Client#: 2049466 CASTLCOU1

## $ACORD_{\scriptscriptstyle{\mathbb{M}}}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/13/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT Tony San Luis				
USI Insurance Services, LLC	PHONE (A/C, No, Ext): 813 321-7500	FAX (A/C, No): 855-299-7117			
2502 N Rocky Point Dr Ste 400 Tampa, FL 33607-1421 813 321-7500	E-MAIL ADDRESS: westcoastcondo@usi.com				
	INSURER(S) AFFORDING COVERAG	E NAIC#			
	INSURER A : GuideOne National Insurance Compan	y 14167			
INSURED	INSURER B:				
The Castle Council, Inc. dba Sea Castle	INSURER C:				
4939 Floramar Terrace New Port Richey, FL 34652	INSURER D:				
	INSURER E :				
	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 LTR TYPE OF	INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
COMMERCIAL G	ENERAL LIABILITY						EACH OCCURRENCE	\$
CLAIMS-MA	DE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
GEN'L AGGREGATE L							GENERAL AGGREGATE	\$
	RO- ECT LOC						PRODUCTS - COMP/OP AGG	\$
OTHER:								\$
AUTOMOBILE LIABIL	TY						COMBINED SINGLE LIMIT (Ea accident)	\$
ANY AUTO							BODILY INJURY (Per person)	\$
OWNED AUTOS ONLY	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
UMBRELLA LIAI	OCCUR						EACH OCCURRENCE	\$
EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
	ENTION \$							\$
WORKERS COMPENS AND EMPLOYERS' LI							PER OTH- STATUTE ER	
ANY PROPRIETOR/PA OFFICER/MEMBER EX	RTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$
DESCRIPTION OF OP	ERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A Property				553000270	04/19/2024	04/19/2025	See description belo	ow.
				D 404 A delition of Dominion Coloradado anno				

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

Location: 4939 Floramar Terrace, New Port Richey, FL 34652.

Carrier: GuideOne National Insurance Company Policy #553000270 Effective 4/19/2024 to 4/19/2025

Special Form, Replacement Cost, Agreed Amount

Deductibles: Named Windstorm and All Other Windstorm/Hail 5% per location, subject to a minimum of \$100,000

(See Attached Descriptions)

CENTIFICATE HOLDEN	CANCELLATION
For Information Purposes.	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
	Jua-

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DESCRIPTIONS (Continued from Page 1)				
per occurrence; Water Damage \$100,000 per occurrence; AOP \$25,000 Ordinance or Law included Equipment Breakdown included Limit: \$18,283,000				