSURER C: **United States Liability Ins Co**  
INSURER D: **Great American Ins Co**  
INSURER E: **American Capital / Sunshine State**

**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		<b>GENERAL LIABILITY</b>	<b>TBA-GL</b>	<b>04/15/10</b>	<b>04/15/11</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>50,000</b>
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED. EXP (Any one person)	\$ <b>5,000</b>
		B)Crime/Forgery @ \$250,000				PERSONAL & ADV INJURY	\$ <b>1,000,000</b>
		#TBA-CRIME/FORG Eff: 4/25/10-11				GENERAL AGGREGATE	\$ <b>2,000,000</b>
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS-COMP/OP AGG.	\$ <b>1,000,000</b>
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A		<b>AUTOMOBILE LIABILITY</b>	<b>TBA-GL</b>	<b>04/15/10</b>	<b>04/15/11</b>	COMBINED SINGLE LIMIT (Ea accident)	\$ <b>Included</b>
		<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					
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
D		<b>EXCESS / UMBRELLA LIABILITY</b>	<b>TBA-UMB</b>	<b>04/15/10</b>	<b>04/15/11</b>	EACH OCCURRENCE	\$ <b>25,000,000</b>
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ <b>25,000,000</b>
		<input type="checkbox"/> DEDUCTIBLE				C) D&O	\$ <b>1,000,000</b>
		<input type="checkbox"/> RETENTION \$				#TBA-D&O	\$
						Eff: 4/15/10-11	\$
F		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>TBA-WC</b>	<b>04/15/10</b>	<b>04/15/11</b>	WC STATU-TORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ <b>500,000</b>
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	\$ <b>500,000</b>
						E.L. DISEASE-POLICY LIMIT	\$ <b>500,000</b>
E		<b>OTHER: SPECIAL FORM HAZARD @ REPLACEMENT COST</b>	<b>TBA-PROP/TBA-DIC</b>	<b>04/16/10</b>	<b>04/16/11</b>	<b>TIV:\$20,026,000</b> <b>\$5,000 AOP DED / 3% HURRICANE</b>	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS**  
SEE SUPPLEMENTAL CERTIFICATE INFORMATION

**CERTIFICATE HOLDER**

**CANCELLATION**

**Greenacre Properties, Inc**  
4131 Gunn Highway  
Tampa FL 33618

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, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

  
Michael B. Clarkson

Attention:

# SUPPLEMENT TO CERTIFICATE OF LIABILITY INS #107371

DATE  
APR 28 10

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Insurer F) One Beacon Ins Group

Greenacre Properties is listed as an additional insured with respect to the general liability as well as the directors and officers policies.

Flood--American Bankers-- 1961526456 04/25/2009-04/25/2010 TIV \$26,000,000 Deductible \$5,000