

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/01/2024

CE	IIS CERTIFICATE IS ISSUED AS A MAT ERTIFICATE DOES NOT AFFIRMATIVE ELOW. THIS CERTIFICATE OF INSURA EPRESENTATIVE OR PRODUCER, AND			GATIVELY AMEND, EXTER ES NOT CONSTITUTE A CO	ND OR	ALTER THE C	OVERAGE A	FFORDED BY THE POLI	CIES	
lf	PORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to is certificate does not confer rights to	the t	erms	and conditions of the po	licy, ce	rtain policies				
	UCER		01 111		CONTA	()				
-	Hilb Group of Florida				NAME: PHONE			FAX		
) TG Lee Boulevard				(A/C, No E-MAIL	o, Ext):	sfl@hilbgroup.	(A/C, No):		
	340				ADDRE	33.	• •			
Orla				FL 32822		Triana	. ,			NAIC #
	INSURED					INSURER A: Trisura Specialty Insurance Co				
INSU					INSURE	RD: Demosit			0.1	22322
	Country Club Townhomes of Cle			vners Association, Inc.	INSURE	RC: Pennsyn	ania Manufaci	urers Association Insurance	Association Insurance Co 12262	
	c/o Ameri-Tech Community Man	ageme	ent		INSURE	RD:				
	24701 US Highway 19 N				INSURE	RE:				
	Clearwater			FL 33763	INSURE					
				NUMBER: 2024 - 2025 M		-		REVISION NUMBER:		
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUIF RTIFICATE MAY BE ISSUED OR MAY PERTA CLUSIONS AND CONDITIONS OF SUCH PO	REMEI AN, TH	nt, te He ins S. Lim	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTR/ E POLIC	ACT OR OTHEF IES DESCRIBE IED BY PAID CI	R DOCUMENT \ D HEREIN IS S _AIMS.	WITH RESPECT TO WHICH T	HIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	<u>م</u> ′	0,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 50,0	00
	General Liability							MED EXP (Any one person)	\$ 5,00	0
А				CIUHOA405373-00		05/06/2024	05/06/2025	PERSONAL & ADV INJURY	_{\$} 1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	_{\$} 2,00	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000
	OTHER:							Hired/Non-Owned	\$ 1,00	0,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
Ī	ANY AUTO							BODILY INJURY (Per person)	\$	
ľ	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
·	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
·									\$	
	VIMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 5,00	0,000
в	EXCESS LIAB CLAIMS-MADE			PPP7479164		05/06/2024	05/06/2025	AGGREGATE	- T	0,000
ŀ	DED RETENTION \$							AGGREGATE	\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Φ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$ 5000	000
С	(Mandatory in NH)	N/A		2024011164938Y		05/08/2024	05/08/2025		φ Ε000	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE	φ Ε000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 5000	
A	Crime - Property Management Included In Coverage			CIUHOA405373-00		05/06/2024	05/06/2025	Limit	\$150	0,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	bace is required)	· 		
CER	TIFICATE HOLDER				CANC	ELLATION				
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.					
					AUTHO	RIZED REPRESE	NTATIVE			
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AGENCY CUSTOMER ID: 00213697



ADDITIO	NAL REMA	RKS SCHEDULE Page _	of
<mark>демсу</mark> he Hilb Group of Florida		NAMED INSURED Country Club Townhomes of Clearwater Owners Association, Inc.	
DLICY NUMBER		-	
ARRIER	NAIC CODE	EFFECTIVE DATE:	
DDITIONAL REMARKS			
HIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO	ACORD FORM,		
ORM NUMBER: ²⁵ FORM TITLE: ^{Certificate of}		lotes	
DVERAGES CONTINUED:			
rectors & Officers @ \$1,000,000 // Carrier: Great American // Po	olicy #: EPP4341766-0)7 // Eff: 5/6/24-25.	
overage Remarks:			
Special Form Hazard with Wind @ Replacement Cost // Carrier: oinsurance //3% Hurricane Deductible // \$5,000 AOP Deductible flation Gaurd // 31 units		CP006864-5 // Eff: 5/8/24-25 // Total Insured Value \$3,401,098 // 90% and Law & Equipment Breakdown Included in Coverage // 2%	
surance provided as required by FL Statute 718.111. Master po it is each individual Owner's responsibility.	licy covers from drywa	Il to the outside of the building. From the paint to the inside of the	
er florida Statute 627.4133, Notice of Cancellation shall be given ancellation for Non-payment of Premium.	n 45 days prior to the E	ffective Date of the Cancellation, except, 10 day Notice of	
eparation Of Insureds:			
	duties specifically assig	ned in this Coverage Part to the first Named Insured, this insurance	
oplies: a. As if each Named Insured were the only Named Insured; a b. Separately to each insured against whom claim is made or			