



CERTIFICATE OF LIABILITY INSURANCE

SE71KSTEPHENS

DATE (MM/DD/YYYY) 6/20/2024

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).

PRODUCER	CONTACT NAME:			
AssuredPartners of Florida LLC - LM1 00 Colonial Center Parkway, Suite 270	PHONE (A/C, No, Ext): (407) 203-9577 FAX (A/C, No): (407) 2	203-9577		
ake Mary, FL 32746	E-MAIL ADDRESS: Coi@assuredpartners.com			
	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A: Cincinnati Indemnity	23280		
NSURED	INSURER B: Greenwich Insurance Company	22322		
North Shore at Lake Hart Homeowners Association, Inc.	INSURER C: Pennsylvania Manufacturers' Association Insurance Company	12262		
1170 Celebration Blvd #202	INSURER D : RenaissanceRe Specialty U.S. Ltd.			
Celebration, FL 34747	INSURER E :			
	INSURER F:			
00/504.000	DEVICION NUMBER			

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		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD		(WIW/DD/1111)	(WIW/DD/1111)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ENP0581352/EBA0581352	6/19/2024	6/19/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	J'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			ENP0581352/EBA0581352	6/19/2024	6/19/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE			PPP744000111-PPP7487447	6/19/2024	6/19/2025	AGGREGATE	\$	10,000,000
ı		DED X RETENTION\$ 0							\$	
С	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE				6/19/2024	6/19/2024 6/19/2025	E.L. EACH ACCIDENT	\$	500,000	
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
D	Pro	perty			TCF1012151	6/19/2024	6/19/2025	See Remarks		
1										
1										

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
OLIVIII IOATE HOLDEN	OANOLLLATION

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

COO COOK
Charles

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 2

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

General Liability policy includes separation of insureds provision

PROPERTY COVERAGE

Insurer: RenaissanceRe Specialty U.S. Ltd.

Policy #: TCF1012151

Effective: 6/19/2024-6/19/2025

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

Clubhouse Building Limit: \$752,299

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 Gates (9) Limit: \$560,232 Covered Area (Square) Limit: \$34,410 Covered Area (Rectangle) Limit: \$42,180 Covered Area (Gazebo) Limit: \$17,917

Footbridge, Dock & Pedestrian Walk Limit: \$260,000

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: \$30,000

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

Dog Park Benches: \$17,500

Pool Deck: \$64,231

Surveillance Systems (8): \$22,400

Special Form Replacement Cost Sinkhole Included

Coinsurance: Agreed Amount

Inflation Guard: 4%

Deductibles:

\$5,000 All Other Perils, Per Occurrence
5% Wind/Hail, Per Building, Per Occurrence

\$5,000 Sinkhole, Per Building

Ordinance or Law: Coverage A: Included

Coverage B&C Combined Limit: 3%

ACORD®

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

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

No Coverage for Individual Units

BOILER & MACHINERY COVERAGE

Insurer: Travelers Excess and Surplus Lines Company

Policy #: BME1-8W364365-TXS-24 Effective: 6/19/2024-6/19/2025

Total Limit Per Breakdown: \$3,193,910

Deductible: \$5,000

CRIME COVERAGE

Insurer: Hanover Insurance Company

Policy #: BDJ-H289578-04 Effective: 6/19/2024-6/19/2025

Employee Theft Limit: \$500,000 Deductible: \$2,500
Forgery or Alteration Limit: \$500,000 Deductible: \$2,500
Computer Fraud Limit: \$500,000 Deductible: \$2,500
Funds Transfer Fraud Limit: \$500,000 Deductible: \$2,500
False Pretenses Limit: \$25,000 Deductible: \$5,000
Investigative Expense Limit: \$5,000 Deductible: \$0

Property Manager Included as Employee

EXCESS CRIME COVERAGE

Insurer: Travelers Casualty and Surety Co of America

Policy #: 108070365

Effective: 6/19/2024-6/19/2025

Employee Theft Limit: \$4,000,000 Deductible: \$502,500
Forgery or Alteration Limit: \$4,000,000 Deductible: \$502,500
Funds Transfer Fraud Limit: \$4,000,000 Deductible: \$502,500
Computer Fraud Limit: \$4,000,000 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 #: 107371990

Effective: 6/19/2024-6/19/2025

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

Deductible: \$5,000



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 <u>cs@icerts.com</u>.

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 <u>coi@assuredpartners.com</u> for assistance.