

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/19/2024

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 liqu of such endorsement(s)

If SUBROGATION IS WAIVED, subject to						may require	an endorsement. A state	ement o	on .	
this certificate does not confer rights to the certificate holder in lieu of such					CONTACT					
					NAME: PHONE FAX					
The Hilb Group of Florida					PHONE (A/C, No, Ext): E-MAIL E-MAIL Comparison FAX (A/C, No):					
5850 TG Lee Boulevard					ADDRESS:					
Suite 340			FI 00000	Mayort Varian Fire Jacobana Ca					NAIC#	
Orlando			FL 32822	INSURER A: Mount Vernon Fire Insurance Co					26522	
INSURED					INSURER B: Ohio Casualty Insurance Co					
Whispering Woods Homeowner's Assn, Inc. Of Pinellas County					INSURER C:					
c/o Ameri-Tech Community Man	agem	ent, Ir	IC.	INSURER D :						
5434 Grand Blvd					INSURER E :					
New Port Richey FL 34652				INSURER F:						
COVERAGES CERT	ΓIFIC	ATE I	NUMBER: 2024 - 2025 M	laster Co	OI		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	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	_{\$} 1,00	0,000	
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	000	
General Liability									0	
Α -			NPP2589909		02/28/2024	02/28/2025	· / · · · · · / · · · · · · · · · · · ·		0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	2,000,000		
PRO- JECT LOC							PRODUCTS - COMP/OP AGG	Included		
OTHER:							TROBUSTO COMITTO TROC	\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
OWNED SCHEDULED							BODILY INJURY (Per accident)			
AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
UMBRELLA LIAB OCCUB										
EXCESS LIAB OCCUR							EACH OCCURRENCE	\$		
CLAIIVIS-IVIADE							AGGREGATE	\$		
DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$		
AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
DESCRIPTION OF OPERATIONS below			<u> </u>				E.L. DISEASE - POLICY LIMIT	\$		
B Crime - Property Management Included In Coverage			019091304		02/02/2024	02/02/2025	Limit	\$25,	000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)				
CERTIFICATE HOLDER					CANCELLATION					
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.						
inomaton Only					AUTHORIZED REPRESENTATIVE					

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

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AGENCY The Hilb Group of Florida		NAMED INSURED Whispering Woods Homeowner's Assn, Inc. Of Pinellas County					
POLICY NUMBER		-					
CARRIER	NAIC CODE	EFFECTIVE DATE:					
ADDITIONAL REMARKS		<u> </u>					
	D CODM						
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: Great American Insurance // Policy #: EPPE793513-00 // Eff: 2/28/2024-25							
PROPERTY:							
Special Form Hazard Excluding Wind @ Replacement Cost // Carrier: Scottsdale Insurance Company // Policy # CPS7950129 // Eff: 2/28/2024-25 // Total Insured Value \$212,000 // 80% Coinsurance // \$1,000 AOP Deductible // Ordinance of Law & Equipment Breakdown Coverage Excluded // No Inflation Guard							
HOA- No Residential Building Coverage / Common Area Only							
Coverage Remarks							
Per florida Statute 627.4133, Notice of Cancellation shall be given 45 day Cancellation for Non-payment of Premium.	s prior to the E	ffective 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 sp 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 I		ned in this Coverage Part to the first Named Insured, this insurance					