

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/19/2023

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).

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PRO	DUCER			NAME:						
The Hilb Group of Florida						PHONE   FAX   (A/C, No, Ext): (A/C, No):				
585	0 TG Lee Boulevard				E-MAIL certificatesfl@hilbgroup.com					
Suit	e 340								NAIC #	
Orla	ando			FL 32822	INSURER A: Southern-Owners Insurance Co					10190
INSU	RED				INSURER B: Greenwich Insurance Co				22322	
	Shore Towers Building of Town A	Apartn	nents	South No. 103, Inc.	MOOKER B.				20443	
c/o Resource Property Management						INSURER D: Ohio Casualty Insurance Co 2				
	7300 Park Street				INCORER D.					
	Seminole			FL 33777	INSURER E :					
		TIEIC	ATE	NUMBER: 23-24 Master	INSURER F:					
	HIS IS TO CERTIFY THAT THE POLICIES OF I			TOMBEIT.	ISSLIED	TO THE INSUE		REVISION NUMBER:	IOD	
	DICATED. NOTWITHSTANDING ANY REQUI									
	ERTIFICATE MAY BE ISSUED OR MAY PERTA							UBJECT TO ALL THE TERMS,		
INSR	XCLUSIONS AND CONDITIONS OF SUCH PO T		S. LIM SUBR		POLICY FEE   POLICY FYP					
LTR	TYPE OF INSURANCE	INSD WVD POLICY NUMBER		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	φ .	0,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 300,	
								MED EXP (Any one person)	\$ 10,0	
Α				20617661		05/01/2023	05/01/2024	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:							HNOA	\$ 1,00	0,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET							(i ci doddon)	\$	
	✓ UMBRELLA LIAB     ✓ OCCUR							EACH OCCURRENCE	<sub>\$</sub> 15,0	00,000
В	EXCESS LIAB CLAIMS-MADE			PPP7496117	05/01/20	05/01/2023	05/01/2024	AGGREGATE	¢ 15,0	00,000
	DED RETENTION \$	<u></u>						AGGREGATE	\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	φ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WC429440892		05/01/2023			<sub>e</sub> 5000	000	
С	OFFICER/MEMBER EXCLUDED?					05/01/2023	05/01/2024	E.L. EACH ACCIDENT	\$ 5000	
	If yes, describe under						E.L. DISEASE - EA EMPLOYEE	φ = = = = = = = = = = = = = = = = = = =		
-	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 5000	
D	Crime- Property Management included in coverage			019078191		05/01/2023	05/01/2024	LIMIT	\$450	0,000
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
CERTIFICATE HOLDER						ELLATION				
CERTIFICATE HOLDER						LLLAIIUN				
								SCRIBED POLICIES BE CAN		D BEFORE
						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE				
Information Only										

AGENCY CUSTOMER ID:	
LOC #:	

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## ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
The Hilb Group of Florida		Shore Towers Building of Town Apartments South No. 103, Inc., A Condominium
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:

#### ADDITIONAL REMARKS

ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: 25 FORM TITLE: C	Certificate of Liability Insurance: Notes					
Coverages Continued						
Directors & Officers @ \$1,000,000 // Carrier: USLI // Policy #:CAP1564474 // Eff: 5/01/2023-24						
Equipment Breakdown Coverage // Carrier: Travelers Insurance Company // Policy #BME1-7S983664-TCT-23 // Eff: 5/15/2023-24 // Limit: \$15,654,501						

-not available // Inflation Guard Included // 78 Units

Difference in Conditions - Special Form: Carrier: Landmark American Eff: 5/24/23 - 5/24/24 Pol #: LHD932985 Limit: \$5,000,000

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.

Basic Form Hazard with Wind @ Replacement Cost // Carrier: Citizens Property Insurance // Policy #07078302 // Eff: 5/15/2023-24 // Total Insured Value \$17,531,800 // Coinsurance waived // \$5,000 AOP Deductible // 5% Hurricane Deductible// \$5,000 AOW Deductible // Building Ordinance or Law Excluded

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.

## FLOOD COVERAGE:

Flood Carrier: American Bankers // Policy #: 6961528826 // Eff: 7/25/23-24 // Building Limit: \$19,500,000 // Deductible: \$2,000 // // Flood Zone: AE // 78

ACORD 101 (2008/01)