

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2024

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).

tł	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such							
PRO	DUCER	CONTACT NAME:									
The	Hilb Group of Florida	PHONE FAX (A/C, No, Ext): (A/C, No):									
585	0 TG Lee Boulevard				E-MAIL ADDRESS: certificatesfl@hilbgroup.com						
Suit	e 340									NAIC #	
Orla	ndo			FL 32822	INSURER A: Kinsale Insurance Company					38920	
INSU	RED		INSURER B: Greenwich Insurance Co					22322			
	Fareham Square Condominium	Asso	ciation	ı. Inc.							12262
	c/o Ameri-Tech Community Man				Ohio Convolte Inguinance Co						
	24701 US Hwy 19 N. Suite 102	ago	,		NOOKEK D.						
	Clearwater			FL 33763	INSURER E :						
					INSURER F:						
	/ERAGES CER			TOMBEIT.				REVISION NUM		IOD	
	DICATED. NOTWITHSTANDING ANY REQUI										
	ERTIFICATE MAY BE ISSUED OR MAY PERTA		,								
	(CLUSIONS AND CONDITIONS OF SUCH PO		S. LIM		REDUC		AIMS. POLICY EXP				
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$ 1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		_{\$} 100,	,000
								MED EXP (Any one person) \$		\$	
Α				0100100920-5		11/08/2024	11/08/2025	PERSONAL & ADV	INJURY	\$ 1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:										0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMI		\$ 2,00	0,000
	OTHER:							Hired / Non-Owi		\$ 1,00	0,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Pe	er accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	➤ UMBRELLA LIAB ➤ OCCUR								0=	F 00	0,000
В	EVOTOCIJAR			PPP7457212		11/08/2024	11/08/2025	EACH OCCURREN	CE	Ψ .	0,000
	CLAIIVIS-IVIADE			1117101212	11/00/2021	11/00/2020	AGGREGATE		φ .		
-	DED RETENTION \$ WORKERS COMPENSATION							PER	OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N						11/08/2025	STATUTE	ÉR	¢ 5000	200
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		2024011040823Y		11/08/2024		E.L. EACH ACCIDE		Ψ	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		Φ = 500	
_	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$ 5000	500
_	Crime - Property Management Included			0.40070.400		44/00/0004	44/00/0005				
D	In Coverage			019076420		11/08/2024	11/08/2025	Limit		\$300	0,000
<u> </u>											
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)				
CERTIFICATE HOLDER CAN						ELLATION					
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE									
1		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
1	Information Onl										
		AUTHORIZED REPRESENTATIVE									
l					1						

AGENCY CUSTOMER ID:	
LOC #:	



ACORD ADDITION	AL REMA	ARKS SCHEDULE	age 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 AC						
FORM NUMBER: 25 FORM TITLE: Certificate of Li	ability Insurance: N	Notes				
COVERAGES CONTINUED						
Directors & Officers @ \$1,000,000 // Carrier: United States Liability Ir	nsurance Company	y // Policy #: CAP1563721D // Eff: 11/8/2024-25				
PROPERTY:						
Property with Wind Basic Form @ Replacement Cost // Carrier: Conc Total Insured Value \$4,840,900 // \$1,000 AOP Deductible // 3% Hurric Guard Included // 19 Units						
Difference in Condition @ \$4,840,876 // \$5,000 Deductible // Carrier:	Superior Specialty	/ Insurance Co // Policy #:TLUDIC500262-1 // Eff: 11/28/2024-25				
Common Elements are Included in Coverage.						
Coverage Based on Most Recent Appraisal Performed Within The La	ast 36 Months.					
COVERAGE REMARKS:						
Insurance provided as required by FL Statute 718.111. Master policy unit is each individual Owner's responsibility.	covers from drywa	all to the outside of the building. From the paint to the inside of the				
Per florida Statute 627.4133, Notice of Cancellation shall be given 45 Cancellation for Non-payment of Premium.	odays prior to the F	Effective Date of the Cancellation, except, 10 day Notice of				
7. Separation Of Insureds						
Except with respect to the Limits of Insurance, and any rights or dutie applies:	es specifically assiç	gned in this Coverage Part to the first Named Insured, this insurance				
a. As if each Named Insured were the only Named Insured; and						
b. Separately to each insured against whom claim is made or "suit	it" is brought.					