

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/23/2026

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 George Franklin Insurance, Inc. 5147 S Lakeland Dr, Ste 3 Lakeland, FL 33813 License #: P171553	CONTACT NAME: Cassidy Cason PHONE (A/C, No, Ext): (863) 682-4434 FAX (A/C, No): (863) 647-4355 E-MAIL ADDRESS: CCason@gfinetwork.com <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : Westchester Surplus Lines Insurance Company</td> <td>10172</td> </tr> <tr> <td>INSURER B : Nautilus Insurance Company</td> <td>17370</td> </tr> <tr> <td>INSURER C : Citizens Property Insurance Corporation</td> <td>10064</td> </tr> <tr> <td>INSURER D : Superior Specialty Insurance Company</td> <td>16551</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Westchester Surplus Lines Insurance Company	10172	INSURER B : Nautilus Insurance Company	17370	INSURER C : Citizens Property Insurance Corporation	10064	INSURER D : Superior Specialty Insurance Company	16551	INSURER E :		INSURER F :	
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INSURED Hickory Grove Condominium Association Inc C/O Ameri-Tech Property Management 24701 US Highway 19 N STE 102 Clearwater, FL 33763-4086															

COVERAGES

CERTIFICATE NUMBER: 10000886-0

REVISION NUMBER: 86

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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

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:			GLWF17230414 004	09/17/2026	09/17/2027	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			GLWF17230414 004	09/17/2026	09/17/2027	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			AN1400463	09/17/2026	09/17/2027	EACH OCCURRENCE \$ AGGREGATE \$ Deductible \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Property*			10665755-4	09/17/2026	09/17/2027	Insured Value 5,190,700
D	DIC Wrap*			CIUDIC100075-2	09/17/2026	09/17/2027	Insured Value 5,190,700

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Unit Owner
9 or 15 Turner Street Unit #
Clearwater FL 33756

(continued on ACORD 101 Additional Remarks Schedule)

CERTIFICATE HOLDER

CANCELLATION

For Informational Purposes 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

(CJC)

**ADDITIONAL REMARKS SCHEDULE**

AGENCY George Franklin Insurance, Inc.		NAMED INSURED Hickory Grove Condominium Association Inc	
POLICY NUMBER N/A			
CARRIER Multiple Carriers	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

(continued from Description of Operations)
Coverage Continued:

Fidelity/Crime @ \$50,000 // Deductible: \$250 // Carrier: Philadelphia Indemnity // Policy #:PCAC000259-0818 // Eff: 9/17/2025 to 2026

Equipment Breakdown @ \$ 5,211,496// Carrier: Travelers // Policy # 1X398712 // Effective 09/22/2025 to 2026

Flood: 9 Turner Street, Clearwater, FL 33756

Carrier: American Bankers //Policy #7505806546 //Building Limit: \$2,000,000 // Deductible: \$1,250 / Eff: 8/13/2025-2026 Current Flood Zone: AE Rated Zone AE // 8 Units, Maximum limit available w/NFIP.

Flood: 15 Turner Street, Clearwater, FL 33756 - Flood Zone X

Errors and Omissions (D&O)//Carrier: Travelers Casualty and Surety Company of America//Policy # 106981364//Limit \$1,000,000 Deductible \$ 7,500//Effective 09/17/2024 to 2025

COVERAGE REMARKS:

*Special Form Hazard @ Replacement Cost per appraisal dated 3/26/2022 (14 Units): \$1,000 Deductible Basic Perils. \$2,500 Special Perils, 5% Calendar Year Hurricane Deductible//Ordinance Included at \$10,000

Property Management Firm included as an additional insured under general liability, Crime, Director & Officers Liability and Umbrella policies.

7. 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

**ASSURANT®****American Bankers Insurance Company of Florida
Scottsdale, AZ****Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

Policy Term: 08/13/2025 (12:01 a.m.) to 08/13/2026 (12:01 a.m.)

NAIC: 10111

Policy Number: 7505806546**First Mortgagee / Lender Name:****Named Insured and Mailing Address:**HICKORY GROVE CONDO ASSN
24701 US HIGHWAY 19 N STE 102
CLEARWATER, FL 33763-4086**Loan Number:****Producer Number:** 10464-00247-000**Second Mortgagee / Lender Name:****Premium Payor:** INSURED**Property Location:**9 TURNER ST
CLEARWATER, FL 33756-5292**Loan Number:****Other / Loss Payee:****For Service Please Contact:**GEORGE FRANKLIN INSURANCE, INC
5147 S LAKELAND DR STE 3
LAKELAND, FL 33813-2610
863-682-4434**Loan Number:****LOCATION AND PROPERTY INFORMATION**Date of Construction: 01/01/1979
Building Occupancy: Residential Condo Building
Method Used to Determine First Floor Height: FEMA determined
Building Description: Entire Residential Condo Building
Property Description: BASEMENT, THREE OR MORE FLOORSNumber Of Units: 8
Primary Residence: No
Prior NFIP Claims: 1 claim(s)
First Floor Height: 1.50 ft
Replacement Cost: \$ 3,746,000*Your property's NFIP flood claims history can affect your premium.***COVERAGE AND PREMIUM INFORMATION****Rate Category:** FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 2,000,000	\$ 1,250	\$ 33,666.00
Contents	\$ 0	\$ 0	\$ 0.00
Increased Cost of Compliance:			\$ 75.00
Community Rating System Discount:			\$ -8,387.00
Full Risk Premium Excluding Fees and Surcharges:			\$ 25,354.00

STATUTORY DISCOUNTSAnnual Increase Cap Discount: \$ -19,027.00
Discounted Premium: \$ 6,327.00**FEES AND SURCHARGES**Reserve Fund Assessment: \$ 1,139.00
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00
Federal Policy Fee: \$ 376.00**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID** \$ 8,092.00Coverage limitations may apply. See your NFIP RCBAP Form for details.
Refer to www.FloodSmart.gov/floodcosts for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 7505806546

American Bankers Insurance Company of Florida
P.O. Box 4276, Clinton, IA 52733-4276

GEORGE FRANKLIN INSURANCE, INC
5147 S LAKELAND DR STE 3
LAKELAND FL 338132610

