



NORTSHO-01

SE71CUNRUH

DATE (MM/DD/YYYY)

6/24/2025

CERTIFICATE OF LIABILITY INSURANCE

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 : Cincinnati Indemnity	23280	
INSURED North Shore at Lake Hart Homeowners Association, Inc. 1170 Celebration Blvd #202 Celebration, FL 34747	INSURER B : Greenwich Insurance Company	22322	
	INSURER C : Pennsylvania Manufacturers' Association Insurance Company	12262	
	INSURER D : Lloyd's of London		
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ENP0581352	6/19/2025	6/19/2026	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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ENP0581352	6/19/2025	6/19/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			PRP-229824000-01-1189189	6/19/2025	6/19/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	2025011254853Y	6/19/2025	6/19/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Property			TCF1012151	6/19/2025	6/19/2026	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

Page 1 of 2

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		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

Additional Coverages
General Liability policy includes separation of insureds provision

PROPERTY COVERAGE

Insurer: Lloyd's of London
Policy #: TCF1012151
Effective: 6/19/2025 -6/19/2026

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
Entry/Exit Gate Limit: \$62,248
Entry/Exit Gate Limit: \$62,248
Entry/Exit Gate Limit: \$62,248
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
Utility Cart Limit: \$10,000

Special Form
Replacement Cost

Coinsurance: Agreed Value

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

Ordinance or Law:
Coverage A: Included



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	
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ADDITIONAL REMARKS

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FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Coverage B&C Combined Limit: 3%

No Coverage for Individual Units

BOILER & MACHINERY COVERAGE

Insurer: Travelers Excess and Surplus Lines Company
Policy #: BME1-8W364365-TXS-25
Effective: 6/19/2025 - 6/19/2026

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

Deductible: \$5,000

CRIME COVERAGE

Insurer: Hanover Insurance Company
Policy #: BDJ-H289578-05
Effective: 6/19/2025 - 6/19/2026

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 Company of America
Policy #: 108070365
Effective: 6/19/2025 - 6/19/2026

Employee Theft Limit: \$4,600,000 Deductible: \$502,500
Forgery or Alteration Limit: \$4,600,000 Deductible: \$502,500
Funds Transfer Fraud Limit: \$4,600,000 Deductible: \$502,500
Computer Fraud Limit: \$4,600,000 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: 6/19/2025 - 6/19/2026

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 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.