

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/26/2024

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER						CONTACT Kristin Recore					
The Turner Insurance Advisor Group, Inc.						NAME:					
2121 N.E. Coachman Rd.						E-MAIL (A/C, NO): (A/C, NO):					
2121 N.L. Oddoffinan Nu.						ADDRESS. 5 .					
Clearwater FL 33765-2616						INSURER(S) AFFORDING COVERAGE  INSURER A. Philadelphia Indemnity Insurance Company					
INSURED						Croonwich Incurence Company					
						Transportation Insurance Company					
The Village at Bentley Park HOA, Inc.						One ( A series ) I series ( One of the series )					
C/O Ameri-Tech Property Management					INSURER D: Great American Insurance Company						
24701 US HWY 19 N, Suite 102					INSURER E :						
Clearwater FL 33763					INSURER F:						
			NUMBER: CL248262793	NEVIOLEN NOMBEL							
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	S		
A	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000	
	CLAIMS-MADE OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:					08/06/2024	08/06/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	<sub>\$</sub> 100,	,000	
								MED EXP (Any one person)	\$ 5,00	0	
				PHPK2693580				PERSONAL & ADV INJURY	\$ 1,00	0,000	
								GENERAL AGGREGATE	\$ 2,00	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
	OTHER:								\$		
А	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
	ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY  AUTOS ONLY							BODILY INJURY (Per person)	\$		
			PHPK2693580			08/06/2024	08/06/2025	BODILY INJURY (Per accident)	Per accident) \$		
								PROPERTY DAMAGE (Per accident)	AMAGE \$		
	AUTOS ONEI							(i ci acolacity	\$		
В	UMBRELLA LIAB X OCCUR						08/06/2025	EACH OCCURRENCE	<sub>\$</sub> 5,00	0,000	
	EXCESS LIAB CLAIMS-MADE			PPP7488748		08/06/2024				0,000	
	DED RETENTION \$								\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		TDD			00/00/0004	00/00/0005	➤ PER OTH-ER	•		
								E.L. EACH ACCIDENT	<sub>\$</sub> 1,00	0,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		TBD		08/06/2024	08/06/2025			0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
								Each Claim	\$1,0	000,000	
D	Directors and Officers			EPPE794590-00		08/06/2024	08/06/2025	Aggregate	\$1,0	000,000	
								Employment Practices	Inclu	uded	
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)	Liubinty			
Property Policy: AMC3414607 - 08/06/2024-08/06/2025- American Coastal Insurance Company - Property Total Insurable Value = \$27,187,935/\$5,000 Deductible/ 3% Hurricane Deductible/ 3% Sinkhole Deductible											
CE	RTIFICATE HOLDER		CANC	CANCELLATION							
For 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.					
			AUTHO	AUTHORIZED REPRESENTATIVE  Kristin Recore							