



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/27/2026

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

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			0100100920-6	11/08/2025	11/08/2026	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:							MED EXP (Any one person)	\$ 0	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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					COMBINED SINGLE LIMIT (Ea accident)	\$		
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person)	\$		
							BODILY INJURY (Per accident)	\$		
							PROPERTY DAMAGE (Per accident)	\$		
								\$		
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			PPP7457212	11/08/2025	11/08/2026	EACH OCCURRENCE	\$ 5,000,000		
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE	\$ 5,000,000		
	<input type="checkbox"/> CLAIMS-MADE							\$		
	DED	RETENTION \$								
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			2025011040823Y	11/08/2025	11/08/2026	<input type="checkbox"/> Y / <input type="checkbox"/> N			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N / A					PER STATUTE	OTHER	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT		\$ 500000
								E.L. DISEASE - EA EMPLOYEE		\$ 500000
							E.L. DISEASE - POLICY LIMIT	\$ 500000		
D	Crime - Property Management Company Included In Coverage			019076420	11/08/2025	11/08/2026	Limit	\$300,000		

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 Fareham Square Condominium 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: United States Liability Insurance Company // Policy #: CAP1563721E // Eff: 11/8/2025-26.

Differences in Conditions @ \$6,435,670 // Carrier: CUMIS Specialty Insurance // Policy #: CIUDIC100085-1 // Eff: 3/25/2026-27

PROPERTY:

Property with Wind Special Form @ Replacement Cost // Carrier: Condo Owners Reciprocal Exchange // Policy #: 18-6304056-02 // Eff: 11/28/2025-26 // Total Insured Value \$4,840,900 // \$1,000 AOP Deductible // 3% Hurricane Deductible // Ordinance of Law & Equipment Breakdown Coverage Not Included // Inflation Guard Included // 19 Units

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, 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.