

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/21/2025

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).

<b>PRODUCER</b>  <b>George Franklin Insurance Inc</b> <b>5147 S Lakeland Dr #3</b> <b>Lakeland, FL 33813</b>	<b>CONTACT NAME: Helen James</b> <b>PHONE (A/C, No, Ext): (863)682-4434</b> <b>FAX (A/C, No): (727)499-7471</b> <b>E-MAIL ADDRESS: HJames@gfinetwork.com</b> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A : <b>Westchester Surplus Lines</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER B : <b>Nautilus Insurance Company</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C : <b>Citizens Property Insurance</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D : <b>Certain Underwriters at Lloyds</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Westchester Surplus Lines</b>		INSURER B : <b>Nautilus Insurance Company</b>		INSURER C : <b>Citizens Property Insurance</b>		INSURER D : <b>Certain Underwriters at Lloyds</b>		INSURER E :		INSURER F :	
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<b>INSURED</b>  <b>Hickory Grove Condominium Association, Inc</b> <b>C/o Ameri-Tech Property Mgmt I</b> <b>24701 Us Highway 19 N Ste 102</b> <b>Clearwater, FL 33763-4086</b>															



**COVERAGES CERTIFICATE NUMBER: 10000886-1214156**

**REVISION NUMBER: 75**

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							
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>  AGGREGATE LIMIT APPLIES PER: CITY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:  OTHER:  <input checked="" type="checkbox"/>			<b>GLWF17230414 002</b>	<b>09/17/2024</b>	<b>09/17/2025</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> Deductible \$ <b>500</b>							
<b>A</b>	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO  <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>			<b>GLWF17230414 002</b>	<b>09/17/2024</b>	<b>09/17/2025</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$							
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b>  <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			<b>AN1325222</b>	<b>09/17/2024</b>	<b>09/17/2025</b>	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b> \$							
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N <input type="checkbox"/> N / A				<table style="width: 100%; border: none;"> <tr> <td style="border: none;">PER STATUTE</td> <td style="border: none;">OTHER</td> </tr> <tr> <td style="border: none;">E.I. EACH ACCIDENT</td> <td style="border: none;">\$</td> </tr> <tr> <td style="border: none;">E.I. DISEASE - EA EMPLOYEE</td> <td style="border: none;">\$</td> </tr> </table>	PER STATUTE	OTHER	E.I. EACH ACCIDENT	\$	E.I. DISEASE - EA EMPLOYEE	\$	
PER STATUTE	OTHER													
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						E.L. DISEASE - POLICY LIMIT	\$
C	Property*		10665755-1	09/17/2024	09/17/2025	Insured Value	4,468,000
D	DIC Wrap*		B1180D240896/2390	09/17/2024	09/17/2025	Insured Value	4,468,000

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)

<b>For Informational Purposes Only</b>	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  (HDJ)

CERTIFICATE HOLDER

CANCELLATION



ACORD 25 (2016/03)

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 AGENCY CUSTOMER ID: 10000886 LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page of \_\_\_\_\_ 2

AGENCY <b>George Franklin Insurance Inc</b>		NAMED INSURED <b>Hickory Grove Condominium Association, Inc</b>	
POLICY NUMBER <b>N/A</b>		EFFECTIVE DATE:	
CARRIER <b>Multiple Carriers</b>	NAIC CODE		

**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 // Carrier: Philadelphia Indemnity // Policy #:PCAC000259-0718 // Eff: 9/17/2024 to 2025

Equipment Breakdown @ \$4,468,045// Carrier: Travelers // Policy # 1X398712 // Effective 09/22/2024 to 2025

Flood: 9 Turner Street, Clearwater, FL 33756

Carrier: American Bankers //Policy #7505806546 //Building Limit: \$2,000,000 // Deductible: \$1,250 / Eff: 8/13/2024-2025 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: 08/13/2024 (12:01 a.m.) to 08/13/2025 (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

Coverage limitations may apply. See your NFIP RCBAP Form for details.  
Refer to [www.FloodSmart.gov/floodcosts](http://www.FloodSmart.gov/floodcosts) for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 7505806546

**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: SLAB ON GRADE, THREE OR MORE FLOORS

Number Of Units: 8  
Primary Residence: No  
Prior NFIP Claims: 0 claim(s)  
First Floor Height: 1.50 ft  
Replacement Cost: \$ 2,355,900

*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	\$ 24,722.00
Contents	\$ 0	\$ 0	\$ 0.00
		Increased Cost of Compliance:	\$ 75.00
		Community Rating System Discount:	\$ -4,921.00
		<b>Full Risk Premium Excluding Fees and Surcharges:</b>	<b>\$ 19,876.00</b>

**STATUTORY DISCOUNTS**

Annual Increase Cap Discount: \$ -14,514.00  
**Discounted Premium:** \$ 5,362.00

**FEES AND SURCHARGES**

Reserve Fund Assessment: \$ 965.00  
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00  
Federal Policy Fee: \$ 376.00

**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID** \$ 6,953.00