

CERTIFICATE OF LIABILITY INSURANCE

DWHITEHEAD

DATE (MM/DD/YYYY)

1/25/2024

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

tr	his certificate does not confer rights t							require air endorsemen	L. A.	statement on
PRO	DDUCER				CONTA NAME:					
625	/Sav Holdings LLC 0 Delaware St				PHONE (A/C, No E-MAIL	<sub>o, Ext):</sub> (832) 7 <sub>SS:</sub> info@na	793-8550	FAX (A/C, No):		
	te B aumont, TX 77706				ADDRE					
							` '	RDING COVERAGE		NAIC#
								Insurance Company		42400
INSU	URED Palms of Beach Park Condo					RB:Wester	n Surety Co	)		13188
	C/O Qualified Property Mgm				INSURE					
	5901 US Hwy 19, Ste. 7Q				INSURE					
	New Port Richey, FL 34652				INSURE					
					INSURE	RF:				
				E NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY FUNCTION OF MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAI THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT T	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			20289004		11/1/2023	11/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER: General Aggregate								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							DED. LOTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
								E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
В	Bonds			61922391		2/7/2023	2/7/2024	Bond Limit:		100,000
Liab Bon	icription of operations / Locations / VEHIC idential Condominium Association. Lial idential Condominium Association. Lial idential to policy includes Separation of Insured Policy covers Property Manager.  Austin & Kristin Barton, 212 S. Church	eds.	limits	s listed are for the entire as	ssociati	on.		ed)		
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Caliber Home Loans, Inc. IS PO Box 7731 Springfield, OH 45501	AOA	/ATIN	ЛА	THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL CY PROVISIONS.		



<u>DWHITEHEAD</u>

DATE (MM/DD/YYYY) 1/25/2024

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PRODUCER NavSav Holdings LLC 6250 Delaware St		CONTACT NAME: PHONE (A/C, No, Ext): (832) 793-8550	FAX (A/C, No):	
Suite B Beaumont, TX 77706		E-MAIL ADDRESS: info@navsav.com INSURER(S) AFFORDING COV	/ERAGE	NAIC#
		INSURER A : Southern Owners Insurar		
INSURED		INSURER B: Western Surety Co		13188
	nch Park Condo ech Community Management	INSURER C:		
	ry. 19 N., Ste. 102	INSURER D:		
Clearwater, F		INSURER E :		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION	ON 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	COL	TYPE OF INSURANCE	ADDI	SUBR		POLICY EFF	POLICY EXP	LIMIT		
LTR			INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
A	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,0	
		CLAIMS-MADE X OCCUR			20289004	11/1/2020	11/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	300,0	000
								MED EXP (Any one person)	\$ 10,0	000
								PERSONAL & ADV INJURY	\$ 1,000,0	000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,0	000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,0	000
		OTHER: General Aggregate							\$	
	AU.	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
	WOI	RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
		ICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
В	Boı	nds			61922391	2/7/2023	2/7/2024	Bond Limit:	100,0	000
									1	_

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Residential Condominium Association. Liability limits listed are for the entire association. Liability policy includes Separation of Insureds. Bond Policy covers Property Manager.

RE: Frank DeGeorge Jr. & Erin DeGeorge, 212 South Church Ave., Unit #204, Tampa, FL 33609 - LN#: 1401258094

Cardinal Financial Company LP, ISAOA/ATIMA PO Box 961292 Fort Worth. TX 76161	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
	Doulo a Hilland

CANCELLATION

CERTIFICATE HOLDER



DWHITEHEAD

DATE (MM/DD/YYYY) 1/25/2024

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CERTIFICATE OF LIABILITY INSURANCE

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.

lf th	SUBROGATION IS WAIVED, subjection is certificate does not confer rights to	ct to o the	the cert	terms and conditions of ificate holder in lieu of su	the pouch	licy, certain   lorsement(s)	policies may	require an endorsemen	t. As	statement on
PRO	DUCER				CONTA NAME:	СТ				
	Sav Holdings LLC						93-8550	FAX (A/C, No):		
625 Suit	0 Delaware St te B					ss: info@na		1 (110, 110).		
	umont, TX 77706					INS	URER(S) AFFO	RDING COVERAGE		NAIC#
								Insurance Company		1
INSL	Palms of Beach Park Condo				INSURE	R в : Westeri	n Surety Co	)		13188
	C/O Ameri-Tech Community		ager	nent	INSURE	RC:				
	24701 US Hwy. 19 N., Ste. 10		Ū		INSURE	R D :				
	Clearwater, FL 33763				INSURE	RE:				
					INSURE	RF:				
				E NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE EED HEREIN IS SUBJECT T	CT TO	O WHICH THIS
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)		LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY	III CD				(MINIODITITIE)	(MINI/DD/1111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			20289004		11/1/2020	11/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000 10,000
								MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC OTHER: General Aggregate							PRODUCTS - COMP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$	
	DED RETENTION \$							PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
								E.L. DISEASE - EA EMPLOYEE	\$	
В	If yes, describe under DESCRIPTION OF OPERATIONS below  Dishonesty/Fidelity			61922391		2/7/2020	2/7/2021	E.L. DISEASE - POLICY LIMIT  Bond Limit:	\$	100,000
Ь	Distroffesty/Fidenty			01322331		2///2020	2///2021	Bond Limit.		100,000
Res Liab Bon	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC idential Condominium Association. Lial illity policy includes Separation of Insur d Policy covers Property Manager.  Raymond Cormier, 212 S. Church Ave.,	oility eds.	limits	s listed are for the entire as	ssociati	ion.	e space is requi	red)		
CE	RTIFICATE HOLDER				CANO	CELLATION				
	Excel Mortgage Network, Inc 877 Executive Center Drive, Saint Petersburg, FL 33702			ACC	EXPIRATION CORDANCE WI	N DATE TH	ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL I CY PROVISIONS.			
	-					RIZED REPRESE	/			
					Ou	lo While	rea			



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If	SUE	RTANT: If the certificate holder BROGATION IS WAIVED, subject Bertificate does not confer rights to	ct to	the	terms and conditions of	the poli	cy, certain ¡	policies may				
PROI	DUCE	R				CONTAC NAME:	т					
Nav	Sav	Holdings LLC				5::6::5		793-8550	F	AX A/C No.		
6250 Suite		laware St				PHONE (A/C, No, Ext): (832) 793-8550						
		nt, TX 77706			_							
					-	INSURER(S) AFFORDING COVERAGE INSURER A : Southern Owners Insurance Company						NAIC#
										pany		10100
INSU	RED	Palms of Beach Park Condo				INSURER	RB: Westeri	n Surety Co	)			13188
		C/O Ameri-Tech Community		nager	nent	INSURER	RC:					
		24701 US Hwy. 19 N., Ste. 10				INSURER D:						
		Clearwater, FL 33763				INSURER E :						
						INSURER	RF:					
CO	/ER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUME	BER:		
IN CE E>	DICA ERTII	S TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE I	N OF AN DED BY BEEN RI	NY CONTRAC THE POLICI EDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH	RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000
		CLAIMS-MADE X OCCUR			20289004		11/1/2020	11/1/2021	DAMAGE TO RENTED PREMISES (Ea occurr	ence)	\$	300,000
									MED EXP (Any one pe	, i	\$	10,000
									PERSONAL & ADV IN	JURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		\$	2,000,000
	OL.	POLICY PRO- JECT LOC							PRODUCTS - COMP/0		\$	2,000,000
		OTHER: General Aggregate							7.1.020010 00111171		\$	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	IMIT	\$	
		ANY AUTO							BODILY INJURY (Per		\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per		\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE			
		AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
		UMBBELLA LIAB									\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
		DED RETENTION \$							DED	OTH-	\$	
	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY							PER STATUTE	ER ER		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Residential Condominium Association. Liability limits listed are for the entire association. Liability policy includes Separation of Insureds. Bond Policy covers Property Manager.

61922391

RE: Emma Jane Stepno, 212 South Church Avenue, Unit 305, Tampa, FL 33609 - LN#: 1802127894

Fidelity Funding Mortgage Corporation, ISAOA/ATIMA 255 South Maitland Avenue Maitland. FL 32751	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Matualia, i E 32/31	AUTHORIZED REPRESENTATIVE

2/7/2023

CANCELLATION

2/7/2024

ACORD 25 (2016/03)

CERTIFICATE HOLDER

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

В

**Bonds** 

E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$

**Bond Limit:** 

E.L. DISEASE - POLICY LIMIT | \$

100.000



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									require an endorsemen	t. As	tatement on
					-				EAV		
						(A/C, No			(A/C, No):		
		nt TV 77706				ADDRE:	<sub>ss:</sub> info@na	vsav.com			
Jeaui	110	III, 1X 11100					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
						INSURE	RA: Southe	rn Owners	Insurance Company		
South Braware St.  South Braware St.  South Braware St.  South Brown Delaware St.  South Brown Delaware St.  Insurer A : Southern Owners Insurance Company  Insurer B : Western Surety Co  13188  Insurer B :											
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED INSURER E:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  NSR TYPE OF INSURANCE ADDIL SUBBR POLICY NUMBER POLICY FER OR COMMERCIAL GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CONTRACT OR OTHER DOCUMENT WITH SUBJECT TO ALL THE TERMS POLICY FER OR COMMERCIAL GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS POLICY FER OR COMMERCIAL GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS POLICY FER OR COMMERCIAL GENERAL LIABILITY  COMMERCIAL GENERAL LIABI											
				agei	nent	INSURE	RD:				
		•				INSURE	RE:				
						INSURE	RF:				
COVI	ER	AGES CER	TIFIC	CATI	NUMBER:				REVISION NUMBER:		
IND CEF	ICA RTII	ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY	REQUI PER	REM TAIN	ENT, TERM OR CONDITION THE INSURANCE AFFORE	N OF A	NY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS
	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).    CONTACT										
	X		INSD	WVD	. GEIOT NOMBER		(MIM/UU/YYYY)	(MM/DD/YYYY)		•	1,000,000
		CLAIMS-MADE X OCCUR			20289004		11/1/2021	11/1/2022	DAMAGE TO RENTED	¢	300,000

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR			20289004	11/1/2021	11/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGR <u>EGAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER: General Aggregate							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
	WOR AND	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE   1	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDED?	"					E.L. DISEASE - EA EMPLOYEE	\$
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
	Bon				61922391	2/7/2023	2/7/2024	Bond Limit:	100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Residential Condominium Association. Liability limits listed are for the entire association. Liability policy includes Separation of Insureds. Bond Policy covers Property Manager.

RE: 212 S. Church Ave., Unit 206, Tampa, FL 33609 - LN#: \*\*\*\*\*9446

CERTIFICATE HOLDER	CANCELLATION
Fifth Third Bank, N.A. ISAOA/ATIMA PO Box 391197 Solon. OH 44139	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
3010H, 3H 44103	AUTHORIZED REPRESENTATIVE
ı	Doulo whildred



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	the	terms and conditions of	the po	licy, certain ¡	policies may	require an endorsement. A	statement on
			CONTAC	СТ			
			PHONE (A/C, No	o, Ext): (832) 7		FAX (A/C, No):	
			E-MAIL ADDRES	<sub>ss:</sub> info@na	vsav.com		
				INS	SURER(S) AFFOR	RDING COVERAGE	NAIC#
			INSURE	R A : Southe	rn Owners	Insurance Company	
			INSURE	R в : Westeri	n Surety Co	0	13188
		4	INSURE				
	agem	ient	INSURE	RD:			
-			INSURE	RE:			
			INSURE	RF:			
TIFIC	ATE	NUMBER:				REVISION NUMBER:	
PERT	AIN,	THE INSURANCE AFFORE	DED BY	THE POLICI	IES DESCRIB	BED HEREIN IS SUBJECT TO AL	
ADDL S	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
					,,	EACH OCCURRENCE \$	1,000,000
		20289004		11/1/2020	11/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000
				11,1,2020		MED EXP (Any one person) \$	10,000
	Mana 2 TIFIC S OF EQUIF PERT ADDL	Managem 2  TIFICATE S OF INS EQUIREME PERTAIN, POLICIES. ADDL SUBRINSD WVD	Management 2  TIFICATE NUMBER: S OF INSURANCE LISTED BELOW FEQUIREMENT, TERM OR CONDITION PERTAIN, THE INSURANCE AFFORD POLICIES LIMITS SHOWN MAY HAVE ADDLISUBR	t to the terms and conditions of the poor the certificate holder in lieu of such end contain the certificate holder in lieu of such end contain the certificate holder in lieu of such end contain the certificate holder in lieu of such end carc, not end carc in sure insure insure insure insure insure insure carc in sure insure carc in sure insure carc in sure insure insure insure carc in sure insure insure insure carc in sure insure insure insure insure insure insure insure insure carc in sure insured in sure in su	t to the terms and conditions of the policy, certain to the certificate holder in lieu of such endorsement(s)    CONTACT NAME: PHONE (AIC, No, Ext): (832) 7	Management  Manage	to the terms and conditions of the policy, certain policies may require an endorsement. A the certificate holder in lieu of such endorsement(s).    CONTACT   NAME:   PHONE   (A/C, No, Ext): (832) 793-8550   FAX   (A/C, No): E-MAIL   (A/C, No, Ext): (832) 793-8550   FAX   (A/C, No): E-MAIL   (A/C, No, Ext): (832) 793-8550   FAX   (A/C, No): E-MAIL   (A/C, No, Ext): (832) 793-8550   FAX   (A/C, No): E-MAIL   (A/C, No, Ext): (832) 793-8550   FAX   (A/C, No): E-MAIL   (A/C, No): E-MAIL

LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			20289004	11/1/2020	11/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER: General Aggregate							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED 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		
	ANY PROPRIETOR PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Bonds			61922391	2/7/2023	2/7/2024	Bond Limit:		100,000
$\vdash$				1					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Residential Condominium Association. Liability limits listed are for the entire association. Liability policy includes Separation of Insureds. Bond Policy covers Property Manager.

RE: Nicole M. Young, 3817 West Platt St., Unit #306, AKA 212 South Church St., Tampa, FL 33609 - LN#: 213728332

CERTIFICATE HOLDER	CANCELLATION
Guaranteed Rate, Inc. ISAOA/ATIMA 3940 N. Ravenswood Ave. Chicago, IL 60613	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
5111cago, 12 00010	AUTHORIZED REPRESENTATIVE
	Donlo a Hillatust





### CERTIFICATE OF LIABILITY INSURANCE

DWHITEHEAD

DATE (MM/DD/YYYY)

ATE (MM/DD/YYYY) 1/25/2024

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

tł	nis c	ertificate does not confer rights to	o the	certi	ificate holder in lieu of su	ich end	lorsement(s)	<u>.                                      </u>			
	DUCE					CONTA NAME:					
Nav	Sav	Holdings LLC laware St				PHONE (A/C, No	o, Ext): (832) 7	793-8550	FAX (A/C, N	o):	
6∠5 Suit		laware St				E-MAIL	ss: info@na	vsav.com	1 (,	- /-	
Bea	umo	ont, TX 77706				ADDILL			RDING COVERAGE		NAIC#
						INCLIDE	RA: Philade				IVAIO #
INICI	IRED						R B : Westeri	-			13188
INSC	IKED	Palms of Beach Park Condo						ii Surety Co	<u>,                                      </u>		13100
		C/O Qualified Property Mgm				INSURE					
		1301 Seminole Blvd. Ste 110	)			INSURE	R D :				
		Largo, FL 33770				INSURE	RE:				
						INSURE	RF:				
CO	VER	RAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	IDIC/ ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQU PER	IREME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RES	PECT TO	O WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LII	MITS	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD			(WIW/DD/TTTT)	(WIWI/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
	-	CLAIMS-MADE X OCCUR			PHPK1573092		11/1/2016	11/1/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000
		CETAING NAME A COCCIO			F11FK1373092		11/1/2010	11/1/2017		\$	5,000
									MED EXP (Any one person)	\$	1,000,000
		J							PERSONAL & ADV INJURY	\$	2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO- LOC							PRODUCTS - COMP/OP AG	G \$	2,000,000
		OTHER:								\$	
	AU1	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person	) \$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accide	nt) \$	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		/ NOTES ONE!							,	\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION \$	1						AGGREGATE		
	WOF	RKERS COMPENSATION							PER OTH STATUTE ER	. \$	
	AND	EMPLOYERS' LIABILITY									
	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
									E.L. DISEASE - EA EMPLOY		
_		s, describe under CRIPTION OF OPERATIONS below			61922391		2/7/2017	2/7/2018	E.L. DISEASE - POLICY LIM	T \$	400.000
В	DIS	honesty Bond			01922391		2///2017	2///2016	Limit:		100,000
Res Liab Bon RE:	ident ility d Po Lino	TION OF OPERATIONS / LOCATIONS / VEHIC tial Condominium Association. Liab policy includes Separation of Insur licy covers Property Manager. Tata; 212 Church Ave. Unit 108, T	eds.	limits	s listed are for the entire as	ssociati	on.	e space is requir	leed)		
CE	RTIF	FICATE HOLDER				CANO	CELLATION				
		Lino Tata 212 Church Ave. Unit 108 Tampa, FL 33609				ACC	EXPIRATION ORDANCE WI	N DATE TH TH THE POLIC	ESCRIBED POLICIES BE IEREOF, NOTICE WILI CY PROVISIONS.		
		-				AUTHO	DIZED DEDDESE	NTATIVE			



<u>DWHITEHEAD</u>

DATE (MM/DD/YYYY) 1/25/2024

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.

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	nis certificate does not confer rights to				ich end	lorsement(s)		- require an endo			
Nav	DUCER Sav Holdings LLC D Delaware St				CONTA NAME: PHONE (A/C, No	o, Ext): (832) 7	93-8550		FAX (A/C, No):		
Suit	e B				E-MAIL ADDRE	ss: info@na	vsav.com	·	, ,		
Bea	umont, TX 77706					INS	SURER(S) AFFO	RDING COVERAGE			NAIC#
					INSURE	RA: Southe	rn Owners	Insurance Com	npany		
INSU					INSURE	R в : Wester	n Surety Co	<b>o</b>			13188
	Palms of Beach Park Condo C/O Ameri-Tech Community		nanar	nont	INSURE	RC:					
	24701 US Hwy. 19 N., Ste. 10		lagei	nont	INSURE	RD:					
	Clearwater, FL 33763				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NUM			
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH ED HEREIN IS SU	H RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR			20289004		11/1/2020	11/1/2021	DAMAGE TO RENTE PREMISES (Ea occur	rence)	\$	300,000
								MED EXP (Any one pe	erson)	\$	10,000
								PERSONAL & ADV IN	JURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		\$	2,000,000
	POLICY PRO- JECT LOC OTHER: General Aggregate							PRODUCTS - COMP/		\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	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 LIAB OCCUR							EACH OCCURRENCE	E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY EMPLOYERS' LIABILITY  Y / N							STATUTE	ÉR	_	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EI		\$	
В	Bonds			61922391		2/7/2023	2/7/2024	Bond Limit:	CT LIMIT	Ψ.	100,000
Resi Liab Bon	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI dential Condominium Association. Liak ility policy includes Separation of Insur d Policy covers Property Manager. Erik Moens, 212 S. Church Ave., Unit #4	eds.	limits	s listed are for the entire as	ssociati	ion.	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Moniker Mortgage, ISAOA PO Box 2717 Boca Raton, FL 33431				THE	EXPIRATION	N DATE TH	ESCRIBED POLICI IEREOF, NOTICE CY PROVISIONS.			





#### CERTIFICATE OF LIABILITY INSURANCE

DWHITEHEAD

DATE (MM/DD/YYYY) 1/25/2024

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tine continuate dece not come. Fights to the continuate helder in hea or	cacii ciiacicciiiciit(c)i							
PRODUCER	CONTACT NAME:							
NavSav Holdings LLC 6250 Delaware St	PHONE (A/C, No, Ext): (832) 793-8550	FAX (A/C, No):						
Suite B	E-MAIL ADDRESS: info@navsav.com							
Beaumont, TX 77706	INSURER(S) AFFORDING COVE	RAGE	NAIC#					
	INSURER A: Southern Owners Insuranc	e Company						
INSURED	INSURER B: Western Surety Co		13188					
Palms of Beach Park Condo C/O Ameri-Tech Community Management	INSURER C:							
24701 US Hwy. 19 N., Ste. 102	INSURER D :							
Clearwater, FL 33763	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER:	REVISIO	NUMBER:						
THIS IS TO CEPTIEV THAT THE POLICIES OF INSUPANCE LISTED BELO	NAME OF THE INSTIDED NAMED	A BOVE EOD THE	DOLICY DEDIOD					

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	(OL	TYPE OF INCURANCE	ADDI	SUBR		POLICY EFF	POLICY EXP	1 1841	•	
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
A	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	Ψ .	00,000
		CLAIMS-MADE X OCCUR			20289004	11/1/2020	11/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	3	300,000
								MED EXP (Any one person)	Ψ	10,000
								PERSONAL & ADV INJURY	<b>a</b> .	000,000
	GEI	N'L AGGR <u>EGAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	. ·	000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,0	00,000
		OTHER: General Aggregate							\$	
	AU'	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
	WOI	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
		ICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$	
	If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
В	Dis	honesty/Fidelity			61922391	2/7/2020	2/7/2021	Bond Limit:	1	100,000
<u> </u>				<u> </u>		l	l			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Residential Condominium Association. Liability limits listed are for the entire association. Liability policy includes Separation of Insureds. Bond Policy covers Property Manager.

RE: Jason Pithers (Married) 212 S Church Ave, Unit 110, Tampa, FL 33618-LN# 28920124339

NFM Inc., dba NFM Lending ISAOA 1190 Winterson Rd. Suite 300	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Linthicum, MD 21090	AUTHORIZED REPRESENTATIVE
	Down to the State of

CANCELLATION

ACORD 25 (2016/03)

CERTIFICATE HOLDER



<u>DWHITEHEAD</u>

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/25/2024

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this certificate does not confer i	rights to the certificate holder in fieu of	such endorsement(s).							
PRODUCER		CONTACT NAME:							
NavSav Holdings LLC 3250 Delaware St		PHONE (A/C, No, Ext): (832) 793-8550	FAX (A/C, No):						
Suite B		E-MAIL ADDRESS: info@navsav.com							
Beaumont, TX 77706		INSURER(S) AFFORDING COVERA	GE	NAIC#					
		INSURER A : Southern Owners Insurance							
INSURED		INSURER B: Western Surety Co		13188					
Palms of Beach Park	Condo nmunity Management	INSURER C:							
24701 US Hwy. 19 N.,		INSURER D :							
Clearwater, FL 33763		INSURER E :							
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER:	REVISION I	NUMBER:						
THIS IS TO CERTIFY THAT THE	POLICIES OF INSURANCE LISTED BELO	W HAVE BEEN ISSUED TO THE INSURED NAMED A	ABOVE FOR THE P	OLICY 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)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY		****		(MINITED/TTTT)	(MINI/DD/1111/	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			20289004	11/1/2020	11/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER: General Aggregate							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$						DED	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
		ICER/MEMBER EXCLUDED? Idatory in NH) s. describe under						E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	ĆRIPTION OF OPERATIONS below			64000004	0/7/0000	0/7/0004	E.L. DISEASE - POLICY LIMIT	\$	400 000
В	Bor	ias			61922391	2/7/2023	2/7/2024	Bond Limit:		100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Residential Condominium Association. Liability limits listed are for the entire association. Liability policy includes Separation of Insureds. Bond Policy covers Property Manager.

RE: Jason Pithers, 212 S. Church Avenue, Unit 110, Tampa, FL 33609 - LN#: 28921093145

CERTIFICATE HOLDER	CANCELLATION

NFM, Inc. D/B/A NFM Lending, ISAOA/ATIMA 1190 Winterson Road, Suite 300 Linthicum, MD 21090

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

ACORD 25 (2016/03)

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**DWHITEHEAD** 

DATE (MM/DD/YYYY) 1/25/2024

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**CERTIFICATE OF LIABILITY INSURANCE** 

lf	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to	t to	the	terms and conditions of t	he pol	licy, certain p	oolicies may			
PROI	DUCER				CONTAC NAME:	СТ				
	Sav Holdings LLC ) Delaware St				BUIGNE	, Ext): (832) 7	93-8550	FAX (A/C, No):		
Suite	e B				E-MAIL ADDRES	ss: info@na	vsav.com			
Beau	umont, TX 77706					INS	URER(S) AFFOR	DING COVERAGE		NAIC#
					INSURE	RA:Souther	n Owners I	Insurance Company		
NSU	RED				INSURE	<sub>R В :</sub> Westerr	n Surety Co	•		13188
	Palms of Beach Park Condo				INSURER C:					
	C/O Ameri-Tech Community 24701 US Hwy. 19 N., Ste. 10		agen		INSURE	RD:				
	Clearwater, FL 33763	_			INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:			İ	REVISION NUMBER:		
IN CE	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF A	NY CONTRAC	CT OR OTHER ES DESCRIBI	DOCUMENT WITH RESPE	CT TO	WHICH THIS
NSR TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			20289004		11/1/2020	11/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	General Aggregate									

OTHER: General Aggregate COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 100,000 В **Bonds** 61922391 2/7/2023 2/7/2024 **Bond Limit:** 

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Residential Condominium Association. Liability limits listed are for the entire association. Liability policy includes Separation of Insureds. Bond Policy covers Property Manager.

RE: Enzo Cespedes-Correa, 212 S. Church Avenue, Unit 208, Tampa, FL 33609 - LN#: 28921085214

NFM, Inc. D/B/A NFM Lending, ISAOA/ATIMA 1190 Winterson Road, Suite 300 Linthicum, MD 21090	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Littilicani, MD 21000	AUTHORIZED REPRESENTATIVE
	Douls withitted

CANCELL ATION

CERTIFICATE HOLDER



DWHITEHEAD

DATE (MM/DD/YYYY) 1/25/2024

## CERTIFICATE OF LIABILITY INSURANCE

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)

Beaumont, TX 77706    NSURER A : Philadeliphia Ind Ins Co		his certificate does not confer rights to							require an endorsemen	ı. As	statement on
AC, No. Ext.   G3.27   733-3-com   (AC, No. Ext.   G3.27   733-3	PRO	DDUCER				CONTA NAME:	СТ				
Suite B Beaumont, TX 77706    Record						PHONE (A/C, No	o. Ext): (832) 7	793-8550	FAX (A/C, No):		
INSURER A: Philadelphia Ind Ins Co  INSURER B: Western Surety Co	Suit	te B				E-MAIL ADDRE	ss: info@na	vsav.com			
NSURED Palms of Beach Park Condo C/O Qualified Property Mgmt 5901 US Hwy 19, Stc. 7Q New Port Richey, FL 34652  COVERAGES  CERTIFICATE NUMBER:  INSURER D:	Bea	numont, TX 77706					INS	SURER(S) AFFO	RDING COVERAGE		NAIC#
Palms of Beach Park Condo CO Qualified Property Mgmt 5901 US Hwy 19, 5te, 70 New Port Richey, FL 34652  CCOVERAGES  CERTIFICATE NUMBER:  MSURER E:  MSURER F:  MSURER F:  MSURER F:  MSURER F:  MSURER F:  COVERAGES  CERTIFICATE 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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PALIFOCIAL SHOWN MAY PROPURE LIBITIFY  ANY AUTO  A						INSURE	RA: Philade	lphia Ind Ir	ns Co		
C/O Qualified Property Mgmt 5901 US Hwy 19, Ste. 7Q New Port Richey, FL 34652    INSURER E :	INSL	JRED				INSURE	R в : Westeri	n Surety Co	0		13188
S901 US Hwy 19, Ste. 7Q New Port Richey, FL 34652    INSURER R						INSURE	RC:				
New Port Richey, FL 34652    INSURER E :   INSURER F :   INSURED FOR THE POLICY PERIOD FOR THE P			ι			INSURE	R D :				
COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICYER OF 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.    NEW						INSURE	RE:				
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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.  INTERPORT OF INSURANCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INTERPORT OF INSURANCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INTERPORT OF INSURANCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INTERPORT OF INSURANCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INTERPORT OF INSURANCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INTERPORT OF INSURANCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INTERPORT OF INSURANCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INTERPORT OF OR INSURANCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INTERPORT OF OR INSURANCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INTERPORT OF OR INSURANCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INTERPORT OF OR MAY PERFORMENT OF OR PROPERTY DAMAGE STATUTE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INTERPORT OF OR INTERPORT OF OR PROPERTY AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INTERPORT OF OR MAY PROPERTY OR PROPERY	СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
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.    Note											
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    STYPE OF INSURANCE   NSD   WWD   POLICY NUMBER   POLICY PROLICY PROL											
A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  PHPK1573092  11/1/2016  11/1/2017  11/1/2016  11/1/2017  11/1/2017  EACH OCCURRENCE \$ 1,000,6 DAMAGE TO RENTED DAMAGE TO RENTED DAMAGE TO RENTED PROBLES (Ea occurrence) \$ 100,6 MED EXP (Any one person) \$ 5,6 MED EXP (Any one person) \$ 5,6 MED EXP (Any one person) \$ 1,000,6 MED EXP (Any one person) \$ 2,000,6 MED EXP (Any one person) \$ 5,0 MED EXP (Any one person) \$ 2,000,6 MED EXP (Any one person) \$ 5,0 MED EXP (Any one person	E	XCLUSIONS AND CONDITIONS OF SUCH I	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS			
CLAIMS-MADE X OCCUR  PHPK1573092  11/1/2016  11/1/2016  11/1/2017  PHPK1573092  11/1/2016  11/1/2017  DAMAGE TO RENTED S 100, to DAMAGE TO RENTED S 5 100, to DAMAGE TO RENTED S 100, to DAMAGE TO REMISSION S 1,000, to DAMAGE TO RENTED S 100, to DAMAGE TO RENTED S 100, to DAMAGE TO RENTED S 1,000, to DAMAGE TO RENTED S 1,000, to DAMAGE TO REMISSION S 1,000, to DAMAGE TO DAMAG			ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
MED EXP (Any one person) \$ 5,6 PERSONAL & ADV INJURY \$ 1,000,0 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PEC LOC OTHER:  AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ON	Α								EACH OCCURRENCE	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCTS - COMP/OP AGG \$ 2,000,f.  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUT		CLAIMS-MADE X OCCUR			PHPK1573092		11/1/2016	11/1/2017	PREMISES (Ea occurrence)	\$	100,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY  LIABILITY  UMBRELLA LIAB  CLAIMS-MADE  EXCESS LIAB  CLAIMS-MADE  DED  RETENTION \$  WORKERS COMPENSATION AND EMPLOYER'S LIABILITY  ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Wandotory in Mr.)  ANY AUTOS ONLY  BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident)  \$  AGGREGATE  \$  PER OTH- STATUE  FR STATUE  BL. DISEASE - EA EMPLOYEE \$ EL. DISEASE - EA EMPLOYEE \$ EL. DISEASE - POLICY LIMIT \$									MED EXP (Any one person)	\$	5,000
POLICY PRODUCTS - COMP/OP AGG \$ 2,000,00  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED  AUTOS ONLY  BODILY INJURY (Per person)  S  PROPERTY DAMAGE  (Per accident)  S  AGGREGATE  S  AGGREGATE  S  AGGREGATE  S  AGGREGATE  S  ELL EACH ACCIDENT  S  ELL EACH ACCIDENT  S  ELL DISEASE - EA EMPLOYEE  S  ELL DISEASE - POLICY LIMIT  S  ELL DISEASE - POLICY LIMIT  S									PERSONAL & ADV INJURY	\$	<u> </u>
OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY  EACH OCCURRENCE \$ AGGREGATE \$ AGGREGATE \$ AGGREGATE \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNEREXECUTIVE OFFICERMEMBER EXCLUDED? (Mandatory in WH) If yes, describe under DESCRIPTION OF OPERATIONS below  PRODUCTS - COMPINION AS  BODILY INJURY (Per person) BODILY INJURY (Per person)  BODILY INJURY (Per									GENERAL AGGREGATE	\$	<u> </u>
AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY  EACH OCCURRENCE S AGGREGATE S  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPERTOR INFORMATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  N/A  E.L. DISEASE - EA EMPLOYEE S E.L. DISEASE - POLICY LIMIT S									PRODUCTS - COMP/OP AGG		2,000,000
ANY AUTO  OWNED AUTOS ONLY AUTOS									COMBINED SINGLE LIMIT (Fa accident)		
OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY STATUTE  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  BODILY INJURY (Per accident) \$  BODILY INJURY (Per accident) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE \$  AUTOS ONLY AUTOS ONLY STATUTE STATU										\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY S  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  PROPERTY DAMAGE (Per accident) \$  \$  EACH OCCURRENCE \$  AGGREGATE \$  PER OTH- STATUTE ER  E.L. EACH ACCIDENT \$  E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$		OWNED SCHEDULED AUTOS ONLY									
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ OTH- STATUTE OTH- STATUTE OTH- STATUTE ER  E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ IT STATUTE STATUTE OFFICER/MEMBER EXCLUDED?									PROPERTY DAMAGE	\$	
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WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below    DESCRIPTION OF OPERATIONS below		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  E.L. BACH ACCIDENT \$  E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$										\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below    Continue of the contin		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$		ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
		(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
B Dishonesty Bond 61922391 2/7/2017 2/7/2018 Limit: 100,0							27-12-1-	2550212		\$	
	В	Dishonesty Bond			61922391		2/7/2017	2/7/2018	Limit:		100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Residential Condominium Association. Liability limits listed are for the entire association.	DES	CCRIPTION OF OPERATIONS / LOCATIONS / VFHICE	ES (4	ACORF	D 101. Additional Remarks Schedu	ıle, mav h	e attached if mor	e space is requi	red)		
		d Policy covers Property Manager. Kevin Strack, 212 S. Church Ave. #402 T	Гатр	a, FL	. 33609; LN# 504703873						
Bond Policy covers Property Manager. RE: Kevin Strack, 212 S. Church Ave. #402 Tampa, FL 33609; LN# 504703873	CE	RTIFICATE HOLDER				CANO	ELLATION				
		Palms of Beach Park Condo	Ass	n, Inc	D.	SHO	OULD ANY OF T	N DATE TH	DESCRIBED POLICIES BE CA		

ACORD 25 (2016/03)

**C/O Qualified Property Management** 

5901 US Hwy 19 N, Ste 7Q

New Port Richey, FL 34652



**DWHITEHEAD** 

DATE (MM/DD/YYYY) 1/25/2024

### CERTIFICATE OF LIABILITY INSURANCE

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		BROGATION IS V	NAIVED, subje	ct to	the	terms and conditions of ificate holder in lieu of su	the po	licy, certain ¡	policies may	require an endorsemen	it. As	statement on
	DUCE						CONTA NAME:		-			
Nav	Sav	Holdings LLC							793-8550	FAX (A/C, No):		
625 Suit		laware St					E-MAIL	<sub>ss:</sub> info@na	vsav.com	(A/O, NO).		
		ont, TX 77706					ADDICE			RDING COVERAGE		NAIC#
							INICIIDE	RA: Philade				IVAIO #
INGI	IRED							RB: Wester	-			13188
		Palms of Bea	ach Park Condo	,					ii Guicty Gt	<u>,                                      </u>		10100
			d Property Mgm	t			INSURE					
		5901 US Hwy	/ 19, Ste. 7Q chey, FL 34652				INSURE					
		New Port Ric	ney, FL 34652				INSURE					
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INSR LTR		TYPE OF INSUI	RANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
Α	X	COMMERCIAL GENER	RAL LIABILITY						,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE	X OCCUR			PHPK1708165		11/1/2017	11/1/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			<u>-</u>							MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT A	APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	02.	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								7.1.020010 COMM 701 7100	\$	
	AU1	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	s	
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		AUTOS ONLY	AUTOS ONLY							(Fer accident)	\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION	ON \$	1						AGGREGATE	\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILIT	· · · · · · · · · · · · · · · · · · ·							PER OTH- STATUTE ER		
	AND	PROPRIETOR/PARTNER	Y Y/N							E.L. EACH ACCIDENT	\$	
	OFF (Mar	PROPRIETOR/PARTNEF ICER/MEMBER EXCLUDE Indatory in NH)	ED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes	s, describe under CRIPTION OF OPERATION	ONS bolow							E.L. DISEASE - POLICY LIMIT	\$	
В		honesty Bond	ONS DEIOW			61922391		2/7/2017	2/7/2018	Limit:	Ψ	100,000
Res Liab Bon RE:	ident ility d Po Judi	tial Condominium A policy includes Sepolicy covers Propert th Sutfin, 212 S. Ch	Association. Lial paration of Insur ty Manager. nurch St., Apt# 3	oility eds. 02, T	limits ampa	o 101, Additional Remarks Schedus is listed are for the entire as i, FL 33609-LN# 338873115 mpa, FL 33609-LN# 338873	ssociat 2	e attached if mor	e space is requir	ed)		
CE	RTIF	FICATE HOLDER					CAN	CELLATION				
		Quicken Loa PO Box 2020 Florence, SC					THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL BY PROVISIONS.		
		i iorence, oo					AUTHORIZED REPRESENTATIVE					



ACORD®

### CERTIFICATE OF LIABILITY INSURANCE

DWHITEHEAD

DATE (MM/DD/YYYY) 1/25/2024

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PRO Nav 625	ils certificate does not confer rights t DUCER Sav Holdings LLC Delaware St	o tne	ceru	incate noider in lieu of su	CONTA NAME: PHONE (A/C, No	ст <sub>o, Ext):</sub> (832) 7	93-8550		FAX (A/C, No):		
Suit Bea	e B umont, TX 77706				ADDRE	<sub>ss:</sub> info@na					
	<b></b>							RDING COVERAGE			NAIC#
								Insurance Cor	npany		42400
INSU	Palms of Beach Park Condo	,				R в : Westeri	n Surety Co	<u> </u>			13188
	C/O Ameri-Tech Community	Mana	agen	nent	INSURE						
	24701 US Hwy. 19 N., Ste. 10	02			INSURE						
	Clearwater, FL 33763				INSURE						-
	VERAGES CER	TIEIC	· A T E	NUMBER:	INSURE	KF:		REVISION NUM	ADED.		
TI IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES OF REQUIF PERT POLIC	FINS REME FAIN, CIES.	URANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	RED NAMED ABO'R DOCUMENT WIT	VE FOR T	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			20289004		11/1/2021	11/1/2022	DAMAGE TO RENTE PREMISES (Ea occu	ED irrence)	\$	300,000
								MED EXP (Any one )	person)	\$	10,000
								PERSONAL & ADV I	NJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	2,000,000
	POLICY PRO- LOC OTHER: General Aggregate							PRODUCTS - COMF	P/OP AGG	\$ \$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)		\$	
	ACTOS CINET							(		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	NT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
В	Bonds			61922391		2/7/2023	2/7/2024	Bond Limit:			100,000
Resi Liab Bon	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC dential Condominium Association. Lial ility policy includes Separation of Insur d Policy covers Property Manager. Rodolfo Simpson, 212 S. Church Ave.,	bility l reds.	imits	listed are for the entire as	sociáti		e space is requi	red)			
CEI	RTIFICATE HOLDER				CANO	ELLATION					
	Selene Finance, ISAOA/ATIN	ИA			THE	EXPIRATION	N DATE TH	ESCRIBED POLIC IEREOF, NOTICE CY PROVISIONS.			

ACORD 25 (2016/03)

PO Box 461470 San Antonio, TX 78246



DWHITEHEAD

DATE (MM/DD/YYYY) 1/25/2024

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CERTIFICATE OF LIABILITY INSURANCE

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).

	DUCER				CONTA	dorsement(s)		·		
	Sav Holdings LLC 0 Delaware St				PHONE (A/C, No	o, Ext): (832) 7	93-8550	FAX (A/C, No):		
Suit	e B				E-MAIL ADDRE	ss: info@na	vsav.com			
веа	umont, TX 77706					INS	URER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE	RA: Southe	rn Owners	Insurance Company		
INSU					INSURE	R в : Westeri	n Surety Co	)		13188
	Palms of Beach Park Condo C/O Ameri-Tech Community		naner	ment	INSURE	RC:				
	24701 US Hwy. 19 N., Ste. 10		iuge.	nont	INSURE	RD:				
	Clearwater, FL 33763				INSURE	RE:				
					INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIOI THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			20289004		11/1/2021	11/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER: General Aggregate							COMPINED CINICIE LIMIT	\$	
	AUTOMOBILE LIABILITY							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 LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
								AGGREGATE	\$	
	DED RETENTION \$							PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/AND ANY PROPRIETOR (AND ANY PROPRIETOR)							STATUTE ER	_	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		
В	Bonds			61922391		2/7/2023	2/7/2024	E.L. DISEASE - POLICY LIMIT  Bond Limit:	Þ	100,000
										•
DES Resi	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL idential Condominium Association. Liab	ES (	ACORE limits	0 101, Additional Remarks Schedu s listed are for the entire as	ile, may b	pe attached if mor	e space is requir	red)		
	ility policy includes Separation of Insur d Policy covers Property Manager.	eds.								
RE:	Alan Degan 212 S Church Ave 104, Tam	pa, I	Florid	a 33609 Loan# 1522052693	3					
CE	RTIFICATE HOLDER				CANO	CELLATION				
	Simons & Leoni Home Loans	s, LL	.C, IS	AOA	THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL EY PROVISIONS.		

ACORD 25 (2016/03)

3902 Henderson Boulevard Suite 208-384

Tampa, FL 33629



DWHITEHEAD

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/25/2024

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th	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to				ich end	orsement(s).		require an endorsemen	i. A s	tatement on
	DUCER Sav Holdings LLC				CONTAC NAME: PHONE			FΔY		
	0 Delaware St				(A/C, No,	Ext): (832) 7	93-8550	FAX (A/C, No):		
Suit	e B umont, TX 77706				ADDRES	<sub>s:</sub> info@nav	vsav.com			1
Dea	uniont, 12 77700							RDING COVERAGE		NAIC#
					INSURE	RA:Souther	n Owners	Insurance Company		
INSU	IRED				INSURE	R в : Westerr	n Surety Co	)		13188
	Palms of Beach Park Condo C/O Qualified Property Mgm				INSURE	RC:				
	1301 Seminole Blvd. Ste 110				INSURE	RD:				
	Largo, FL 33770				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF AI DED BY BEEN R	NY CONTRAC THE POLICI EDUCED BY F	OT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO O ALL	WHICH THIS
INSR LTR		INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	300,000
	CLAIMS-MADE X OCCUR			20289004		11/1/2023	11/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000
								MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER: General Aggregate							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$	
	DED RETENTION \$				-			PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N							STATUTE   ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
R	DÉSCRIPTION OF OPERATIONS below  Dishonesty Bond			61922391		2/7/2015	2/7/2016	E.L. DISEASE - POLICY LIMIT  Limit:	\$	100,000
_	Distributed by Borna			01022001		2///2010	2/1/2010	Lillit.		100,000
DES Resi	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC idential Condominium Association. Liab	LES (/ bility	ACORI limits	י 101, Additional Remarks Schedu Is listed are for the entire as	ile, may be ssociatio	attached if more On.	e space is requir	ea)		
	ility policy includes Separation of Insur d Policy covers Property Manager.	reds.								
DUII	a Policy covers Property Manager.									
RE:	Javier A Berrios, 212 S. Church Ave #30	04, Ta	ampa	, FL 33609 LN: 111870						
CE	RTIFICATE HOLDER				CANC	ELLATION				
<u> </u>	ISAIL HOLDEN				SAITO					
								ESCRIBED POLICIES BE CA		
	Suncoast Credit union ISAO PO BOX 310139	Α						EREOF, NOTICE WILL I Y PROVISIONS.	BE DI	ELIVERED IN

ACORD 25 (2016/03)

Tampa, FL 33680



DWHITEHEAD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/25/2024

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PRO	is certificate does not confer rights to				of such endorsement(s).  CONTACT NAME:								
625	/Sav Holdings LLC 0 Delaware St				(A/C, No	o, Ext): (OJ∠ <i>) 1</i>	93-8550	FAX (A/C, No):					
Suit Bea	te B lumont, TX 77706				ADDRE	<sub>ss:</sub> info@na							
	,				INIG::==			Insurance Company	NAIC#				
INIGI	JRED						in Owners	Insurance Company					
11430	Palms of Beach Park Condo				INSURE								
	C/O Qualified Property Mgmt				INSURE								
	Largo, FL 33770				INSURE								
	3.,				INSURE								
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH R	EQUI PER	IREME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	DOCUMENT WITH RESPEC	T TO WHICH THIS				
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
Α	X COMMERCIAL GENERAL LIABILITY					·····	·····	EACH OCCURRENCE \$	1,000,000				
	CLAIMS-MADE X OCCUR			20289004		11/1/2023	11/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	10.000				
								MED EXP (Any one person) \$	1 000 000				
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$	2 000 000				
	X POLICY PRO LOC							GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	2 000 000				
	OTHER: General Aggregate							**************************************					
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$					
	ANY AUTO							BODILY INJURY (Per person) \$					
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$					
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$					
								\$					
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$					
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$					
	DED RETENTION \$							PER OTH-					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE   ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$					
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$					
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$					
Res Liab Bon	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL idential Condominium Association. Liab oility policy includes Separation of Insured Policy covers Property Manager.  212 South Church Street #110, Tampa, F	ility eds.	limits	o 101, Additional Remarks Schedu I listed are for the entire as	ile, may b SSOCIAti	e attached if mor	e space is requir	ed)					
CF	RTIFICATE HOLDER				CANC	ELLATION							
	Sunshine Bank, ISAOA 102 W. Baker St. Plant City, FL 33563				SHO THE	OULD ANY OF 1	N DATE TH	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE Y PROVISIONS.					
	•,		Fight Oity, FL 33363					AUTHORIZED REPRESENTATIVE					



<u>DWHITEHEAD</u>

DATE (MM/DD/YYYY) 1/25/2024

# THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

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th	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su	ıch enc	lorsement(s)		•		
	DUCER				CONTA NAME:					
	Sav Holdings LLC D Delaware St				PHONE (A/C, No	o, Ext): (832) 7	793-8550	FAX (A/C, No):		
Suit					E-MAIL ADDRE	<sub>ss:</sub> info@na	vsav.com			
Bea	umont, TX 77706					INS	SURER(S) AFFO	RDING COVERAGE		NAIC#
					INSURE	RA: Philade				
INSU	IRED					RB: Westeri	_			13188
	Palms of Beach Park Condo				INSURE					10100
	C/O Qualified Property Mgm				INSURE					
	1301 Seminole Blvd. Ste 110 Largo, FL 33770	)								
	Largo, 1 L 33770				INSURE					
	VERAGES CER	TIEI	^ A T E	- NUMBED.	INSURE	KF:		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICI			ENUMBER:		EEN ISSUED T	TO THE INCLU		TIE DC	N ICY BERIOD
	IDICATED. NOTWITHSTANDING ANY F									
	ERTIFICATE MAY BE ISSUED OR MAY								O ALL	THE TERMS,
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN					
INSR LTR		INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR			PHPK1573092		11/1/2016	11/1/2017	PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLT							(i or acoldone)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$	1						AGGILGATE	\$	
								PER OTH-	Ф	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR (PARTIES (EXECUTIVE)							STATUTE   ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	If ves. describe under							E.L. DISEASE - EA EMPLOYEE		
В	DÉSCRIPTION OF OPERATIONS below  Dishonesty Bond			61922391		2/7/2017	2/7/2018	E.L. DISEASE - POLICY LIMIT	\$	100,000
_	Distributed bottom			01022001		2///2011	2///2010	Limit.		100,000
DES Resi	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Idential Condominium Association. Lial	LES (/ bility	ACORI Iimits	D 101, Additional Remarks Schedu S listed are for the entire as	ıle, may b ssociati	e attached if mor	e space is requi	red)		
Liab	ility policy includes Separation of Insur									
Bon	d Policy covers Property Manager.									
RE:	Sean O'Connor, 212 South Church Ave	. #20	0 Tan	npa. FL 33609 LN: 500414	2126					
	· · · · · · · · · · · · · · · · · · ·			. ,						
CE	RTIFICATE HOLDER				CANO	ELLATION				
					I			ESCRIBED POLICIES BE C.		
	TD Bank, NA ISAOA/ATIMA							HEREOF, NOTICE WILL   CY PROVISIONS.	RE DI	ELIVERED IN
	32 Chestnut St.				ACCORDANCE WITH THE POLICY PROVISIONS.					
	Lewiston, ME 04240				AUTHO	RIZED REPRESE	NTATIVE			



DWHITEHEAD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/25/2024

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tilis certificate does no	or come rights to the certificate holder in hea c	or sach endorsement(s).							
PRODUCER		CONTACT NAME:							
NavSav Holdings LLC 6250 Delaware St		PHONE (A/C, No, Ext): (832) 793-8550	FAX (A/C, No):						
Suite B		E-MAIL ADDRESS: info@navsav.com							
Beaumont, TX 77706		INSURER(S) AFFORDING CO	OVERAGE	NAIC#					
		INSURER A : Southern Owners Insura	nce Company						
INSURED		INSURER B: Western Surety Co		13188					
	each Park Condo Fech Community Management	INSURER C:							
	wy. 19 N., Ste. 102	INSURER D:							
Clearwater,	•	INSURER E :							
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER:	REVIS	ION 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.

NSR LTR		TYPE OF INSURANCE	ADD	L SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Χ	COMMERCIAL GENERAL LIABILITY		, WVD		(MINI/DD/1111)	(MINI/DD/1111)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			20289004	11/1/2020	11/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER: General Aggregate	•						\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY NON-OWNER AUTOS ONL	P					PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-	MADE					AGGREGATE	\$	
		DED RETENTION \$						DED. LOTH	\$	
	WOR AND	RKERS COMPENSATION EMPLOYERS' LIABILITY	Y/N					PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A	<b>A</b>				E.L. EACH ACCIDENT	\$	
		CER/MEMBER EXCLUDED? Idatory in NH) s, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Bor	nds			61922391	2/7/2023	2/7/2024	Bond Limit:		100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Residential Condominium Association. Liability limits listed are for the entire association. Liability policy includes Separation of Insureds. Bond Policy covers Property Manager.

RE: Emily Sidor, 212 S. Church Ave., Unit 109, Tampa, FL 33609 - LN#: FL0052106108922

The Mortgage Firm, Inc. ISAOA/ATIMA 921 Douglas Avenue, Suite 200 Altamonte Springs, FL 32714	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Andmonto opinigo, i 2 ozi 14	AUTHORIZED REPRESENTATIVE
	Doulo whileful

CANCELL ATION

CERTIFICATE HOLDER



**DWHITEHEAD** 

DATE (MM/DD/YYYY) 1/25/2024

# CERTIFICATE OF LIABILITY INSURANCE

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

th	his certificate does not confer rights	to the	ecert	ificate holder in lieu of su	ch end	dorsement(s)				
	DUCER				CONTA NAME:					
	Sav Holdings LLC				PHONE (A/C, N	eo, Ext): (832) 7	93-8550	FAX (A/C, No):		
Suit	0 Delaware St te B				E-MAIL ADDRE	ss: info@na	vsav.com			
Bea	aumont, TX 77706				7,55,1,2			RDING COVERAGE		NAIC#
					INSURE			Insurance Company		10.00
INSL	JRED					R в : Westeri				13188
	Palms of Beach Park Cond	0			INSUR					10100
	Ameri- Tech Community Ma		emen	t	INSURE					+
	24701 US Hwy. 19 N., Ste. 1 Clearwater, FL 33763	02			INSUR					
	Oleai Water, 1 E 33703				INSUR					+
	VERAGES CEI	OTICI	CATE	E NUMBER:	INSURI	Kr.		REVISION NUMBER:		
TI IN C	HIS IS TO CERTIFY THAT THE POLIC NDICATED. NOTWITHSTANDING ANY I SERTIFICATE MAY BE ISSUED OR MAN XCLUSIONS AND CONDITIONS OF SUCH	ES C REQU ' PEF	F INS IREMI RTAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	ANY CONTRAC Y THE POLICI	TO THE INSUF CT OR OTHER IES DESCRIB	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE	CT TC	WHICH THIS
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	IIII	1111			(WINE DOTTITI)	(MIM/DD/1111)	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR			20289004		11/1/2021	11/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER: General Aggregate							PRODUCTS - COMPTOP AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		
	ANY AUTO								\$	
	OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR	+						FACULO COURDENOS	\$	
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
	DED RETENTION \$	7						AGGREGATE	\$	
								PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE   ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		
R	DESCRIPTION OF OPERATIONS below  Bonds			61922391		2/7/2023	2/7/2024	E.L. DISEASE - POLICY LIMIT  Bond Limit:	\$	100,000
	Jonas			0.022001				Dona Emme.		100,000
Resi Liab Bon	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC idential Condominium Association. Lia bility policy includes Separation of Insu d Policy covers Property Manager.  Alan Degen, 212 S Church Ave Unit 10	bility reds.	limits	s listed are for the entire as	sociat	e attached if mor	e space is requir	ed)		
CE	RTIFICATE HOLDER				CAN	CELLATION				
	United Wholesale Mortgage	, ISA	OA		THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		

ACORD 25 (2016/03)

585 South Blvd E Pontiac, MI 48341



CERTIFICATE OF LIABILITY INSURANCE

DWHITEHEAD

DATE (MM/DD/YYYY) 1/25/2024

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

tł	nis certificate does not confer rights to	o the	certi	ificate holder in lieu of su	ich end	lorsement(s)				
	DUCER				CONTA NAME:					
	Sav Holdings LLC				PHONE (A/C, No	o, Ext): (832) 7	793-8550	FAX (A/C, No):		
625 Suit	0 Delaware St te B					ss: info@na		1 (100,110).		
	umont, TX 77706				ADDRE			RDING COVERAGE		NAIC#
							` '			NAIC#
								Insurance Company		10100
INSL	Palms of Beach Park Condo				INSURE	RB: Wester	n Surety Co	)		13188
	Ameri- Tech Community Ma		ment	t	INSURE	RC:				
	24701 US Hwy. 19 N., Ste. 10			•	INSURE	R D :				
	Clearwater, FL 33763				INSURE	RE:				
					INSURE	RF:				
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESP	ECT T	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	гs	
Α	X COMMERCIAL GENERAL LIABILITY	III I	1112			(MINI/DD/1111)	(IIIIII)	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR			20289004		11/1/2019	11/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	300,000
				2020001			11/1/2020		1	10,000
								MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							COMPINED OINOLE LIMIT	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$	-						ACCINECATE	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-	Ф	
								STATUTE ER	l	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		
ь	DÉSCRIPTION OF OPERATIONS below  Dishonesty/Fidelity			61922391		2/7/2020	2/7/2021	E.L. DISEASE - POLICY LIMIT  Bond Limit:	\$	100,000
Ь	Distrollesty/Fidelity			61922391		2///2020	2///2021	Bond Limit.		100,000
Res Liab Bon	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI idential Condominium Association. Liak illity policy includes Separation of Insur d Policy covers Property Manager. Robert Hughlett, 212 S Church Ave., Un	eds.	limits	s listed are for the entire as	ssociati	on.	e space is requi	ed)		
CE	RTIFICATE HOLDER				CANO	ELLATION				
	United Wholesale Mortgage, PO Box 202028 Florence. SC 29502	ISA	OA		THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		



# PALMOFB-01 CERTIFICATE OF LIABILITY INSURANCE

**DWHITEHEAD** 

DATE (MM/DD/YYYY) 1/25/2024

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.

If	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subjection is certificate does not confer rights to	ct to	the	terms and conditions of t ificate holder in lieu of suc	he po ch end	licy, certain plorsement(s)	oolicies may			
PRO	DUCER				CONTA NAME:	СТ				
	Sav Holdings LLC ) Delaware St				PHONE (A/C, No	o, Ext): (832) 7	93-8550	FAX (A/C, No):		
Suit					E-MAIL ADDRE	ss: info@na	vsav.com			
Bea	umont, TX 77706					INS	URER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE	RA: Philade	lphia Ind Ir	is Co		
INSU	RED					R B : Westerr	-			13188
	Palms of Beach Park Condo				INSURE					
	C/O Qualified Property Mgm 1301 Seminole Blvd. Ste 110			Γ	INSURE					
	Largo, FL 33770	,		Γ	INSURE					
	9.,				INSURE					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIE				IAVF B	FEN ISSUED 1			HF PO	LICY PERIOD
IN CI	DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	I OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY		1112			(	<u> </u>	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			PHPK1573092		11/1/2016	11/1/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
								PRODUCTS - COMP/OP AGG		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
								(Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$	
	DED RETENTION \$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
В	Dishonesty Bond			61922391		2/7/2017	2/7/2018	Limit:		100,000
		•	•						-	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Residential Condominium Association. Liability limits listed are for the entire association. Liability policy includes Separation of Insureds.

Bond Policy covers Property Manager.

RE: Kevin Strack, 212 S. Church Ave. #402 Tampa, FL 33609; LN# 1217052619

CERTIFICATE HOLDER	CANCELLATION
United Wholesale Mortgage, ISAOA / ATIMA P.O. Box 202028 Florence, SC 29502	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
	Opelo whiletut

CANCEL LATION