



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
10/21/2024

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.

<b>PRODUCER</b> Comegys Insurance Agency  One Beach Drive S. E. Ste. 230 Saint Petersburg FL 33701	<b>CONTACT NAME:</b> Mary Hurley <b>PHONE (A/C, No, Ext):</b> (727) 521-2100 <b>E-MAIL ADDRESS:</b> maryh@comegys.com <b>PRODUCER CUSTOMER ID:</b> 00096184	<b>FAX (A/C, No):</b> (727) 528-0626
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Gornto Lakes HOA c/o J Powell Realty 208 Lake Parsons Green Brandon FL 33511	<b>INSURER A:</b> ICAT Specialty Ins. Co.	
	<b>INSURER B:</b> United States Liability Company	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	


**COVERAGES**                      **CERTIFICATE NUMBER:** 24/25 Prop                      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Loc# 00001 Bldg# 00001: 110 Gornto Lake RD Brandon FL 33510  
See Attached Overflow Pages

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	
A	<input checked="" type="checkbox"/> <b>PROPERTY</b>	097590176753S02	09/18/2024	09/18/2025	<input checked="" type="checkbox"/> BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP <input checked="" type="checkbox"/> Replacement Cost	\$ 720,000	
	CAUSES OF LOSS					DEDUCTIBLES	\$
	<input type="checkbox"/> BASIC					BUILDING 2,500	\$
	<input type="checkbox"/> BROAD					CONTENTS	\$
	<input checked="" type="checkbox"/> SPECIAL						\$
	<input type="checkbox"/> EARTHQUAKE						\$
	<input checked="" type="checkbox"/> WIND					3%	\$
	<input type="checkbox"/> FLOOD						\$
	<b>INLAND MARINE</b>	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
						\$	
B	<input checked="" type="checkbox"/> <b>CRIME</b>	CR1552688D	09/18/2024	09/18/2025	Limit	\$ 100,000	
	TYPE OF POLICY					\$	
B	<b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>	CAP1563580D	09/18/2024	09/18/2025	<input checked="" type="checkbox"/> Aggregate <input checked="" type="checkbox"/> Deductible	\$ 1,000,000	
	Directors & Officers					\$ 1,000	

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  Proof of Coverage	<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  

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001,102 Karde Lane,Building,137,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
137,000			2,500	Dollars
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001,102 Karde Lane,Windstorm,	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			3	Percent
Ref #	Description	Coverage Code	Form No.	Edition Date
3	00001,103 Karde Lane,Building,137,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
137,000			2,500	Dollars
Ref #	Description	Coverage Code	Form No.	Edition Date
3	00001,103 Karde Lane,Windstorm,	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			3	Percent
Ref #	Description	Coverage Code	Form No.	Edition Date
4	00001,104 Karde Lane,Building,137,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
137,000			2,500	Dollars
Ref #	Description	Coverage Code	Form No.	Edition Date
4	00001,104 Karde Lane,Windstorm,	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			3	Percent
Ref #	Description	Coverage Code	Form No.	Edition Date
5	00001,105 Karde Lane,Building,137,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
137,000			2,500	Dollars
Ref #	Description	Coverage Code	Form No.	Edition Date
5	00001,105 Karde Lane,Windstorm,	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			3	Percent
Ref #	Description	Coverage Code	Form No.	Edition Date
6	00001,106 Karde Lane,Building,137,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
137,000			2,500	Dollars
Ref #	Description	Coverage Code	Form No.	Edition Date
6	00001,106 Karde Lane,Windstorm,	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			3	Percent
Ref #	Description	Coverage Code	Form No.	Edition Date
7	00001,108 Karde Lane,Building,137,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
137,000			2,500	Dollars

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
7	00001,108 Karde Lane,Windstorm,	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			3	Percent
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
8	00001,110 Karde Lane,Building,137,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
137,000			2,500	Dollars
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
8	00001,110 Karde Lane,Windstorm,	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			3	Percent
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
9	00001,112 Karde Lane,Building,137,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
137,000			2,500	Dollars
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
9	00001,112 Karde Lane,Windstorm,	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			3	Percent
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
10	00001,114 Karde Lane,Building,137,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
137,000			2,500	Dollars
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
10	00001,114 Karde Lane,Windstorm,	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			3	Percent
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2024

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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).

<b>PRODUCER</b> Comegys Insurance Agency  One Beach Drive S. E. Ste. 230 Saint Petersburg FL 33701		<b>CONTACT NAME:</b> Mary Hurley <b>PHONE (A/C, No, Ext):</b> (727) 521-2100 <b>E-MAIL ADDRESS:</b> maryh@comegys.com <b>FAX (A/C, No):</b> (727) 528-0626	
<b>INSURED</b> Gorto Lakes HOA c/o J Powell Realty 208 Lake Parsons Green Brandon FL 33511		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Program Underwriters Group  <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 24/25 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 INSD	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 checked="" type="checkbox"/> OCCUR			PAV0530036	09/19/2024	09/18/2025	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	<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) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						BODILY INJURY (Per person) \$
	<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						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE 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

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