CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/15/2025

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).

PRODUCER	CONTACT NAME: Nakia Parker	
Brown & Brown Insurance Services, Inc. 2290 Lucien Way, Suite 400 Maitland FL 32751	PHONE (A/C, No, Ext): (407) 660-8282	FAX (A/C, No): (407) 660-2012
	E-MAIL ADDRESS: Nakia.Parker@bbrown.com	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Universal Fire & Casualty Insurance Company	32867
INSURER B :	Nautilus Insurance Company	17370
INSURER C :	Technology Insurance Company, Inc.	42376
INSURER D :		
INSURER E :		
INSURER F :		

INSURED: Hemingway Condominium Association Inc.
1848 Shore Drive South
South Pasadena FL 33707

COVERAGES **CERTIFICATE NUMBER:** CL25121578658 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			01-CGL-105454-03	08/24/2025	08/24/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Hired/Non-Owned Auto	$ 1,000,000 $ 50,000 $ 5,000 $ Included $ 2,000,000 $ 2,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
B	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			AN1360983	08/24/2025	08/24/2026	EACH OCCURRENCE AGGREGATE	$ 3,000,000 $ 3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		TWC4652750	08/24/2025	08/24/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

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

For Informational Purposes Only

CERTIFICATE HOLDER

Hemingway Condominium Association, Inc.
1848 Shore Drive South
South Pasadena FL 33707

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.

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: 00635575

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY	NAMED INSURED
Brown & Brown Insurance Services, Inc.	Hemingway Condominium Association Inc.
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

"Separation of Insureds" provision applies as granted by the General Liability policy form.

PROPERTY COVERAGE
Insurer: Citizens Property Insurance Corporation
Effective: 8/24/2025 - 8/24/2026
Policy #: 07262025

Location: 1848 Shore Drive South, South Pasadena, FL 33707 (14 Units)
Building Limit: $3,770,300

Carport: $42,200
Carport: $62,500
Swimming Pool: $61,400
Swimming Pool: $20,800

Deductibles:
$1,000 All Other Perils
5% CYHD

Basic Form
Replacement Cost

Walls-Out Coverage (No Coverage for Interior of Units)

PROPERTY COVERAGE
Insurer: Old Republic Union Insurance Company
Effective: 8/24/2025 - 8/24/2026
Policy #: ORAFPR000276-02

Location: 1848 Shore Drive South, South Pasadena, FL 33707 (14 Units)
Building Limit: $3,770,300

Carport: $42,200
Carport: $62,500
Swimming Pool: $61,400
Swimming Pool: $20,800

Deductibles:
$5,000 All Other Perils
$5,000 per unit subject to $25,000 minimum per occurence (Water Damage)

Special Excluding Basic
Replacement Cost

Walls-Out Coverage (No Coverage for Interior of Units)

DIRECTORS & OFFICERS COVERAGE
Insurer: Continental Casualty Company
Effective: 8/24/2025 - 8/24/2026
Policy #: 619077454

Aggregate Limit: $1,000,000
Retention: $10,000

CRIME COVERAGE
Insurer: The Hanover Insurance Company
Effective: 8/23/2025 - 8/23/2026
Policy #: BDJ-J527052-02

Employee Dishonesty: $75,000. Deductible: $500

AGENCY CUSTOMER ID: 00635575

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Brown & Brown Insurance Services, Inc.	Hemingway Condominium Association Inc.
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

ERISA Fidelity: $75,000. Deductible: $0
Forgery or Alteration: $25,000. Deductible: $500
Computer Fraud: $75,000. Deductible: $500
Funds Transfer Fraud: $75,000. Deductible: $500
Credit, Debit or Charge Card, Fraud: $25,000. Deductible: $500

Property Manager is Included in the Definition of an Employee

EQUIPMENT BREAKDOWN COVERAGE
Insurer: Travelers Excess and Surplus Lines Company
Effective: 8/24/2025 - 8/24/2026
Policy #: BME1-8T038507-TXS-25

Total Limit per breakdown: $4,392,588

Property Damage Deductible: $2,500