

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/17/2024

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

_ "	is certificate does not confer rights to	tile (	JCI LIII	cate noticer in nea or such		. ,				
PRO	DUCER				CONTA NAME:	СТ				
The Hilb Group of Florida					PHONE FAX (A/C, No, Ext): (A/C, No):					
28100 US Highway 19 N					E-MAIL certificatesfl@hilbgroup.com  ADDRESS:					
	0 ,									
Suite 201 Clearwater FL 33761						INSURER(S) AFFORDING COVERAGE				NAIC # 10190
				FL 33701	INSURER A: Southern-Owners Insurance Co					
INSURED						INSURER B: Greenwich Insurance Co				22322
East Lake Woodlands Condominium Unit Seven Association, Inc.					INSURER C: Continental Casualty Company					20443
	c/o Ameri-Tech Property Manag	emen	t		INSURER D: Ohio Casualty Insurance Co					
	24701 US Hwy 19 N. Suite 102				INSURER E :					
	Clearwater			FL 33763-4086	INSURER F:					
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 2024 - 2025 N						
					ISSUE	ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD				
	DICATED. NOTWITHSTANDING ANY REQU									
	ERTIFICATE MAY BE ISSUED OR MAY PERT							UBJECT TO ALL THE TERMS,		
INSR	(CLUSIONS AND CONDITIONS OF SUCH PO		S. LIM		N REDUCED BY PAID CLAIMS.    POLICY EFF   POLICY EXP					
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			
	COMMERCIAL GENERAL LIABILITY			1				EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,	,000
								MED EXP (Any one person) \$ 10,4		00
Α				20712063		01/01/2025	01/01/2026	· · · · · · · · · · · · · · · · · · ·		00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000	
	PRO-								Ψ	00,000
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							PRODUCTS - COMP/OP AGG Hired / Non-Owned	\$ 1.00	· · · · · · · · · · · · · · · · · · ·
-	OTHER: AUTOMOBILE LIABILITY	1						COMBINED SINGLE LIMIT (Ea accident)	\$	
									\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)		
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident)  PROPERTY DAMAGE	\$	
	HIRED NON-OWNED AUTOS ONLY							(Per accident)	\$	
									\$	
	➤ UMBRELLA LIAB OCCUR				05/14/2024	05/14/2025	EACH OCCURRENCE	\$ 5,00	00,000	
В	EXCESS LIAB CLAIMS-MADE			PPP7493506			AGGREGATE	\$ 5,00	00,000	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	•	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE		WC7036546551		05/14/2024				s 5000	000
С	OFFICER/MEMBER EXCLUDED?	N/A				05/14/2025	E.L. EACH ACCIDENT	EACHACCIDENT \$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - LA LIVIPLOTEL \$		
	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$ 5000	
_	Crime - Property Management Included			04004000		04/04/0005	04/04/0000			
ם ן	D In Coverage 019081362					01/01/2025	01/01/2026	Limit	\$500	0,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	CORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)			
l										
l										
CEI	RTIFICATE HOLDER				CANC	ELLATION				
l					6110		THE A DOVE DE	SCRIPED DOLLOIDS DE CAN	CELLE	D BEEODE
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
				ACCORDANCE WITH THE POLICY PROVISIONS.						
ı	Information	Only								

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AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID:	
LOC #:	

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of



## ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
The Hilb Group of Florida		East Lake Woodlands Condominium Unit Seven Association, Inc.
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,				
FORM NUMBER:	25	FORM TITLE:	Certificate of Liability Insurance: Notes	

COVERAGE CONTINUED:

Directors & Officers @ \$1,000,000 // Carrier: USLI // Policy #: CAP1565395C // Eff: 01/01/2025-2026

PROPERTY:

Basic Form Hazard Including Wind @ Replacement Cost // Carrier: Citizens // Policy #: 09714922-1 // Eff: 5/14/2024-2025 // Total Insured Value \$12,850,000 // \$1,000 AOP Deductible // 3% Hurricane Deductible // Ordinance of Law Coverage Excluded // 92 Units

Basic Form Excluding Wind @ ACV // Carrier: Scottsdale // Policy #: CPS799654101 // Eff: 5/14/2024 -2025 // Total Insured Value \$ \$40,126 // 80% Coinsurance // \$500 Deductible // Pool House Only

Differences in Conditions @ \$17,307,694 // Carrier: Trisura // Policy #: CIUDIC400506-2 // Eff: 5/14/2024-2025

Equipment Breakdown @ \$13,053,678 // Carrier: Travelers Casualty & Surety Co // Policy #: BME1-8W358900-TXS-24 // Eff: 5/14/2024-2025

Coverage Remarks:

Insurance provided as required by FL Statute 718.111. Master policy covers from drywall to the outside of the building. From the paint to the inside of the unit is each individual Owner's responsibility.

Per Florida Statute 627.4133, Notices of Cancellation shall be given 45 days prior to the Effective Date of the Cancellation, except, 10 day Notice of Cancellation for Non-payment of Premium.

Separation of Insureds:

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom claim is made or "suit" is brought.