

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/13/2021

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 notice/fies) must have ADDITIONAL INSURED provisions or be endorsed

	BROGATION IS WAIVED, subject to certificate does not confer rights to	the te	erms	and conditions of the po	licy, ce	rtain policies		•	nt. A state	ement	on		
PRODUC		1110 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5415 HOIGO III II GU OI GUGI	CONTAC NAME:		ev						
Comegys Insurance Agency					PHONE (727) 524 2400 FAX (727) 529 0626								
Comeg	yo mourance regency				(A/C, No, Ext): (727) 521-2100 (A/C, No): (727) 525-0026 E-MAIL maryh@comegys.com ADDRESS:								
One Beach Drive S. E. Ste. 230						INSURER(S) AFFORDING COVERAGE NAIC #							
Saint Petersburg FL 33701						INSURER A: ICAT Specialty Ins. Co.							
INSURED					INSURER B:								
	Gornto Lakes HOA				INSURER C:								
c/o J Powell Realty					INSURER D:								
208 Lake Parsons Green					INSURER E :								
Brandon				FL 33511	INSURER F:								
COVERAGES CER			TE N	NUMBER: 21/22 GL	REVISION NUMBER:								
INDIC CERT	IS TO CERTIFY THAT THE POLICIES OF I ATED. NOTWITHSTANDING ANY REQUI IFICATE MAY BE ISSUED OR MAY PERTA USIONS AND CONDITIONS OF SUCH PO	REMEN AIN, THI OLICIES:	IT, TE E INS . LIMI	ERM OR CONDITION OF ANY OBJURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	CONTRA FOLIC	ACT OR OTHER IES DESCRIBEI	DOCUMENT V DHEREIN IS SI	WITH RESPECT TO	O WHICH T HE TERMS	HIS ,			
LTR	TYPE OF INSURANCE	ADDL S INSD \	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	4.00	20.000		
<u> </u>	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE		100	00,000		
	CLAIMS-MADE OCCUR							PREMISES (Ea occu	ırrence)	φ F 00	,000		
Α —			097580156971S01			09/18/2021	09/18/2022	MED EXP (Any one person)		\$ 5,000 \$ 1,000,000			
	J			097300130971301	397 1301			PERSONAL & ADV I		2.00	00,000		
	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE 5			uded		
<u> </u>	POLICY JECT LOC							PRODUCTS - COMP Assault & Batter		\$ 1,00			
AU	OTHER: JTOMOBILE LIABILITY							GOMBINED SINGLE (Ea accident)		\$	70,000		
-	ANY AUTO							(Ea accident) BODILY INJURY (Pe		\$			
-	OWNED SCHEDULED							BODILY INJURY (Pe		\$			
-	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG		\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	`E	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	<u> </u>	\$			
	DED RETENTION \$	1						7.001.207.112		\$			
	RKERS COMPENSATION							PER STATUTE	OTH- ER	Ψ			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDENT		\$			
								E.L. DISEASE - EA EMPLOYEE		\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$			
DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHICLI	ES (ACO)RD 10	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)						
CERTIFICATE HOLDER						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							
		726											



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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						CONTACT Many Hurlay							
Comegys Insurance Agency						PHONE (727) 524 2400 FAX (727) 529 0626							
Comegys	modrance Agency				I E-MAIL manula@aamagusaam								
One Beac	ch Drive S. E. Ste. 230				ADDRESS.								
Saint Petersburg FL 33701						INSURER(S) AFFORDING COVERAGE INSURER A: ICAT Specialty Ins. Co.							
INSURED		INSURER B:											
	Gornto Lakes HOA				INSURER C :								
c/o J Powell Realty					INSURER D :								
	208 Lake Parsons Green					INSURER E :							
	Brandon	FL 33511				INSURER F :							
COVERA	GES CER	TIFIC	ATE	NUMBER: 21/22 GL	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	SUBR		POLICY EFF POLICY EXP			LIMITS					
			WVD	. SEIST HOMBER	(MM/DD/YYYY)		(MM/DD/YYYY)					0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RI PREMISES (Ea	ENTE	D	\$ 100,		
	CLAIIVIS-IVIADE							,		,	\$ 5,00		
A				097580156971S01		09/18/2021	09/18/2022	MED EXP (Any			4 00	0,000	
├		097300130371301				00/10/2021	00/10/2022	PERSONAL & ADV INSORT			0,000		
	PRO-	GATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ Inclu			·		
H	POLICY JECT LOC							Assault & Ba			\$ 1,00		
	OTHER: DMOBILE LIABILITY							COMBINED SIN			\$		
_	ANY AUTO							(Ea accident) BODILY INJURY			\$		
	OWNED SCHEDULED							BODILY INJURY			\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DA		-	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$			
	UMBRELLA LIAB OCCUR							EACH OCCURF	RENCE	-	\$		
	EXCESS LIAB CLAIMS-MADE									\$			
	DED RETENTION \$										\$		
WORK	(ERS COMPENSATION							PER STATUTE	Т	OTH- ER	·		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACC		•	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE -			\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE -			\$		
											•		
DESCRIPTION	ON OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)			-			
CERTIFIC	CATE HOLDER	CANCELLATION											
Proof of coverage						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								
						226							