



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/05/2026

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).

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|---|---|--|-----------------------|
| 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 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: Spinnaker Specialty Insurance Company | | 17045 |
| | INSURER C: Transportation Insurance Co | | 20494 |
| | INSURER D: Superior Specialty Insurance Co | | |
| | INSURER E: | | |
| | INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER:** 2026 - 2027 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 | 04/26/2026 | 04/26/2027 | 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: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | | | | MED EXP (Any one person) | \$ 10,000 | | | |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | | | |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 | | | |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | | | |
| | | | | | | | Hired/Non-Owned | \$ 1,000,000 | | | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | | |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | | | |
| | <input type="checkbox"/> OWNED AUTOS ONLY | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ | | | |
| | <input type="checkbox"/> HIRED AUTOS ONLY | <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | | | | | | | | \$ | | | |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB | | | PPP3003146 | 04/26/2026 | 04/26/2027 | EACH OCCURRENCE | \$ 5,000,000 | | | |
| | <input type="checkbox"/> EXCESS LIAB | <input checked="" type="checkbox"/> OCCUR | | | | | AGGREGATE | \$ 5,000,000 | | | |
| | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | <input type="checkbox"/> CLAIMS-MADE | | | | | | \$ | | | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | WC671941093 | 04/27/2026 | 04/27/2027 | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | 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 Company Included In Coverage | | | TLUHOA504760-00 | 04/27/2026 | 04/27/2027 | Limit | \$250,000 | | | |

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 |

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

| | | | |
|-------------------------------------|-----------|---|--|
| AGENCY The Hilb Group of Florida | | NAMED INSURED East Lake Woodlands Woods Landing Townhomes Unit One 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

COVERAGES CONTINUED:

Directors & Officers @ \$1,000,000 // Carrier:StarNet Insurance Company // Policy #:QDO0007139-01 // Eff: 04/27/26-27.

Equipment Breakdown @ \$19,745,848 // Carrier:Heritage Property & Casualty Insurance Company // Policy #:HCP006850-7 // Eff:4/27/26-27.

COVERAGE REMARKS:

*Special Form Hazard with Wind @ Replacement Cost (buildings and ancillary structures)// Carrier: Heritage // Policy #HCP006850-7 // Eff 4/27/26-27 // TIV \$19,745,848 // Coinsurance- Agreed Value // \$5,000 AOP Deductible // 3% Hurricane Deductible // 3% Sinkhole Deductible per building // Ordinance or Law and Equipment Breakdown Included in Coverage // 2% Inflation Guard Included // 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.