

CERTIFICATE OF LIABILITY INSURANCE

RRODRIGUEZ

DATE (MM/DD/YYYY) 8/16/2023

RICHPAR-09

							0	10/2023
C B	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	VEL UR4	Y OR NEGATIVELY AMEND	, EXTEND OR AL	TER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
lf	MPORTANT: If the certificate holder f SUBROGATION IS WAIVED, subjec his certificate does not confer rights to	t to	the terms and conditions of	the policy, certain	policies may			
	DUCER License # 0C36861		certificate fiolder in fied of st					
	ant Insurance Services, Inc.		CONTACT NAME: Jodee Ransom PHONE (A/C, No, Ext): FAX (A/C, No): FAX (A/C, No):					
152	20 Royal Palm Square Blvd. #160 t Myers, FL 33919		PHONE (A/C, No, Ext): (239) 744-3136 FAX (A/C, No): (858) E-MAIL ADDRESS: fortmyerscerts@alliant.com				/54-2610	
	-		INSURER(S) AFFORDING COVERAGE				NAIC #	
			INSURER A : Trisura Specialty Insurance Company				16188	
	URED		INSURER B : XL Insurance America, Inc.				24554	
	Richmond Park Master Cond	nium Association. Inc.						
	C/o Newell Property Manage		INSURER C :					
	5435 Jaeger Road #4		INSURER D :					
Naples, FL 34109				INSURER E :				
				INSURER F :				
co	OVERAGES CERT	<u> TIFI</u>	CATE NUMBER:	REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	IREMENT, TERM OR CONDITIO TAIN, THE INSURANCE AFFOR	n of any contra Ded by the polic	ACT OR OTHER CIES DESCRIB	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	PECT TO	OWHICH THIS
INSR			SUBR POLICY NUMBER	POLICY EFF	POLICY EXP		IITS	
		INSD		(MM/DD/YYYY	(MM/DD/YYYY)			1,000,000
^ ·	CLAIMS-MADE OCCUR		BINDER	0/45/0000	0/45/0004	EACH OCCURRENCE	\$	50,000
			DINDER	8/15/2023	8/15/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000
						MED EXP (Any one person)	\$,
						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 AGO	\$ \$	2,000,000
	OTHER:					HNOA	\$	1,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)		
	OWNED AUTOS ONLY AUTOS							
						BODILY INJURY (Per acciden		
	HIRED AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
в							\$	10,000,000
Р				9/4 5/2022	9/4 5/2024	EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE		AUR0506266-00	8/15/2023	8/15/2024	AGGREGATE	\$	10,000,000
	DED X RETENTION \$ 0						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
						E.L. EACH ACCIDENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A				E.L. DISEASE - EA EMPLOYE	F \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMI		
Α			BINDER	8/15/2023	8/15/2024	3% Named Storm	ι φ	1,263,049
Α	Commercial Crime		BINDER	8/15/2023	8/15/2024	Fidelity Bond/\$1000		50,000
Pro Poli Agr Ded Loc SEE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL perty: Trisura Specialty Insurance Comp icy No: TBD Effective: 08/15/2023 - 08/15 eed Amount Special Form Replacemen luctibles: 3% Named Storm \$2,500 All O sation 1: 2305 Richmond Park Lane, Naple of House \$283,999; Contents \$25,000 E ATTACHED ACORD 101	any 5/202 nt co ther	24 ost up to policy limits Perils		· ·	i red)		
CE	RTIFICATE HOLDER		CANCELLATION					
	Newell Property Managemen		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 REPRES	ENTATIVE			
				17				
			(d)					

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AGENCY CUSTOMER ID: RICHPAR-09

ADDITIONAL REMARKS SCHEDULE

LOC #: 1

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AGENCY Licen Alliant Insurance Services, Inc.	se # 0C36861	1 NAMED INSURED Richmond Park Master Condominium Association, Inc. C/o Newell Property Management Corporation 5435 Jaeger Road #4 Naples, FL 34109 Collier						
CARRIER	NAIC CODE							
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1						
ADDITIONAL REMARKS	•	· · · · ·						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER: <u>ACORD 25</u> FORM TITLE: <u>Certificate of Liability Insurance</u>								
Description of Operations/Locations/Vehicles: Swimming Pools \$77,950 Spa \$19,050 Decking \$45,550 Lift Station \$8,850 Spa \$9,750 Entry Fixtures \$13,200 Irrigation System \$77,250 Fences \$6,600 Fences \$6,600 Fences \$11,950 Entry Fixtures \$9,150 Light Poles \$11,200 Signs \$2,650 Entry Fixtures \$381,100 Fences \$28,450 Retaining Wall \$128,750 Entry Fixtures \$10,000 Entry Fixtures \$13,400 Fountain \$2,800 Mail Facility \$16,700 Lift Station \$61,200 Blanket Outdoor Property \$27,300								
Equipment Breakdown: Travelers Excess & Surplus CO. Policy No: 1X397592 Effective: 08/15/2023 - 08/15/2024 Limit of Insurance: \$1,288,049 ; Deductible: \$5,000								
Directors & Officers: Trisura Specialty Insurance Company Policy No: TBD Effective: 08/15/2023 - 08/15/2024 Limit of Insurance: \$1,000,000 ; Deductible: \$1,000								
Property Manager included in Fidelity Bond								