



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
**01/07/2026**

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).

<b>PRODUCER</b>	<b>Fako Insurance Plus</b> <b>4020 Park Street N, Ste 204</b> <b>St. Petersburg, FL 33709</b> <b>License #: R011674</b>	<b>CONTACT NAME:</b> <b>Jeremiah Fictum</b>	
	<b>PHONE (A/C, No, Ext):</b> <b>(727)343-8899</b>	<b>FAX (A/C, No):</b> <b>(727)343-8895</b>	
	<b>E-MAIL ADDRESS:</b> <b>customersupport@greatflstpete.com</b>		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> <b>Superior Specialty Insurance Company</b>		
<b>INSURED</b>	<b>INSURER B :</b> <b>Zenith Insurance Company</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

## COVERAGES

**CERTIFICATE NUMBER: 00005286-0**

REVISION NUMBER: 15

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						
<b>A</b>	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				TLUHOA501126-01	10/06/2025	10/06/2026	EACH OCCURRENCE	\$	<b>1,000,000</b>				
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>						OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	<b>50,000</b>			
									MED EXP (Any one person)	\$	<b>5,000</b>				
									PERSONAL & ADV INJURY	\$	<b>1,000,000</b>				
									GENERAL AGGREGATE	\$	<b>2,000,000</b>				
									PRODUCTS - COMP/OP AGG	\$	<b>2,000,000</b>				
										\$					
		GEN'L AGGREGATE LIMIT APPLIES PER:													
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO- JECT	<input type="checkbox"/>	LOC									
	OTHER:														
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$					
	<input type="checkbox"/>	ANY AUTO							BODILY INJURY (Per person)	\$					
	<input type="checkbox"/>	OWNED AUTOS ONLY							BODILY INJURY (Per accident)	\$					
	<input type="checkbox"/>	HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$					
	<input type="checkbox"/>									\$					
	<input type="checkbox"/>									\$					
	UMBRELLA LIAB		<input type="checkbox"/>	OCCUR				EACH OCCURRENCE	\$						
	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$						
	DED	<input type="checkbox"/>	RETENTION \$							\$					
<b>B</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				Y/N N/A	Z142140602	10/06/2025	10/06/2026	X	PER STATUTE	OTH- ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT	\$	<b>500,000</b>				
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$	<b>500,000</b>				
									E.L. DISEASE - POLICY LIMIT	\$	<b>500,000</b>				
<b>A</b>	HAZARD/WINDSTORM					TLUHOA501126-01	10/06/2025	10/06/2026	SEE ADDITIONAL	REMARKS					

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

**SEE ADDITIONAL REMARKS (ACORD 101)**

## CERTIFICATE HOLDER

## CANCELLATION

**FOR INFORMATIONAL PURPOSES 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

Anthony Loschiavo

(JLF)



AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_

## ADDITIONAL REMARKS SCHEDULE

Page 2 of \_\_\_\_\_

AGENCY <b>Fako Insurance Plus</b>	NAMED INSURED <b>Harbor Crest 400 Property Owners, Inc.</b>	
POLICY NUMBER <b>N/A</b>		
CARRIER <b>Multiple Carriers</b>	NAIC CODE	EFFECTIVE DATE:

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Location Address: Largo, FL 33774 (Clubhouse Only) Flood Zone: X

A) PKG EFFECTIVE 10/6/25-10/6/26  
POLICY #TLUHOA501126-01  
D&O @ \$1M/ DED \$5K  
CRIME @ \$400K/ DED \$0/ INCLUDES COVERAGE FOR THE MGMT COMPANY  
SPECIAL FORM HAZARD @ REPLACEMENT COST  
TIV \$300,000/ DED 3% HURR/ \$1,000 AOP

Severability Of Interest/Separation Of Insureds: Applies to the General Liability policy per the terms & conditions.

Cancellation Period: 10 Days Minimum