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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/02/2024

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									
	nis certificate does not confer rights to	o the certi	ficate holder in lieu of si	CONTACT					
PRO	Fako Insurance Plus, L.L.C. DI	BA Great	Florida Insurance	NAME: PHONE		elle Rodina	FAX	·	
	4020 Park Street N, Ste 204			(A/C, No, Ext): (121)343-8899 (A/C, No): (121)343-8895					
	St. Petersburg, FL 33709			È-MÀIL ADDRE	_{ss:} drodi	na@greatfls	tpete.com		
	License #: R011674			-	INS	URER(S) AFFOR	DING COVERAGE		NAIC #
INSURED Harbor Crest 400 Property Owners, Inc.				INSURER A : Superior Specialty Insurance Company INSURER B :					
	c/o Ameri-Tech Managem		5, mo.	INSURE	RC:				
	24701 US 19 N, Suite 102	CIII		INSURE	RD:				
	Clearwater, FL 33763			INSURE	RE:				
				INSURE	RF:				
CO	VERAGES CER	TIFICATE	NUMBER: 00005286-1	05409			REVISION NUMBER:	11	
IN C E	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		INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α			TLUHOA501126-00		10/06/2024	10/06/2025	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED						PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$	
	UMBRELLA LIAB							\$	
	CLAINIS-MADE						AGGREGATE	\$	
	DED RETENTION \$						PER OTH- STATUTE ER	\$	
1	AND EMPLOYERS' LIABILITY Y / N							¢	
	OT TOET(WEWDER EXOLOBED :	N / A					E.L. EACH ACCIDENT	\$	
1	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE		
			TI IIIIO A 504400 00		4.0.10.0.10.00.4	4.0/00/0005	E.L. DISEASE - POLICY LIMIT	\$	
A	HAZARD/WINDSTORM		TLUHOA501126-00		10/06/2024	10/06/2025	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)									
CE	RTIFICATE 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.					
				40140	RIZED REPRESE	+K.	Chapman ORD CORPORATION.	Δ ric	(DRR)

The ACORD name and logo are registered marks of ACORD Printed by DRR on 12/02/2024 at 04:09PM

AGENCY CUSTOMER ID: 00005286

LOC #: ____



ADDITIONAL REMARKS SCHEDULE

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ADDITIONA		INNO SCHEDULE							
AGENCY Fako Insurance Plus, L.L.C. DBA Great Florida Insurar	nce	NAMED INSURED Harbor Crest 400 Property Owners, Inc.							
POLICY NUMBER TLUHOA501126-00		-							
carrier Superior Specialty Insurance Company	NAIC CODE	EFFECTIVE DATE: 10/06/2024							
ADDITIONAL REMARKS									
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC	ORD FORM,								
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance									
Location Address: Largo, FL 33774 (Clubhouse Only) Flood Zone: X									
A) PKG EFFECTIVE 10/6/24-10/6/25 POLICY #TLUHOA501126-00 D&O @ \$1M/ DED \$5K CRIME @ \$400K/ DED \$0/ INCLUDES COVERAGE FOR THE MGM SPECIAL FORM HAZARD @ REPLACEMENT COST TIV \$300,000/ DED 3% HURR/ \$1,000 AOP	T COMPANY								
Severability Of Interest/Separation Of Insureds: Applies to the General Liability policy per the terms & conditions.									
Cancellation Period: 10 Days Minimum									