



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/01/2024

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).

<b>PRODUCER</b> The Hilb Group of Florida 5850 TG Lee Boulevard Suite 340 Orlando FL 32822		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> certificatesfl@hilbgroup.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Southern-Owners Insurance Co	<b>NAIC #</b> 10190
		<b>INSURER B:</b> Greenwich Insurance Co	22322
		<b>INSURER C:</b> Pennsylvania Manufacturers' Association Insurance Co	12262
		<b>INSURER D:</b> Ohio Casualty Insurance Co	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Cross Pointe Homeowners Association of Pinellas, Inc. c/o Ameri-Tech Community Management, Inc 24701 US Hwy 19 N. Suite 102 Clearwater FL 33763			

**COVERAGES****CERTIFICATE NUMBER:** 2024 - 2025 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"/> <b>COMMERCIAL GENERAL LIABILITY</b>			20372359	06/14/2024	06/14/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Hired / Non-Owned \$ 1,000,000
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$
	OTHER:						BODILY INJURY (Per accident) \$
	<b>AUTOMOBILE LIABILITY</b>						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO						\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					\$
							\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			PPP7487887	06/14/2024	06/14/2025	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/>					\$
	DED	RETENTION \$					
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			2024011058395Y	01/25/2024	01/25/2025	PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	<input type="checkbox"/> N / A				E.L. EACH ACCIDENT \$ 500000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500000
							E.L. DISEASE - POLICY LIMIT \$ 500000
D	Crime - Property Management Included In Coverage			019079089	06/14/2024	06/14/2025	Limit \$125,000

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

**CERTIFICATE HOLDER**

Information Only

**CANCELLATION**

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

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# ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> The Hilb Group of Florida		<b>NAMED INSURED</b> Cross Pointe Homeowners Association of Pinellas, Inc.	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**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: USLI // Policy #: CAP1553672K // Eff: 6/18/24-25.

**COVERAGE REMARKS:**

\*Broad Form Hazard Excluding Wind @ Replacement Cost // Carrier: General Star Indemnity Co // Policy #: IMA412732B // Eff: 6/30/2024-25 // Total Insured Value \$124,810 // 80% Coinsurance // Ordinance of Law Coverage Excluded // Inflation Guard Excluded // \$2,500 AOP Deductible // 157 Units.

\*HOA- No Residential Building Coverage / Common Area Only

Per Florida Statute 627.4133, Notices 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.

**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.