

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 04/10/2024

THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSUR REPRESENTATIVE OR PRODUCER, AN	LY OI ANCE	r ne( Doe	GATIVELY AMEND, EXTER S NOT CONSTITUTE A C	ND OR	ALTER THE C	OVERAGE A	AFFORDED BY THE POLIC	IES		
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to	the t	erms	and conditions of the po	licy, ce	rtain policies					
PRODUCER	the c	ertin	cate noticer in neu or such	CONTA	( )	ial Lines Divisi	on			
Jack Rice Insurance					NAME:   Commercial Lines Division     PHONE   (727)530-0684     (A/C, No, Ext):   (727)532-9602					
9455 Koger Blvd N				E-MAIL ADDRESS:						
Suite #100					INSURER(S) AFFORDING COVERAGE NAIC #					
St. Petersburg FL 33702					INSURER A: Southern-Owners Insurance Company 10'					
INSURED				INSURER B :						
Strathmore Gate-East at Lake S	t. Geo	orge H	IOA, Inc.	INSURER C :						
24701 US Highway 19 N				INSURER D :						
				INSURE	RE:					
Clearwater			FL 33763-5008	INSURE	RF:					
COVERAGES CER	LINORLY 1.   CERTIFICATE NUMBER: CL243379278   REVISION NUMBER:   RTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD   OTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MAY DE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.   TYPE OF INSURANCE ADD_SUBR POLICY EFF POLICY EXP LIMITS   RCIAL GENERAL LIABILITY AIMS-MADE ADD_COURT POLICY NUMBER POLICY EFF POLICY EXP LIMITS   RCIAL GENERAL LIABILITY AIMS-MADE Q03/06/2024 Q3/06/2024 Q3/06/2025 \$10,000 DAMAGE TO RENTED   AIMS-MADE Q0741118 Q03/06/2024 Q03/06/2025 PERSONAL & ADV INJURY \$1,000,000 PERSONAL & ADV INJURY \$1,000,000 \$   EGATE LIMIT APPLIES PER: PRO- LOC LOC \$1,000,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$									
INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PERT/ EXCLUSIONS AND CONDITIONS OF SUCH PC	REME AIN, TH DLICIE	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTR/ E POLICI	ACT OR OTHER ES DESCRIBE ED BY PAID CI	R DOCUMENT \ D HEREIN IS S _AIMS.	WITH RESPECT TO WHICH TH			
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;		
								Ψ		
CLAIMS-MADE 🔀 OCCUR								<sub>\$</sub> 300,	000	
							MED EXP (Any one person)	<sub>\$</sub> 10,0	00	
A			20741118		03/06/2024	03/06/2025	PERSONAL & ADV INJURY	Ψ		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ		
POLICY PRO- JECT LOC								φ	0,000	
								\$ 1,00	0,000	
ANY AUTO								\$		
A OWNED SCHEDULED AUTOS			20741118		03/06/2024	03/06/2025	BODILY INJURY (Per accident)	\$		
HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
AND EMPLOYER'S LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	bace is required)				
CERTIFICATE HOLDER				CANC	ELLATION					
For Informational Purposes Only	/			THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE CANO F, NOTICE WILL BE DELIVERE Y PROVISIONS.		BEFORE	
N/A				AUTHO	RIZED REPRESE	ITATIVE				
N/A			FL 34684			~	us M. Wetotat			

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AGENCY CUSTOMER ID: 00021268

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GENCY ack Rice Insurance		NAMED INSURED Strathmore Gate East At Lake St				
OLICY NUMBER		-				
ARRIER	NAIC CODE					
ADDITIONAL REMARKS		EFFECTIVE DATE:				
HIS ADDITIONAL REMARKS FORM IS A SCHEDULE						
ORM NUMBER: <sup>25</sup> FORM TITLE: <sup>Certifica</sup>	ate of Liability Insurance: N	otes				
utomatic Additional Insureds when required by Written Cont	ract for Lessors (equipment	) operations only per Manuscript Language on form 6	5033 06/22			
utomatic Additional Insureds when required by Written Cont						
aiver of Subrogation for Additional Insureds on an Automati						
tomatic Additional Insured when required by Written Contra	act for Townhouse Associat	on Unit Owners per Manuscript Language on form C	G2017 10/93.			