



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/25/2025

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><br>Fako Insurance Plus, L.L.C. DBA Great Florida Insurance<br>4020 Park Street N, Ste 204<br>St. Petersburg, FL 33709<br>License #: R011674                   | <b>CONTACT NAME:</b> Ashley Fictum<br><b>PHONE (A/C, No, Ext):</b> (727)343-8899<br><b>E-MAIL:</b> customersupport@greatflstpete.com<br><b>FAX (A/C, No):</b> (727)343-8895 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>  |
| <b>INSURED</b><br>Tanglewood Mobile Village Condominium Association, Inc.<br>c/o Qualified Property Management, Inc.<br>5901 US Hwy 19, Suite 7Q<br>New Port Richey, FL 34652 | <b>INSURER A:</b> Great American Risk Solutions Surplus Lines Ins   |
|   | <b>INSURER B:</b> Lexington Insurance Company   |
|   | <b>INSURER C:</b> Slide Insurance Company   |
|   | <b>INSURER D:</b>   |
|   | <b>INSURER E:</b>   |
| <b>INSURER F:</b>   | <b>NAIC #</b><br>10064  |

**COVERAGES**

CERTIFICATE NUMBER: 00000072-599534

REVISION NUMBER: 13

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 INSD WVD                  | POLICY NUMBER                    | POLICY EFF (MM/DD/YYYY)  | POLICY EXP (MM/DD/YYYY)  | LIMITS   |
|----------|--|-------------------------------------|----------------------------------|--------------------------|--------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |                                     | PLE82190303                      | 01/31/2025               | 01/31/2026               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ INCLUDED<br>\$<br>COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY   |                                     |                                  |                          |                          |  |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |                                     |                                  |                          |                          |  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> N/A |                                  |                          |                          |  |
| B<br>C   | <b>HAZARD WINDSTORM</b>  |                                     | WKFCC-05313-02<br>CPFL 000014-01 | 02/11/2025<br>02/11/2025 | 02/11/2026<br>02/11/2026 | SEE ADDITIONAL<br>SEE ADDITIONAL<br><b>REMARKS</b><br><b>REMARKS</b>   |

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

**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

(AMF)



**ADDITIONAL REMARKS SCHEDULE**

|  |                  |   |  |
|--|------------------|---|--|
| <b>AGENCY</b><br>Fako Insurance Plus, L.L.C. DBA Great Florida Insurance |                  | <b>NAMED INSURED</b><br>Tanglewood Mobile Village Condominium Association, Inc. |  |
| <b>POLICY NUMBER</b><br>N/A  |                  |   |  |
| <b>CARRIER</b><br>Multiple Carriers                                      | <b>NAIC CODE</b> |   |  |
|  |                  | <b>EFFECTIVE DATE:</b>  |  |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

LOCATION ADDRESS: 4921 CAPEHART DR & 3309 CHANNING DR, HOLIDAY, FL 34690 (347 TOTAL LOTS)

B) SPECIAL FORM HAZARD @ REPLACEMENT COST  
 EFFECTIVE 2/11/25-2/11/26  
 POLICY #WK FCC-05313-02  
 TIV \$1,099,655/ DED \$5K

C) WIND/HAIL @ REPLACEMENT COST; CO-INS: NIL  
 EFFECTIVE 2/11/25-2/11/26  
 POLICY #CPFL 0000014-01  
 TIV \$777,955/ DED 5% HURR/ \$5K AOP  
 INCLUDES INCREASED COST OF CONSTRUCTION

\*CRIME EFFECTIVE 1/31/25-1/31/26  
 CARRIER: CONTINENTAL CASUALTY COMPANY  
 POLICY #0251195543  
 CRIME @ \$500K/ DED \$2.5K/ INCLUDES COVERAGE FOR MGMT COMPANY

The Hazard policy is walls out, not including betterments or improvements.

Severability Of Interest/Separation Of Insureds: Applies to the General Liability policy per the terms & conditions.

Cancellation Period: 10 Days Minimum

Due to an addition to Florida Statute 626.9551, effective July 1, 2021, no one (including a lender) may require an insurance agency or agent provide a replacement cost estimator (RCE) or other insurance underwriting information in connection with a loan. Additionally, an insurance agent or agency is prohibited from supplying the RCE to anyone, even the customer. We are, therefore, unable to provide a copy of the Replacement Cost Estimator / Appraisal.