

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/19/2023

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). |  |        |                               |                                  |  |   |                            |  |            |           |   |  |
|---|--|--------|-------------------------------|----------------------------------|--|---|----------------------------|--|------------|-----------|---|--|
| PRODUCER  |  |        |                               |                                  |  | CONTACT Michelle Perillo  |                            |  |            |           |   |  |
| Brown & Brown of Florida, Inc.  |  |        |                               |                                  | PHONE (941) 893-2200 FAX (941) 893-2300  |   |                            |  |            |           |   |  |
| 7984 Cooper Creek Blvd  |  |        |                               |                                  | E-MAIL Michelle Perillo@hbrown.com   |   |                            |  |            |           |   |  |
| Ste 101   |  |        |                               |                                  |  | ADDRESS:  |                            |  |            |           |   |  |
| University Park FL 34201  |  |        |                               |                                  |  | INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Southern-Owners Insurance Company 10190 |                            |  |            |           |   |  |
| INSURED 1 E 34201   |  |        |                               |                                  |  | INCORDIA:   |                            |  |            |           |   |  |
| Village Brooke Condominium Association, Inc.  |  |        |                               |                                  | INSURER B:   |   |                            |  |            |           |   |  |
| 3247 Beneva Road  |  |        |                               |                                  | INSURER C:   |   |                            |  |            |           |   |  |
| 3247 Delieva rudu   |  |        |                               | INSURER D :                      |  |   |                            |  |            |           |   |  |
| Sarasota  |  |        | FL 34232                      |                                  |  | INSURER E:  |                            |  |            |           |   |  |
|   |  |        | TIFICATE NUMBER: 23-24 Master |                                  |  | INSURER F :   |                            |  |            |           |   |  |
| 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<br>LTR   | TYPE OF INSURANCE                          |        | SUBR                          | POLICY NUMBER                    |  | POLICY EFF<br>(MM/DD/YYYY)  | POLICY EXP<br>(MM/DD/YYYY) |  | LIMITS     |           |   |  |
| >   | COMMERCIAL GENERAL LIABILITY               |        |                               |                                  |  |   |                            | EACH OCCURRENCE                            | \$         | 1,000,000 |   |  |
|   | CLAIMS-MADE X OCCUR                        |        |                               |                                  |  |   |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrent | ce) \$     | 300,000   |   |  |
|   | <u></u>                                    |        |                               |                                  |  |   |                            | MED EXP (Any one perso                     | on) \$     | 10,000    |   |  |
| A   |  |        |                               | 2023122091253223                 |  | 07/17/2023  | 07/17/2024                 | PERSONAL & ADV INJUI                       |            | 1,000,000 |   |  |
|   | BEN'L AGGREGATE LIMIT APPLIES PER:         |        |                               |                                  |  |   |                            | GENERAL AGGREGATE                          |            | 2,000,000 |   |  |
|   | POLICY PRO- LOC                            |        |                               |                                  |  |   |                            | PRODUCTS - COMP/OP                         |            | 2,000,000 |   |  |
|   | OTHER:                                     |        |                               |                                  |  |   |                            | Severability                               | - + + -    | included  |   |  |
| 7   | AUTOMOBILE LIABILITY                       |        |                               |                                  |  |   |                            | COMBINED SINGLE LIM (Ea accident)          | IT \$      |           |   |  |
| -   | ANYAUTO                                    |        |                               |                                  |  |   |                            | BODILY INJURY (Per per                     | son) \$    |           |   |  |
|   | OWNED SCHEDULED                            |        |                               |                                  |  |   |                            | BODILY INJURY (Per acc                     |            |           | _ |  |
| <del> </del>  | AUTOS ONLY AUTOS NON-OWNED                 |        |                               |                                  |  |   |                            | PROPERTY DAMAGE                            | \$         |           |   |  |
| -   | AUTOS ONLY AUTOS ONLY                      |        |                               |                                  |  |   |                            | (Per accident)                             | \$         |           | _ |  |
|   | UMBRELLA LIAB OCCUR                        |        |                               |                                  |  |   |                            | EACH OCCURRENCE                            | \$         |           | _ |  |
| -   | EXCESS LIAB CLAIMS-MADE                    |        |                               |                                  |  |   |                            | AGGREGATE                                  | \$         |           |   |  |
| <del> </del>  | CEAINIS-WADE                               |        |                               |                                  |  |   |                            | AGGREGATE                                  | s          |           |   |  |
| w   | DED   RETENTION \$ ORKERS COMPENSATION     | l      |                               |                                  |  |   |                            | PER<br>STATUTE                             | OTH-<br>ER |           |   |  |
|   | ND EMPLOYERS' LIABILITY                    |        |                               |                                  |  |   |                            |  |            |           | _ |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under  |  |        |                               |                                  |  |   | E.L. EACH ACCIDENT         | \$   |            | _         |   |  |
|   |  |        |                               |                                  |  |   |                            | E.L. DISEASE - EA EMPLOYEE \$              |            |           |   |  |
| D   | ESCRIPTION OF OPERATIONS below             |        |                               |                                  |  |   |                            | E.L. DISEASE - POLICY I                    | LIMIT \$   |           | _ |  |
|   |  |        |                               |                                  |  |   |                            |  |            |           |   |  |
|   |  |        |                               |                                  |  |   |                            |  |            |           |   |  |
| DESCR   | IPTION OF OPERATIONS / LOCATIONS / VEHICLE | ES (AC | ORD 1                         | 01. Additional Remarks Schedule. | mav be a   | ttached if more so  | ace is required)           |  |            |           |   |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  |  |        |                               |                                  |  |   |                            |  |            |           |   |  |
|   |  |        |                               |                                  |  |   |                            |  |            |           |   |  |
|   |  |        |                               |                                  |  |   |                            |  |            |           |   |  |
|   |  |        |                               |                                  |  |   |                            |  |            |           |   |  |
|   |  |        |                               |                                  |  |   |                            |  |            |           |   |  |
|   |  |        |                               |                                  |  |   |                            |  |            |           |   |  |
| OFDT  | TELOATE HOLDED                             |        | CANC                          | ELL ATION                        |  |   | ·                          |  |            |           |   |  |
| CERTIFICATE HOLDER  |  |        |                               |                                  |  | CANCELLATION  |                            |  |            |           |   |  |
| For Informational Purposes 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  |   |                            |  |            |           |   |  |
|   |  |        |                               |                                  | TypeHellan   |   |                            |  |            |           |   |  |