

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/23/2024

С В	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.											
lf	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).											
-	DUCE	0					CONTACT					
The	Hilb	Group of Florida				PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL certificatesfl@hilbgroup.com						
5850 TG Lee Boulevard							E-MAIL ADDRESS:					
Suite 340							INSURER(S) AFFORDING COVERAGE					
Orlando FL 32822							INSURER A: Mount Vernon Fire Insurance Co					
INSURED							INSURER B : Greenwich Insurance Co					
Virginia Crossing Homeowners Association, Inc						INSURER C : Lloyd's of London						
c/o Ameri-Tech Community Management, Inc.						INSURER D :						
24701 US Hwy 19 N. Suite 102						INSURER E :						
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 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD												
IN C	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.											
		TYPE OF INSURANCE		SUBR	POLICY NUMBER	REDUC	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	×	1	INSU		I GEIGT NUMBER			(אווועטאוווי)		, 1,00	0,000	
		CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	000	
									MED EXP (Any one person)	_{\$} 5,00	0	
A					NPP2581735B		04/22/2024	04/22/2025	PERSONAL & ADV INJURY	_{\$} 1,00	0,000	
	GEI								GENERALMOONLEGHTE	φ	0,000	
		POLICY PRO- JECT LOC								\$ 1,00		
										\$ 1,00	0,000	
	AU	TOMOBILE LIABILITY							(Ea accident)	\$\$		
		OWNED SCHEDULED							,	\$ \$		
		AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	×	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 5,00	0,000	
в		EXCESS LIAB CLAIMS-MADE			PPP7502494		04/22/2024	04/22/2025	AGGREGATE	\$ 5,00	0,000	
		DED RETENTION \$								\$		
	-	RKERS COMPENSATION							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mar	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉS	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
с	Co	mercial Property Including Wind 09-7590173614-S-02			04/22/2024	04/22/2025	TIV \$43		7,212			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CEI	RTIF	ICATE HOLDER				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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AGENCY CUSTOMER ID:

The Hilb Group of Florida Virgin POLICY NUMBER CARRIER NAIC CODE	KS SCHEDULE Pageof MED INSURED jinia Crossing Homeowners Association, Inc	
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Per Florida Statute 627.4133, Notices of Cancellation shall be given 45 days prior to the Effecti	I Storm (\$1,000 minimum) Deductible // 121 Units.	
	tive Date of the Cancellation, except, 10 day Notice of	
Separation of Insureds:		
Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in 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.	n this Coverage Part to the first Named Insured, this insurance	