



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/06/2026

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).

| | | | |
|--|--|---|----------------|
| PRODUCER | | CONTACT | |
| The Hilb Group of Florida 5850 TG Lee Boulevard Suite 340 Orlando | | NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: | FAX (A/C, No): |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: Southern-Owners Insurance Co | NAIC # 10190 |
| | | INSURER B: Midvale Indemnity Co | 27138 |
| | | INSURER C: Continental Casualty Company | 20443 |
| | | INSURER D: Ohio Casualty Insurance Co | |
| | | INSURER E: | |
| | | INSURER F: | |
| INSURED | | | |
| East Lake Woodlands Condominium Unit Seven Association, Inc. c/o Ameri-Tech Property Management 24701 US Hwy 19 N. Suite 102 Clearwater | | | |
| | | FL 33763-4086 | |

| COVERAGES | | CERTIFICATE NUMBER: | | REVISION NUMBER: | | | | |
|---|--|---|----------|--------------------------|---|---|-----------------------|--|
| | | 2026 - 2027 Master COI | | | | | | |
| 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 INSD | 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 | | | 20712063 | 01/01/2026 01/01/2027 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Hired/Non-Owned \$ 1,000,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC | | | | | | | |
| | OTHER: | | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | | |
| | ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY | <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB | <input checked="" type="checkbox"/> OCCUR | | PRP-229824000-02-3737347 | 01/01/2026 01/01/2027 | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ | | |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | | |
| | DED | RETENTION \$ | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | <input type="checkbox"/> Y / N | N / A | | | WC7036546551 | 05/14/2025 05/14/2026 | PER STATUTE \$ E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | |
| D | Crime - Property Management Company Included In Coverage | | | 019081362 | 01/01/2026 01/01/2027 | | | Limit \$500,000 |

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

| | | | |
|--------------------|--|--|--|
| CERTIFICATE HOLDER | | CANCELLATION | |
| 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 | |

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ADDITIONAL REMARKS SCHEDULE

| | | |
|-------------------------------------|--|-----------------|
| AGENCY The Hilb Group of Florida | NAMED INSURED East Lake Woodlands Condominium | |
| 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: StarNet Insurance Company // Policy #:QDO0016930-00 // Eff: 01/01/2026-2027

PROPERTY:

Basic Form Hazard Including Wind @ Replacement Cost // Carrier: Cypress Property & Casualty Insurance Co // Policy #:CCP0000426-00 // Eff: 5/14/2025-2026 // Total Insured Value \$17,307,694 // \$2,500 AOP Deductible // 3% Hurricane Deductible // \$2,500 Sinkhole Deductible // Ordinance of Law Coverage Included // 92 Units

Equipment Breakdown @ \$17,307,694 // Carrier: Travelers Casualty & Surety Co // Policy #: BME1-8W358900-TXS-25 // Eff: 5/14/2025-2026

Common Elements are Included in Coverage.

Coverage Based on Most Recent Appraisal Performed Within The Last 36 Months.

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.