

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 02/24/2025

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						NAME:					
The Hilb Group of Florida						PHONE FAX   (A/C, No, Ext): (A/C, No):   E-MAIL certificatesfl@hilbgroup.com					
5850 TG Lee Boulevard						ADDRESS:					
Suite 340					INSURER(S) AFFORDING COVERAGE					NAIC # 26522	
Orlando FL 32822										20322	
INSURED					INSORER B.						
Whispering Woods Homeowner's Assn, Inc. Of Pinellas County					INSURER C :						
c/o Ameri-Tech Community Management, Inc.					INSURER D :						
	5434 Grand Blvd New Port Richey FL 34652					INSURER E :					
		TIEIC	ATE	NUMBER: 2025 - 2026 N							
								REVISION NUMBER:	חטוי		
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)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00 \$ 100,		
	General Liability						02/28/2026	MED EXP (Any one person)	\$ 5,00	0	
A				NPP2589909A		02/28/2025		PERSONAL & ADV INJURY \$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000		0,000	
								PRODUCTS - COMP/OP AGG	AGG \$ Included		
A	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
OWNED SCHEDULED								BODILY INJURY (Per accident) \$			
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	ORKERS COMPENSATION							PER OTH- STATUTE ER			
A	ND EMPLOYERS' LIABILITY Y / N NY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$		
	Crime - Property Management Included In Coverage			019091304		02/02/2025	02/02/2026	Limit	\$25,	000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERT	IFICATE HOLDER		CANC	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. AUTHORIZED REPRESENTATIVE					

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AGENCY CUSTOMER ID: 00221092

LOC #:

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## ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED					
The Hilb Group of Florida	Whispering Woods Homeowner's Assn, Inc. Of Pinellas County						
POLICY NUMBER							
RRIER NAIC CODI							
		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: StarNet Insurance Co // Policy #:QDO0004593-00 // Eff: 2/28/2025-26 PROPERTY: Special Form Hazard Excluding Wind @ Replacement Cost // Carrier: Scottsdale Insurance Company // Policy # CPS8155132 // Eff: 2/28/2025-26 // Total Insured Value \$212,000 // 90% 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 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 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.