



NORTSHO-01

SE71KJOHNSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/6/2026

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 AssuredPartners of Florida LLC - LM1 300 Colonial Center Parkway, Suite 270 Lake Mary, FL 32746	CONTACT NAME:		
	PHONE (A/C, No, Ext): (407) 203-9577	FAX (A/C, No): (407) 203-9577	
	E-MAIL ADDRESS: col@assuredpartners.com		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A : Superior Specialty Insurance Company	16551	
INSURED North Shore at Lake Hart Homeowners Association, Inc. 1170 Celebration Blvd #202 Celebration, FL 34747	INSURER B : Spinnaker Insurance Company	24376	
	INSURER C : Pennsylvania Manufacturers' Association Insurance Company	12262	
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			TLUHOA504847-00	6/19/2026	6/19/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			TLUHOA504847-00	6/19/2026	6/19/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 0			PPP344000101-PPP3004841	6/19/2026	6/19/2027	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	2026011254853Y	6/19/2026	6/19/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property			TLUHOA504847-00	6/19/2026	6/19/2027	See Remarks

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
REF: For Information Only.

CERTIFICATE HOLDER

CANCELLATION

North Shore at Lake Hart Homeowners Association, Inc.
1170 Celebration Blvd
#202
Celebration, FL 34747

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



ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners of Florida LLC - LM1		NAMED INSURED North Shore at Lake Hart Homeowners Association, Inc. 1170 Celebration Blvd #202 Celebration, FL 34747 Osceola	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverage

General Liability policy includes separation of insureds provision.

PROPERTY COVERAGE

Insurer: Superior Specialty Insurance Company
Policy #: TLUHOA504847-00
Effective: 6/19/2026 - 6/19/2027

Location 1: 9339 N Shore Golf Club Blvd, Orlando, FL 32832

Clubhouse Building Limit: \$782,391

Contents Limit: \$159,000

Swimming Pool Limit: \$299,075

Kiddie Pool Limit: \$10,000

Pool Fencing Limit: \$20,934

Tennis Courts (3) Limit: \$145,500

Tennis Court Fencing Limit: \$31,031

Tennis Court Lighting (18) Limit: \$50,550

Playground Limit: \$55,000

Entry/Exit Gate Limit: \$62,248

Entry/Exit Gate Limit: \$62,248

Entry/Exit Gate Limit: \$62,248

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Entry/Exit Gate Limit: \$62,248

Entry/Exit Gate Limit: \$62,248

Basketball Court & Fencing Limit: \$30,132

Fountains (2) Limit: \$25,440

Retaining Wall Limit: \$661,416

Playground Fencing Limit: \$14,000

Irrigation System Limit: \$250,000

Dog Park Fencing Limit: \$30,000

Dog Park Pickup Stations/Waste Cans Limit: \$2,500

Dog Park Benches Limit: \$17,500

Pool Deck Limit: \$64,231

Surveillance Systems (8) Limit: \$22,400

Bridge Fence Limit: \$18,463

Pedestrian Walk & Dock Limit: \$260,000

Bridge Fence Limit: \$17,917

Metal Gazebo Limit: \$18,463

Special Form

Replacement Cost

Coinsurance: Agreed Value

Deductibles:

\$5,000 All Other Perils, Per Occurrence



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POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

2% Hurricane, Per Occurrence, Per Building/Item

Ordinance or Law:
Coverage A: Included
Coverage B & C Combined Limit: \$250,000

No Coverage for Individual Units

BOILER & MACHINERY COVERAGE

Insurer: Liberty Mutual Insurance Company
Policy #: YB2-L9L-483319-016
Effective: 6/19/2026 - 6/19/2027

Total Limit Per Breakdown: \$3,241,332

Deductible: \$5,000

CRIME COVERAGE

Insurer: Superior Specialty Insurance Company
Policy #: TLUHOA504847-00
Effective: 6/19/2026 - 6/19/2027

Employee Theft Blanket Limit: \$500,000	Deductible: \$2,000
Money & Securities Limit: Included in Blanket Limit	Deductible: \$2,000
Forgery or Alteration Limit: Included in Blanket Limit	Deductible: \$2,000
Money Order & Counterfeit Currency Limit: Included in Blanket Limit	Deductible: \$2,000
Computer Fraud Limit: Included in Blanket Limit	Deductible: \$2,000
Funds Transfer Fraud Limit: Included in Blanket Limit	Deductible: \$2,000
Social Engineering Limit: \$25,000	Deductible: \$2,000

Management Company, Directors & Trustees, and Non-Compensated Officers Included as Employee

EXCESS CRIME COVERAGE

Insurer: Travelers Excess and Surplus Lines Company
Policy #: TBD
Effective: 6/19/2026 - 6/19/2027

Employee Theft Limit: \$5,500,000	Deductible: \$502,500
Forgery or Alteration Limit: \$5,500,000	Deductible: \$502,500
Funds Transfer Fraud Limit: \$5,500,000	Deductible: \$502,500
Computer Fraud Limit: \$5,500,000	Deductible: \$502,500
Investigative Expense Limit: \$5,000	Deductible: \$0

Property Manager Included as Employee

DIRECTORS & OFFICERS COVERAGE

Insurer: Travelers Casualty and Surety Co of America
Policy #: 1-SKN-FL-01576965-00
Effective: 6/19/2026 - 6/19/2027



AGENCY CUSTOMER ID: NORTSHO-01

SE71KJOHNSON

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

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Each Claim/Aggregate Limit: \$1,000,000

Deductible: \$25,000



How to Request a Certificate of Insurance

Proof of insurance for this association is available for convenient **immediate download** at www.icerts.com for **lenders** working on **new loans** and **refinancing loans**. This website allows for 24/7 access to certificates with no wait time.

If you are a **unit owner** and received a letter from your lender requesting a **renewal certificate of insurance on an existing loan**, please forward a copy of the letter from your lender to cs@icerts.com.

In order to request a certificate of insurance, the following information will be required so please make sure to have it ready:

- Name of the Association
- Unit Owners Name(s)
- Owners Address & Unit number (if applicable)
- Loan Number
- Mortgagee Clause that Includes the Name and Address of Bank

If you are a **property manager** and need a **generic certificate of insurance**, please email cs@icerts.com and provide them with the name of the association and request a “generic certificate.”

Should you have any issues, please contact our team at coi@assuredpartners.com for assistance.