



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/27/2023

**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).**

<b>PRODUCER</b> The Hilb Group of Florida 5850 TG Lee Boulevard Suite 340 Orlando FL 32822	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b> certificatesfl@hilbgroup.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Fareham Square Condominium Association, Inc. c/o Ameri-Tech Community Management, Inc. 24701 US Hwy 19 N. Suite 102 Clearwater FL 33763	<b>INSURER A:</b> Kinsale Insurance Company	<b>NAIC #</b> 38920
	<b>INSURER B:</b> Greenwich Insurance Co	22322
	<b>INSURER C:</b> Pennsylvania Manufacturers' Association Insurance Co	12262
	<b>INSURER D:</b> Ohio Casualty Insurance	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 2023 - 2024 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"/> <b>COMMERCIAL GENERAL LIABILITY</b>			0100100920-4	11/08/2023	11/08/2024	EACH OCCURRENCE	\$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							MED EXP (Any one person)	\$	
	OTHER:							PERSONAL & ADV INJURY	\$ 1,000,000	
	<b>AUTOMOBILE LIABILITY</b>						GENERAL AGGREGATE	\$ 2,000,000		
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					Hired and Non Owned	\$ 1,000,000		
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident)	\$		
							BODILY INJURY (Per person)	\$		
							BODILY INJURY (Per accident)	\$		
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			PPP7457212	11/08/2023	11/08/2024	PROPERTY DAMAGE (Per accident)	\$		
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>	<input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE	\$ 5,000,000		
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 5,000,000		
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			2023011040823Y	11/08/2023	11/08/2024	DED	RETENTION \$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A						PER STATUTE	OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. EACH ACCIDENT	\$ 500000
									E.L. DISEASE - EA EMPLOYEE	\$ 500000
D	Crime - Property Management Included In Coverage			019076420	11/08/2023	11/08/2024	E.L. DISEASE - POLICY LIMIT	\$ 500000		
							Limit	\$300,000		

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


**CERTIFICATE HOLDER**

[Empty space for Certificate Holder information]

**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



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_\_ of \_\_\_\_\_

AGENCY The Hilb Group of Florida		NAMED INSURED Fareham Square Condominium 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: United States Liability Insurance Company // Policy #: CAP1563721C // Eff: 11/8/2023-24

### PROPERTY:

Property with Wind Basic Form @ Replacement Cost // Carrier: Citizens Property Insurance // Policy #08843778-2 // Eff: 11/28/2023-24 // Total Insured Value \$4,840,900 // \$1,000 AOP Deductible // 3% Hurricane Deductible // Ordinance of Law & Equipment Breakdown Coverage N/A // Inflation Guard Included // 19 Units

Difference in Condition @ \$4,840,876 // \$5,000 Deductible // Carrier: Trisura // Policy # CIUDIC401013-1 // Eff: 11/28/2023-24

### 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, 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.

### 7. 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.