

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/10/2025

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 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).										
PRODU	RODUCER					CONTACT Kristin Recore				
The	Turner Insurance Adviso	! .	PHONE (A/C, No, Ext): FAX (A/C, No): (727)446-9147				9147			
2121	2121 N.E. Coachman Rd.					E-MAIL ADDRESS: krecore@turnergroupfla.com				
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC #
Clea	rwater FL	33765-2	616		INSURE	RA:Superio	or Special	ty Insurance Compan	ny	
INSUR	ED		INSURER B: StarNet Insurance Company							
Countryside Imperial Ridge HOA, Inc.						INSURER C:				
C/O Ameri-Tech Community Management						INSURER D:				
24701 US HWY 19 N, Ste 102						INSURER E :				
Clea	rwater FL	33763			INSURE	RF:				
COV	ERAGES	CERTIFIC	ATE	NUMBER: CL25710300	REVISION NUMBER:					
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 S INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	2,000,000
						I	I	DAMAGE TO RENTED		

LTR	TYPE OF INSURANCE		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 2,000,000
А		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
					TLUHOA504203-00	6/5/2025	6/5/2026	MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 2,000,000
	GEN	L'LAGGREGATE LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$ 4,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
		OTHER:							\$
A	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ \$1,000,000
		ANY AUTO			TLUHOA504203-00	6/5/2025	6/5/2026	BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDED? Idatory in NH)	"					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Dir	rectors & Officers			QD00006990-00	6/5/2025	6/5/2026	Each Claim	\$1,000,000
А	Emp	ployee Dishonesty			TLUHOA504203-00	6/5/2025	6/5/2026	Limit	\$100,000

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

Commerical Property Total TIV: 234,215

All other perils deductible: Flat/1000

2% Hurricane Deductible

CERTIFICATE HOLDER	CANCELLATION				
For Information 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				
	Kristin Recore				