

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 01/19/2023

THIS CERTIFICATE IS ISSUED AS A MAT CERTIFICATE DOES NOT AFFIRMATIVEL BELOW. THIS CERTIFICATE OF INSURA REPRESENTATIVE OR PRODUCER, AND	Y OR I	NEGATIVELY AMEND, EXTEN DOES NOT CONSTITUTE A CO	ID OR ALTER THE	OVERAGE A	FFORDED BY THE POLIC	IES	
IMPORTANT: If the certificate holder is a If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to t	the ter	ms and conditions of the pol	icy, certain policies				
PRODUCER		tincate noider in neu of such	CONTACT				
The Hilb Group of Florida - Clearwater	NAME:         FAX           PHONE         (727) 446-5721         FAX           (A/C, No, Ext):         (A/C, No):         (A/C, No):						
28100 US HWY 19 N	E-MAIL ADDRESS:						
Suite 201			INSURER(S) AFFORDING COVERAGE				NAIC #
Clearwater		FL 33761	INSURER A : Trisura Specialty Insurance Co 161				16188
INSURED			INSURER B :				
Ashley Downs Homeowners Asso		·	INSURER C :				
c/o Ameri-Tech Community Mana	•	t, Inc.	INSURER D :				
24701 US Highway 19 N, Ste 102	2	FI 00700	INSURER E :				
		FL 33763	INSURER F :				
		<b>TE NUMBER:</b> 23-24 Master			REVISION NUMBER:	20	
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTAI EXCLUSIONS AND CONDITIONS OF SUCH POL	EMENT	T, TERM OR CONDITION OF ANY ( INSURANCE AFFORDED BY THE	CONTRACT OR OTHER POLICIES DESCRIBE	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO WHICH TH		
INSR LTR TYPE OF INSURANCE	ADDL SU INSD W	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED	<mark>\$</mark> 1,000 \$ 50,00	
						<u>\$</u> 5,000	0
A		CIUHOA404068-00	01/17/2023	01/17/2024		, 1,000	0,000
GEN'L AGGREGATE LIMIT APPLIES PER:						\$ 2,000	
					PRODUCTS - COMP/OP AGG	<sub>\$</sub> 2,000	0,000
OTHER:						\$ 1,000	0,000
					(Ea accident)	\$	
ANY AUTO					,	\$	
AUTOS ONLY AUTOS HIRED NON-OWNED						\$	
AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
						\$	
						\$	
DED RETENTION \$						\$ \$	
WORKERS COMPENSATION					PER OTH- STATUTE ER	φ	
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE						\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					\$	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
A CRIME - Property Management included in coverage		CIUHOA404068-00	01/17/2023	01/17/2024	LIMIT	\$100	0,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACOF	L RD 101, Additional Remarks Schedule, I	l may be attached if more s	L pace 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				

	AGE	NCY CUSTOMER ID:					
		LOC #:					
ACORD <sup>®</sup> ADDIT	IONAL REMA	ARKS SCHEDULE	Page	of			
AGENCY		NAMED INSURED					
The Hilb Group of Florida - Clearwater		Ashley Downs Homeowners Association, Inc.					
POLICY NUMBER							
CARRIER	NAIC CODE	EFFECTIVE DATE:					
ADDITIONAL REMARKS	I						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE	TO ACORD FORM,						
FORM NUMBER: <sup>25</sup> FORM TITLE: <sup>Certific</sup>	cate of Liability Insurance: I	Notes					
COVERAGES CONTINUED:							
Directors & Officers @ \$1,000,000 // Carrier: Trisura Special	tv Insurance Co // Policv #	CIUHOA404068-00 // Fff <sup>.</sup> 1/17/2023-2024					
PROPERTY (NO RESIDENTIAL BUILDINGS) - Special Form #: CIUHOA404068-00 // Eff: 1/17/2023-2024 // Total Insured \$2,500 / Wind Deductible: 2% Named Storm // Building Ordin	Value: \$245,900 // Coinsu	rance: 90% (Agreed Amount Doesn't Apply) // ÁOP Deduc					
COVERAGE REMARKS:							
Per florida Statute 627.4133, Notice of Cancellation shall be Cancellation for Non-payment of Premium.	given 45 days prior to the	Effective Date of the Cancellation, except, 10 day Notice of	of				
<ul> <li>7. Separation Of Insureds</li> <li>Except with respect to the Limits of Insurance, and any rights applies:</li> <li>a. As if each Named Insured were the only Named Insured</li> <li>b. Separately to each insured against whom claim is made</li> </ul>	l; and	gned in this Coverage Part to the first Named Insured, this	s insurance				