



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/16/2024

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).

PRODUCER The Hilb Group of Florida 5850 TG Lee Boulevard Suite 340 Orlando FL 32822	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: certificatesfl@hilbgroup.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED East Lake Woodlands Woods Landing Townhomes Unit One Associati C/O Ameri-Tech Community Management, Inc. 24701 US Highway 19 North - Suite 102 Clearwater FL 33763	INSURER A: Southern-Owners Insurance Co	NAIC # 10190
	INSURER B: Greenwich Insurance Co	22322
	INSURER C: Transportation Insurance Co	20494
	INSURER D: Ohio Casualty Insurance Co	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 2024 - 2025 Master COI **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			20179155	04/26/2024	04/26/2025	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
	AUTOMOBILE LIABILITY							PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO						Hired/Non-Owned	\$ 1,000,000	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			PPP7479071	04/26/2024	04/26/2025	BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> EXCESS LIAB						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> OCCUR						PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> CLAIMS-MADE							\$	
DED RETENTION \$									
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC671941093	04/27/2024	04/27/2025	PER STATUTE		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$ 500000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500000	
							E.L. DISEASE - POLICY LIMIT	\$ 500000	
D	Crime - Property Management Included In Coverage			019078189	04/27/2024	04/27/2025	Limit	\$250,000	

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

CERTIFICATE HOLDER Information Only	CANCELLATION 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



ADDITIONAL REMARKS SCHEDULE

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

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

COVERAGES CONTINUED:

Directors & Officers @ \$1,000,000 // Carrier: Continental Casualty Company // Policy # 618729703 // Eff: 04/27/24-25.

COVERAGE REMARKS:

*Special Form Hazard with Wind @ Replacement Cost (buildings and ancillary structures)// Carrier: Heritage // Policy #HCP006850-5 // Eff 4/27/24-25 // TIV \$17,809,346 // No Coinsurance- Agreed Amount applies// \$5,000 AOP Deductible // 3% Hurricane Deductible // Ordinance or Law and Equipment Breakdown Included in Coverage // 2% Inflation Guard Included // 87 Units

*Special Form Hazard Excluding Wind @ Replacement Cost (carports only)// Carrier: Scottsdale Ins Co. // Policy #: CPS7978391 // Eff: 4/27/2024-25 // Total Insured Value \$1,593,138 // 80% Coinsurance // \$5,000 AOP Deductible // Building Ordinance of Law Excluded // No Inflation Guard // 87 Units

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, Notice 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 the 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.