

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/20/2023

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								
The Hilb Group of Florida				NAME: PHONE FAX					
5850 TG Lee Boulevard	(A/C, No, Ext): E-MAIL ADDRESS:								
Suite 340				INSURER(S) AFFORDING COVERAGE NAIC #					
Orlando FL 32822				INSURER A : Atain Insurance Company				29033	
INSURED				INSURER B: Greenwich Insurance Co				22322	
Aberdeen Homeowners Association of Pasco, Inc.				INSURER C: Continental Casualty Company				20443	
C/O Ameri-Tech Property Management				INSURER D :					
24701 US Hwy 19 N #102				INSURER E :					
Clearwater FL 33763			INSURER F :						
COVERAGES CERTIFI	CATE	NUMBER: 2023 - 2024 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 POLICY EFF POLICY EFF POLICY EFF									
LTR TYPE OF INSURANCE INSI		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,00		
				11/03/2023	11/03/2024	PREMISES (Ea occurrence)	\$ 100,000		
A		BWPF0076265R01				MED EXP (Any one person)	\$ 5,000 \$ 1,000,000		
		DWF100702031(01				PERSONAL & ADV INJURY	3 000 000		
						GENERAL AGGREGATE	3 000 000		
						PRODUCTS - COMP/OP AGG	\$ 2,000,000		
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$		
						(Ea accident) BODILY INJURY (Per person)	\$		
OWNED SCHEDULED						ODILY INJURY (Per accident) \$			
AUTOS ONLY AUTOS HIRED NON-OWNED						PROPERTY DAMAGE (Per accident)	\$		
AUTOS ONLY AUTOS ONLY							\$		
VIMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 5,00	0,000	
B EXCESS LIAB CLAIMS-MADE		PPP7489666		11/03/2023	11/03/2024	AGGREGATE	\$ 5,00	0,000	
DED RETENTION \$							\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	/ PROPRIETOR/PARTNER/EXECUTIVE ////////////////////////////////////			08/21/2023	08/21/2024	E.L. EACH ACCIDENT \$ 500,000		000	
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$ 500,000			
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000		
Crime - Property Management Included In Coverage		019076421		11/03/2023	11/03/2024	Limit	\$250,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space 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. AUTHORIZED REPRESENTATIVE					

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AGENCY CUSTOMER ID:

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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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 NUMBER: 25 FORM TITLE: Certificate of Liability	Insurance: No	otes						
COVERAGE CONTINUED:								
Directors & Officers @ \$1,000,000 // Carrier: USLI // Policy #CAP1566792 // Eff: 1/1/2023-24								
COVERAGE REMARKS:								
*Special Form Hazard Excluding Wind @ Replacement Cost // Carrier: Atain Insurance Company // Policy #:BWPF0076265R01 // Eff: 11/3/2023-24 // 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.