

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/09/2024

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

<b>PRODUCER</b> McGriff Insurance Services LLC 7701 Airport Center Dr Suite 1800 Greensboro, NC 27409	<b>CONTACT NAME:</b> Commercial Client Center 888-743-2217	
	<b>PHONE (A/C, No, Ext):</b> 888 743-2217	<b>FAX (A/C, No):</b> 8888279861
<b>E-MAIL ADDRESS:</b> ClientServiceCenter@mcgriff.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURER A:</b> Southern-Owners Insurance Company		<b>NAIC #</b> 10190
<b>INSURER B:</b> Pennsylvania Manufacturers Assoc Ins Co		12262
<b>INSURER C:</b> CUMIS Specialty Insurance Company Inc		12758
<b>INSURER D:</b> Travelers Casualty & Surety Co of Amer		31194
<b>INSURER E:</b>		
<b>INSURER F:</b>		

<b>INSURED</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0223122067735024	01/25/2024	01/25/2025	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
							\$
	<input type="checkbox"/> 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) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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	2024014876991Y	04/19/2024	04/19/2025	<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	Crime CL			CIUCAP10087002	01/25/2024	01/25/2025	\$750,000
D	Directors & Off			106640560	12/21/2023	12/21/2024	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**\*\* General Liability Information \*\***  
**Job#: 1**  
**\*\* Workers Comp Information \*\***  
**Voluntary Compensation ; Other States Coverage**  
**(See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
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 <i>Lisa Murray</i>

## DESCRIPTIONS (Continued from Page 1)

Miscellaneous Coverage - - Pol.# 106640560

State: FL

Community Association D&O Limit1 : 1,000,000 Ded.#1: \$2,500.00

Limit2: 1,000,000

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

Prior and Pending Proceeding Date: 12/21/2016

Continuity Date: 12/21/2016



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<b>PRODUCER</b> <b>McGriff Insurance Services LLC</b> 7701 Airport Center Dr Suite 1800 Greensboro, NC 27409	<b>CONTACT NAME: Commercial Client Center 888-743-2217</b>		
	<b>PHONE (A/C, No, Ext): 888 743-2217</b>	<b>FAX (A/C, No): 8888279861</b>	
<b>E-MAIL ADDRESS: ClientServiceCenter@mcgriff.com</b>			
<b>INSURED</b> <b>Lake Conley Mobile Home Park Condo Assoc. Inc. c/o Ameri-Tech Realty Inc.</b> 24701 US Highway 19 North, Ste 102 Clearwater, FL 33763-4086	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Southern-Owners Insurance Company</b>		<b>10190</b>
	<b>INSURER B : Pennsylvania Manufacturers Assoc Ins Co</b>		<b>12262</b>
	<b>INSURER C : CUMIS Specialty Insurance Company Inc</b>		<b>12758</b>
	<b>INSURER D : Travelers Casualty &amp; Surety Co of Amer</b>		<b>31194</b>
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

**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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0223122067735024	01/25/2024	01/25/2025	EACH OCCURRENCE \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / N <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	2024014876991Y	04/19/2024	04/19/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ <b>500,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
C	Crime CL			CIUCAP10087002	01/25/2024	01/25/2025	\$ <b>750,000</b>
D	Directors & Off			106640560	12/21/2023	12/21/2024	\$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**\*\* General Liability Information \*\***  
**Job#: 1**  
**\*\* Workers Comp Information \*\***  
**Voluntary Compensation ; Other States Coverage**  
**(See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b> CrossCountry Mortgage, LLC ISAOA/ATIMA 2160 Superior Avenue Cleveland, OH 44114	<b>CANCELLATION</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 <i>Sarah Murray</i>
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## DESCRIPTIONS (Continued from Page 1)

Miscellaneous Coverage - - Pol.# 106640560

State: FL

Community Association D&O Limit1 : 1,000,000 Ded.#1: \$2,500.00

Limit2: 1,000,000

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

Prior and Pending Proceeding Date: 12/21/2016

Continuity Date: 12/21/2016



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<b>PRODUCER</b> McGriff Insurance Services LLC 7701 Airport Center Dr Suite 1800 Greensboro, NC 27409	<b>CONTACT NAME:</b> Commercial Client Center 888-743-2217 <b>PHONE (A/C, No, Ext):</b> 888 743-2217 <b>FAX (A/C, No):</b> 8888279861 <b>E-MAIL ADDRESS:</b> ClientServiceCenter@mcgriff.com																					
<b>INSURED</b> 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 colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>Southern-Owners Insurance Company</td> <td>10190</td> </tr> <tr> <td>INSURER B :</td> <td>Pennsylvania Manufacturers Assoc Ins Co</td> <td>12262</td> </tr> <tr> <td>INSURER C :</td> <td>CUMIS Specialty Insurance Company Inc</td> <td>12758</td> </tr> <tr> <td>INSURER D :</td> <td>Travelers Casualty &amp; Surety Co of Amer</td> <td>31194</td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></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 :	CUMIS Specialty Insurance Company Inc	12758	INSURER D :	Travelers Casualty & Surety Co of Amer	31194	INSURER E :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A :	Southern-Owners Insurance Company	10190																				
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**COVERAGES                                      CERTIFICATE NUMBER:                                      REVISION NUMBER:**

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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			0223122067735024	01/25/2024	01/25/2025	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b>
	<input checked="" type="checkbox"/> PD Ded:250						MED EXP (Any one person) \$ <b>5,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ <b>2,000,000</b>
	OTHER:						PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED    RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			2024014876991Y	04/19/2024	04/19/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ <b>500,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
C	Crime CL			CIUCAP10087002	01/25/2024	01/25/2025	\$ <b>750,000</b>
D	Directors & Off			106640560	12/21/2023	12/21/2024	1,000,000

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

\*\* General Liability Information \*\*

Job#: 1

\*\* Workers Comp Information \*\*

Voluntary Compensation ; Other States Coverage

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> Home Point Financial Corporation ISAOA/ATIMA P.O. Box 5017 Troy, MI 48007	<b>CANCELLATION</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 
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## DESCRIPTIONS (Continued from Page 1)

Miscellaneous Coverage - - Pol.# 106640560

State: FL

Community Association D&O Limit1 : 1,000,000 Ded.#1: \$2,500.00

Limit2: 1,000,000

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

Prior and Pending Proceeding Date: 12/21/2016

Continuity Date: 12/21/2016

RE: Jay & Lourdes Roberts 3935 Lomi Lomi Dr. Holiday, FL 34691 Lender Case # 7000768043

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Table with 2 columns: PRODUCER/INSURED information and CONTACT/INSURER(S) information. Includes McGriff Insurance Services LLC and various insurance companies like Southern-Owners Insurance Company.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, Crime CL, Directors & Off.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\*\* General Liability Information \*\*
Job#: 1
\*\* Workers Comp Information \*\*
Voluntary Compensation ; Other States Coverage
(See Attached Descriptions)

Table with 2 columns: CERTIFICATE HOLDER (Lake Conley Social Club) and CANCELLATION (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)

Miscellaneous Coverage - - Pol.# 106640560

State: FL

Community Association D&O Limit1 : 1,000,000 Ded.#1: \$2,500.00

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<b>INSURED</b> 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	INSURER(S) AFFORDING COVERAGE      NAIC #
	INSURER A : <b>Southern-Owners Insurance Company</b> <b>10190</b>
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	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> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>PD Ded:250</b>			<b>0223122067735024</b>	<b>01/25/2024</b>	<b>01/25/2025</b>	EACH OCCURRENCE <b>\$1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$50,000</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>\$1,000,000</b>						
	OTHER:      \$						
<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY							COMBINED SINGLE LIMIT (Ea accident)      \$
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							OTHER:      \$
							OTHER:      \$
<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> DED      RETENTION \$							EACH OCCURRENCE      \$
							AGGREGATE      \$
							OTHER:      \$
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			<b>2024014876991Y</b>	<b>04/19/2024</b>	<b>04/19/2025</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT <b>\$500,000</b>
							E.L. DISEASE - EA EMPLOYEE <b>\$500,000</b>
							E.L. DISEASE - POLICY LIMIT <b>\$500,000</b>
<b>C</b>	<b>Crime CL</b>			<b>CIUCAP10087002</b>	<b>01/25/2024</b>	<b>01/25/2025</b>	<b>\$750,000</b>
<b>D</b>	<b>Directors &amp; Off</b>			<b>106640560</b>	<b>12/21/2023</b>	<b>12/21/2024</b>	<b>1,000,000</b>

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

**\*\* General Liability Information \*\***  
**Job#: 1**  
**\*\* Workers Comp Information \*\***  
**Voluntary Compensation ; Other States Coverage**  
**(See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b> Open Mortgage 800 Celebration Ave. Unit 202A Celebration, FL 34747	<b>CANCELLATION</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 

## DESCRIPTIONS (Continued from Page 1)

Miscellaneous Coverage - - Pol.# 106640560

State: FL

Community Association D&O Limit1 : 1,000,000 Ded.#1: \$2,500.00

Limit2: 1,000,000

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

Prior and Pending Proceeding Date: 12/21/2016

Continuity Date: 12/21/2016

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/09/2024

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.

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.

Table with 2 main columns: PRODUCER (McGriff Insurance Services LLC) and INSURED (Lake Conley Mobile Home Park Condo). Includes contact info for Commercial Client Center and a list of insurers with NAIC numbers.

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.

Main coverage table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, and Crime CL.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\*\* General Liability Information \*\*
Job#: 1
\*\* Workers Comp Information \*\*
Voluntary Compensation ; Other States Coverage
(See Attached Descriptions)

CERTIFICATE HOLDER CANCELLATION

Table with 2 columns: CERTIFICATE HOLDER (VANDYK MORTGAGE CORPORATION) and CANCELLATION (SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF...)

## DESCRIPTIONS (Continued from Page 1)

Miscellaneous Coverage - - Pol.# 106640560

State: FL

Community Association D&O Limit1 : 1,000,000 Ded.#1: \$2,500.00

Limit2: 1,000,000

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

Prior and Pending Proceeding Date: 12/21/2016

Continuity Date: 12/21/2016



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/09/2024

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

<b>PRODUCER</b> McGriff Insurance Services LLC 7701 Airport Center Dr Suite 1800 Greensboro, NC 27409	<b>CONTACT NAME:</b> Commercial Client Center 888-743-2217
	<b>PHONE (A/C, No, Ext):</b> 888 743-2217 <b>FAX (A/C, No):</b> 8888279861 <b>E-MAIL ADDRESS:</b> ClientServiceCenter@mcgriff.com
<b>INSURED</b> 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	INSURER(S) AFFORDING COVERAGE      NAIC #
	INSURER A : Southern-Owners Insurance Company      10190
	INSURER B : Pennsylvania Manufacturers Assoc Ins Co      12262
	INSURER C : CUMIS Specialty Insurance Company Inc      12758
	INSURER D : Travelers Casualty & Surety Co of Amer      31194
	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 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0223122067735024	01/25/2024	01/25/2025	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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> 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?    Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	2024014876991Y	04/19/2024	04/19/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT      \$500,000
							E.L. DISEASE - EA EMPLOYEE      \$500,000
C	Crime CL			CIUCAP10087002	01/25/2024	01/25/2025	\$750,000
D	Directors & Off			106640560	12/21/2023	12/21/2024	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**\*\* General Liability Information \*\***  
 Job#: 1  
**\*\* Workers Comp Information \*\***  
 Voluntary Compensation ; Other States Coverage  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> Well Fargo Bank, N.A., #936 ISAOA PO Box 100515 Florence, SC 29502-0515	<b>CANCELLATION</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 
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## DESCRIPTIONS (Continued from Page 1)

Miscellaneous Coverage - - Pol.# 106640560

State: FL

Community Association D&O Limit1 : 1,000,000 Ded.#1: \$2,500.00

Limit2: 1,000,000

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

Prior and Pending Proceeding Date: 12/21/2016

Continuity Date: 12/21/2016

Re: John H. Seydak Sr 3803 Lomi Lomi Drive HOLIDAY, FL 34691 Loan Number: 0521090894