

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2024

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).											
-					NAME:						
	e Hilb Group of Florida				(A/C, No, Ext): (A/C, No):						
	50 TG Lee Boulevard				ADDRESS: certificatesfl@hilbgroup.com						
	ite 340				INSURER(S) AFFORDING COVERAGE NAIC #						
Orlando FL 32822						INSURER A : Atain Insurance Company					
INSURED						INSURER B : Greenwich Insurance Co					
	Aberdeen Homeowners Associa	INSURER C : Continental Casualty Company					20443				
	C/O Ameri-Tech Property Manag	jemer	nt		INSURER D: Ohio Casualty Insurance Co						
	24701 US Hwy 19 N #102				INSURER E :						
	Clearwater			FL 33763	INSURER F :						
со	VERAGES CER	TIFIC	ATE	NUMBER: 2024 - 2025 M	aster 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		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
								EACH OCCURRENCE	Ψ	0,000	
	CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	000	
								MED EXP (Any one person)	_{\$} 5,00)	
A				BWPF0076265R02		11/03/2024	11/03/2025	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	_{\$} 2,00	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	φ	0,000	
	OTHER:							COMBINED SINGLE LIMIT	\$		
								(Ea accident)	\$		
								BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
								EACH OCCURRENCE	_{\$} 5,00	0,000	
В	EXCESS LIAB CLAIMS-MADE			PPP7489666		11/03/2024	11/03/2025	AGGREGATE	_{\$} 5,00	0,000	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
с	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC734550375		08/21/2024	08/21/2025	E.L. EACH ACCIDENT	\$ 500,000		
	C OFFICER/MEMBER EXCLUDED?			WC734550375		00/21/2024	00/21/2025	E.L. DISEASE - EA EMPLOYEE	\$ 500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,000		
D	In Coverage	Crime - Property Management Included 019076421				11/03/2024	11/03/2025	Limit \$250		,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CE	RTIFICATE HOLDER			i	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: 00239158

LOC #:



ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
The Hilb Group of Florida	Aberdeen Homeowners Association of Pasco, 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

COVERAGE CONTINUED:

Directors & Officers @ \$1,000,000 // Carrier: USLI // Policy #CAP1566792B // Eff: 1/1/2025-26 COVERAGE REMARKS:

*Special Form Hazard Excluding Wind @ Replacement Cost // Carrier: Atain Insurance Company // Policy #:BWPF0076265R02 // Eff: 11/3/2024-25 // Total Insured Value \$215,000 // 80% Coinsurance // \$1,000 AOP Deductible // Ordinance of Law Not Included in Coverage // 172 Units.

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

Remarks:

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.

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