VSH



CERTIFICATE OF LIABILITY INSURANCE

7/16/2025

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).

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PRODUCER	CONTACT Patricia Penn			
Insurance Office of America 4915 West Cypress Street Tampa, FL 33607	PHONE (A/C, No, Ext): (813) 262-2502 FAX (A/C, No): (813) 637-8		7-8484	
	E-MAIL ADDRESS: Patsy.Penn@ioausa.com			
	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A : Southern-Owners Insurance Col	mpany 10	0190	
INSURED Kentwood Park Condominium Association, Inc. c/o Ameri-Tech Community Management, Inc. 24701 US Hwy 19 N, Ste 102 Clearwater, FL 33763	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	MBER:		
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 ADDL SUBR POLICY EFF POLICY EXP INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS $(MM/DD/YYYY) \mid (MM/DD/YYYY)$ 2,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 300,000 CLAIMS-MADE X OCCUR 7/15/2026 20665508 7/15/2025 X 10,000 MED EXP (Any one person) 2,000,000 PERSONAL & ADV INJURY 4.000.000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT 4,000,000 X POLICY PRODUCTS - COMP/OP AGG 1,000,000 HIRED NONOWNED OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY **UMBRELLA LIAB OCCUR** EACH OCCURRENCE **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
This certificate regarding coverage for Kentwood Park Condominium Association, Inc. is issued to the certificate holder in regard to:

Limit of insurance figure is total for all scheduled items. Individual limits apply per schedule on file. Blanket limits are not provided /see attached Acord 101.

of Units 112
Property Manager is Additionally Insured.
Policy includes Separation of Insureds Endorsement
SEE ATTACHED ACORD 101

SEE ATTACHED ACORD 101	
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.
Ameri-Tech Community Management, Inc. 24701 US Hwy 19 N. Ste. 102 Clearwater. FL 33763	AUTHORIZED REPRESENTATIVE

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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AGENCY Insurance Office of America POLICY NUMBER		NAMED INSURED Kentwood Park Condominium Association, Inc. c/o Ameri-Tech Community Management, Inc. 24701 US Hwy 19 N, Ste 102 Clearwater, FL 33763
SEE PAGE 1		Pinellas
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1
ADDITIONAL REMARKS		

CARRIER NAIC CODE						
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				
ADDITIONAL REMARKS	•					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance						
Description of Operations/Locations/Vehicles: Certificate Holder is included as an Additional Insured with regard to General Liability per written contract.						