

CERTIFICATE OF LIABILITY INSURANCE

KBROOKS

DATE	(MM/DD/YYYY)	
0/	12/2022	

TOWNATG-01

			\DIL		UKAN		9/	12/2023	
THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	TIVELY C ISURANC	OR NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	E POLICIES	
IMPORTANT: If the certificate hold If SUBROGATION IS WAIVED, subju- this certificate does not confer rights	ect to the	e terms and conditions of	the pol	icy, certain orsement(s)	policies may				
PRODUCER			CONTAC NAME:	ਾ Florida ਮੈ	IUB				
Hub International Florida One Urban Centre				PHONE FAX (A/C, No, Ext): (A/C, No):					
4830 W. Kennedy Boulevard				E-MAIL ADDRESS: fla.tpa-certs@hubinternational.com					
Tampa, FL 33609			INSURER(S) AFFORDING COVERAGE					NAIC #	
						Insurance Company		10190	
INSURED			INSURER B : Zenith Insurance Company				13269		
Townhomes at Glenbrook % Ameri-Tech Realty 24701 US Highway 19N-Suite 102			INSURER C : Travelers Casualty & Surety Company of America				nerica		
			INSURER D : Continental Casualty Company					20443	
Clearwater, FL 33763			INSURE						
				INSURER F :					
	-	E NUMBER:	141/5 5			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUIREN 7 PERTAIN 1 POLICIES	MENT, TERM OR CONDITION N, THE INSURANCE AFFORI S. LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLIC EDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPE	ЕСТ ТО	WHICH THIS	
INSR TYPE OF INSURANCE	ADDL SUB	D POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	4 000 000	
A X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
		20752155		7/8/2023	7/8/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	-					MED EXP (Any one person)	\$	10,000 1,000,000	
	-					PERSONAL & ADV INJURY	\$	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
						PRODUCTS - COMP/OP AGG	\$	2,000,000	
						COMBINED SINGLE LIMIT	\$	1,000,000	
		20752155		7/8/2023	7/8/2024	(Ea accident)	\$.,	
OWNED AUTOS ONLY AUTOS		20752155		110/2023	110/2024	BODILY INJURY (Per person)	\$		
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$		
AUTOS ONLY AUTOS ONLY						(Per accident)	\$		
A X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000	
EXCESS LIAB CLAIMS-MAD	E	4118509201		7/8/2023	7/8/2024	AGGREGATE	\$	1,000,000	
DED X RETENTION \$ 10,00	ס						\$		
B WORKERS COMPENSATION						X PER OTH- STATUTE ER	Ψ		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	1 1	Z134272707		7/8/2023	7/8/2024	E.L. EACH ACCIDENT	\$	1,000,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE		1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000	
C Crime		106752618		7/8/2023	7/8/2024	Employee Theft		50,000	
D Directors & Officers		0250756065		7/8/2023	7/8/2024	Aggregate		1,000,000	
	LES (ACOR	0250756065	le, may b	7/8/2023	7/8/2024	Aggregate			
				ELLATION	THE ABOVE D	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE	
INFO ONLY			THE	EXPIRATIO	N DATE TH	EREOF, NOTICE WILL			

AUTHORIZED REPRESENTATIVE

Lauenvorderore

FOR INFORMATIONAL PURPOSES ONLY DO NOT ADD TO THIS FORM

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