



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 07/11/2025

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.

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.				
PRODUCER	CONTACT NAME: EOI DIRECT (WWW.EOIDIRECT.COM)		
HUB International Florida, SWP	PHONE (A/C, No, Ext): 877-456-3643	FAX (A/C, No):		
10368 West State Road, Suite 201	E-MAIL ADDRESS: help@eoidirect.com			
Davie, FL 33324	PRODUCER CUSTOMER ID:		_	
(954) 925-2590	INSURER(S) AFFORDING COVERAGE	NAIC #	_	
INSURED	INSURER A: Heritage Property & Casualty	7		
The Townhomes at Glenbrook Homeowners Association	INSURER B: Travelers Casualty & Surety			
c/o c/o Ameri-Tech Realty	INSURER C: Continental Casualty Company	7		
24701 US Highway 19N-Suite 102	INSURER D: Southern-Owners Insurance Co	ompany		
Clearwater, FL 33763	INSURER E:			
	INSURER F:			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

N/A N/A, Unit Number: 0

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 IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
А	Х	PROPERTY		HCP010414				BUILDING	\$ 6,742,296
	CAI	JSES OF LOSS	DEDUCTIBLES	Co-Insurance -NIL				PERSONAL PROPERTY	\$
		BASIC	BUILDING \$5,000	Agreed Amount applies				BUSINESS INCOME	\$
		BROAD	CONTENTS	2% Inflation Guard				EXTRA EXPENSE	\$
		SPECIAL						RENTAL VALUE	\$
		EARTHQUAKE						BLANKET BUILDING	\$
	Х	WIND	3% Hurr Ded	Calendar Year				BLANKET PERS PROP	\$
		FLOOD						BLANKET BLDG & PP	\$
	Х	Cvg A-Full	Ord/Law	B&C Combined \$1M			Х	Equpment Brkdw	\$ Included
									\$
		INLAND MARINE		TYPE OF POLICY					\$
	CAI	JSES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					\$
									\$
В	Х	CRIME		106752618	7/8/2025	7/8/2026	Х	Employee Thef	\$ 200,000
	TYF	PE OF POLICY						Property Mgm	\$ Included
С	Di:	rectors & C	Officers	0250756065	7/8/2025	7/8/2026	Х	Limit	\$ 1,000,000
		BOILER & MACH							\$
		EQUIFIVENT BR	LANDOWN						\$
D	Ger	neral Liabi	lity	222312-20752155-25	7/8/2025	7/8/2026	Х	Occurrence	\$ 1,000,000
								Aggregate	\$ 2,000,000

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Residential Condominium Association - 39 Units/Townhomes Coverage is for commonly owned association property and liability exposures

General Liability - Property Manger is included/ Separation of Insureds No Flood with this Agency. 10 Days notice of cancellation for non-payment.

CERTIFICATE HOLDER	OANOLLLATION
N/A N/A N/A, FL 00000	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Loan Number: 0	AUTHORIZED REPRESENTATIVE Elizabeth Fiegehen

CANCELL ATION

CERTIFICATE HOLDER

AGENCY CUSTOMER ID: TOWNATG-01

LOC #: per Schedule



ADDITIONAL REMARKS SCHEDULE

Page	of
i age	0.

AGENCY		NAMED INSURED		
HUB International -FLA		The Townhomes at Glenbrook Homeowners Association Inc		
POLICY NUMBER		c/o Ameri-Tech Realty		
See Page 1		24701 US Highway 19N-Suite 102		
CARRIER NAIC CODE		Clearwater, FL 33763		
See Page 1		EFFECTIVE DATE: 07/08/2025		
	<u> </u>			

ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,				
FORM NUMBER:	FORM TITLE: Attachment to Certificate of Insurance			
Locations/Limits:				
Coverage limits is not blanket.	Coverage limits is not blanket.			
Breakout of Total Insured Vale	s:			
	Im Harbor, FI 34683, 5 units, Limit \$845,226			
2261-2269 Andover Circle, Pa	lm Harbor, Fl 34683, 7 units, Limit \$1,114,735 lm Harbor, Fl 34683, 5 units, Limit \$876,234			
2231-2243 Andover Circle, Pa	lm Harbor, Fl 34683, 7 units, Limit \$1,114,735 lm Harbor, Fl 34683, 5 units, Limit \$876,234			
4661 Tudor Lane, Palm Harbo	r, FI 34683, Pool House/Restroom, Limit \$84,394 r, FI 34683, Pool, Fence, & Patio, Limit \$109,278			
4671-4679 Tudor Lane ,Palm I	Harbor, Fl 34683,5 units, Limit \$845,226			
4670-4678 Tudor Lane ,Palm I	Harbor, FI 34683, 5 units, Limit \$876,234			