

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/16/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff, a MMA LLC Company 7701 Airport Center Dr Suite 1800 Greensboro, NC 27409	CONTACT NAME: Commercial Client Center 888-743-2217 PHONE (A/C, No, Ext): 888 743-2217 FAX (A/C, No): 8888279861 E-MAIL ADDRESS: ClientServiceCenter@mcgriff.com														
INSURED Lake Conley Mobile Home Park Condo Assoc. Inc. c/o Ameri-Tech Realty Inc. 24701 US Highway 19 North, Ste 102 Clearwater, FL 33763-4086	<table border="1"> <thead> <tr> <th data-bbox="816 426 1433 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1433 426 1572 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 451 1433 478">INSURER A : Southern-Owners Insurance Company</td> <td data-bbox="1433 451 1572 478">10190</td> </tr> <tr> <td data-bbox="816 478 1433 506">INSURER B : Pennsylvania Manufacturers Assoc Ins Co</td> <td data-bbox="1433 478 1572 506">12262</td> </tr> <tr> <td data-bbox="816 506 1433 533">INSURER C : Travelers Casualty & Surety Co of Amer</td> <td data-bbox="1433 506 1572 533">31194</td> </tr> <tr> <td data-bbox="816 533 1433 560">INSURER D : CUMIS Specialty Insurance Company Inc</td> <td data-bbox="1433 533 1572 560">12758</td> </tr> <tr> <td data-bbox="816 560 1433 588">INSURER E :</td> <td data-bbox="1433 560 1572 588"></td> </tr> <tr> <td data-bbox="816 588 1433 615">INSURER F :</td> <td data-bbox="1433 588 1572 615"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Southern-Owners Insurance Company	10190	INSURER B : Pennsylvania Manufacturers Assoc Ins Co	12262	INSURER C : Travelers Casualty & Surety Co of Amer	31194	INSURER D : CUMIS Specialty Insurance Company Inc	12758	INSURER E :		INSURER F :	
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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 INSR	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 type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:250 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0223122067735025	01/25/2025	01/25/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	2025014876991Y	04/19/2025	04/19/2026	<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
C	D & O Liability			106640560	12/21/2024	12/21/2025	See Description
D	Crime Coverage			CIUCAP10087003	01/25/2025	01/25/2026	See Description

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

D&O Liability**Additional Defense Limit of Liability: 1,000,000****Prior and Pending****Proceeding Date: 12/21/2016****Continuity Date: 12/21/2016****(See Attached Descriptions)****CERTIFICATE HOLDER****CANCELLATION**

Ameri-Tech Community Management Inc.
24701 US Hwy 19 N, Ste 102
Clearwater, FL 33763

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

Lisa Murray

DESCRIPTIONS (Continued from Page 1)

State: FL

Community Association D&O

Limit : 1,000,000 for all claims

Ded.#1: \$2,500.00

retention - \$2,500 for Insuring Agreement B, C & D

Prior and Pending Proceeding Date: 12/21/2016

Continuity Date: 12/21/2016

Crime Coverage

Blanket Limit Coverage \$750,000