



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/12/2025

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> Marsh & McLennan (CLW) 101 N Starcrest Dr Clearwater FL 33765	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): 727-451-3878		FAX (A/C. No.): 727-373-2823
	<b>E-MAIL ADDRESS:</b> condos@bouchardinsurance.com		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURED</b> Village on the Green HOA Inc c/o Ameri-Tech Property Mgmt, Inc. 24701 US Hwy 19 N, Ste 102 Clearwater FL 33763	VILLAON16	<b>INSURER A :</b> Auto-Owners Insurance	18988
		<b>INSURER B :</b> Zenith Insurance Company	13269
		<b>INSURER C :</b> Continental Casualty Company	20443
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

**COVERAGES**

CERTIFICATE NUMBER: 510660660

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			9147122079416725	2/19/2025	2/19/2026	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 \$ 2,000,000 HIRED/NONOWNED AUTO \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Z136487406	2/19/2025	2/19/2026	<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	<b>DIRECTORS &amp; OFFICERS LIABILITY</b>			0250781032	2/19/2025	2/19/2026	AGGR LIMIT/RETENTION 1,000,000/1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 GENERAL LIABILITY APPLIES ONLY TO THE COMMON AREAS AT VILLAGE ON THE GREEN HOMEOWNERS ASSOCIATION, INC. SEVERABILITY OF INTEREST INCLUDED. CRIME: PROPERTY MANAGER INCLUDED AS ADDITIONAL INSURED/EMPLOYEE.

**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

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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
2/12/2025

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**If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.**

<b>PRODUCER</b> Marsh & McLennan (CLW) 101 N Starcrest Dr Clearwater FL 33765	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b></td> </tr> <tr> <td><b>PHONE (A/C. No. Ext):</b> 727-447-6481</td> <td><b>FAX (A/C. No):</b> 727-373-2823</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> condos@bouchardinsurance.com</td> </tr> <tr> <td colspan="2"><b>PRODUCER CUSTOMER ID:</b> VILLAON16</td> </tr> </table>	<b>CONTACT NAME:</b>		<b>PHONE (A/C. No. Ext):</b> 727-447-6481	<b>FAX (A/C. No):</b> 727-373-2823	<b>E-MAIL ADDRESS:</b> condos@bouchardinsurance.com		<b>PRODUCER CUSTOMER ID:</b> VILLAON16							
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**COVERAGES** **CERTIFICATE NUMBER:** 255311858 **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 HOMEOWNERS ASSOCIATION

**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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> <b>PROPERTY</b>				<input type="checkbox"/> BUILDING	\$
	<input type="checkbox"/> <b>CAUSES OF LOSS</b>				<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> <b>DEDUCTIBLES</b>				<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> <b>BASIC</b>				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/> <b>BROAD</b>				<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> <b>SPECIAL</b>				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> <b>EARTHQUAKE</b>				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> <b>WIND</b>				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input type="checkbox"/> <b>FLOOD</b>					\$
	<input type="checkbox"/> <b>INLAND MARINE</b>					\$
	<input type="checkbox"/> <b>CAUSES OF LOSS</b>	<input type="checkbox"/> TYPE OF POLICY				\$
	<input type="checkbox"/> <b>NAMED PERILS</b>	<input type="checkbox"/> POLICY NUMBER				\$
A	<input checked="" type="checkbox"/> <b>CRIME</b>	9147122079416725	2/19/2025	2/19/2026	<input checked="" type="checkbox"/> EMPLOYEE	\$ 250,000
	<input type="checkbox"/> <b>TYPE OF POLICY</b>				<input type="checkbox"/> DISHONESTY	\$
	<input type="checkbox"/> <b>CRIME</b>				<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 250
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$
						\$
						\$

**SPECIAL CONDITIONS / OTHER COVERAGES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 PROPERTY MANAGER INCLUDED AS ADDITIONAL INSURED.

<b>CERTIFICATE HOLDER</b>  <div style="text-align: center; border: 1px solid black; padding: 5px;">FOR INFORMATIONAL PURPOSES ONLY</div>	<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.  <hr/> <b>AUTHORIZED REPRESENTATIVE</b> 
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