

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/03/2024

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).					
PRODUCER		CONTACT NAME:			
The Hilb Group of Florida		PHONE			
5850 TG Lee Boulevard		E-MAIL ADDRESS: certificatesfl@hilbgroup.o	com		
Suite 340		INSURER(S) AFFOR	DING COVERAGE NAIC #		
Orlando	FL 32822	INSURER A: Braishfield	14342		
INSURED		INSURER B: Southern-Owners Insur	ance Co 10190		
Skye Loch Villas Owners Association, Inc.		INSURER C: Pennsylvania Manufact	urers' Association Insurance Co 12262		
C/O Ameri-Tech Community Management, I	nc.	INSURER D: Ohio Casualty Insurance	e		
24701 US Highway 19 North, Suite 102		INSURER E :			
Clearwater	FL 33763	INSURER F:			
COVERAGES CERTIFICATE	NUMBER: 2023 - 2024 N	laster COI	REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TE					

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)	LIMIT	s
	X	COMMERCIAL GENERAL LIABIL	ITY				,		EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCC	CUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
									MED EXP (Any one person)	\$ 5,000
Α						GLWF17804649001	04/30/2024	12/13/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'L AGGRE <u>GATE</u> LIMIT APP <u>LIES</u> PE	R:						GENERAL AGGREGATE	\$ 2,000,000
	×	POLICY PRO- JECT L	OC						PRODUCTS - COMP/OP AGG	\$ Included
		OTHER:								\$
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO							BODILY INJURY (Per person)	\$
		OWNED SCHEDU AUTOS ONLY AUTOS	ULED						BODILY INJURY (Per accident)	\$
		HIRED NON-OV AUTOS ONLY AUTOS							PROPERTY DAMAGE (Per accident)	\$
										\$
	X	UMBRELLA LIAB OCC	CUR						EACH OCCURRENCE	\$ 1,000,000
В		EXCESS LIAB CLA	IMS-MADE			5365127100	12/13/2023	12/13/2024	AGGREGATE	\$ 1,000,000
		DED RETENTION \$ -7	000							\$
	_	KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
c	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED? Mandatory in NH)		N/A	I/A	2023010674515Y	12/13/2023	12/13/2024	E.L. EACH ACCIDENT	\$ 500000
ľ	(Man			1177					E.L. DISEASE - EA EMPLOYEE	\$ 500000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500000	
D	D Crime - Property Management Included In Coverage				0190766784	12/13/2023	12/13/2024	Limit	\$200,000	
DESC	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
1	

GENCY	CUSTOMER ID:	

LOC #:



ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
The Hilb Group of Florida		Skye Loch Villas Owners Association, Inc.
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS		

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

COVERAGES CONTINUED...

Directors & Officers @ \$1,000,000 // Carrier: United States Liability Insurance Company //Policy# CAP1555823I // Eff: 12/13/2023-24

PROPERTY:

Special Form Hazard Excluding Wind @ Replacement Cost // Carrier: Scottsdale Insurance Company // Policy# CPS7912749 // Eff: 12/13/2023-24 // Total Insured Value \$105,826 // 80% Coinsurance // \$1,000 AOP Deductible // Ordinance of law & Equipment Breakdown Coverage excluded // No Inflation Guard // 168 Homes

Special Form Hazard Excluding Wind @ Replacement Cost // Carrrier: Scottsdale Insurance Company // Policy #:CPS7935750 // Eff: 2/2/2024-12/13/2024 // Total Insured Value \$656,123 // 100% Coinsurance // Equipment Breakdown Included In Coverage // AOP Deductible \$2,500 // 168 Homes

HOA - No Residential Building Coverage // Common Area Only

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

- 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.

ACORD 101 (2008/01)