



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/04/2025

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: Superior Specialty Insurance Co | |
| | | NAIC # 16551 | |
| INSURED Ashley Downs Homeowners Association, Inc. c/o Ameri-Tech Community Management, Inc. 24701 US Highway 19 N, Ste 102 Clearwater FL 33763 | | INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES

CERTIFICATE NUMBER: 2025 - 2026 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 | | | TLUHOA502272-00 | 01/17/2025 | 01/17/2026 | EACH OCCURRENCE | \$ 1,000,000 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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 and 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) | \$ | |
| | <input type="checkbox"/> UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | | BODILY INJURY (Per accident) | \$ | |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | DED | RETENTION \$ | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER STATUTE | OTHE-R | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A | | | | E.L. EACH ACCIDENT | \$ | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| A | Crime - Property Management Included In Coverage | | | TLUHOA502272-00 | 01/17/2025 | 01/17/2026 | Limit | \$100,000 | |

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

CERTIFICATE HOLDER**CANCELLATION**

Info 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

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

| | | | |
|-------------------------------------|-----------|--|--|
| AGENCY The Hilb Group of Florida | | NAMED INSURED Ashley Downs Homeowners 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: StarNet Insurance Co // Policy #:QDO0003265-00 // Eff: 1/17/2025-26

PROPERTY (NO RESIDENTIAL BUILDINGS) - Special Form Hazard Including Wind at Replacement Cost // Carrier: Superior Specialty Insurance Co // Policy #:TLUHOA502272-00 // Eff: 1/17/2025-26 // Total Insured Value: \$245,900 // Coinsurance: 90% (Agreed Amount Doesn't Apply) // AOP Deductible: \$2,500 / Wind Deductible: 2% Named Storm // Building Ordinance or Law & Equipment Breakdown Coverage Excluded // No Inflation Guard.

COVERAGE REMARKS:

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.