



# CERTIFICATE OF LIABILITY INSURANCE

3251596

DATE (MM/DD/YYYY)  
12/30/2025

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 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: Juan Anaya PHONE (A/C, No, Ext): 561-918-1112 FAX (A/C, No): E-MAIL ADDRESS: Janaya@Rhinsure.com	
Franklin Hamilton Insurance 1690 S. Congress Ave Suite 205A Delray Beach, FL 33445 (561) 774-8164		INSURER(S) AFFORDING COVERAGE INSURER A: Westchester Surplus Lines Ins Co INSURER B: American Coastal Ins Co INSURER C: PHILADELPHIA INDEMNITY INSURANCE CO INSURER D: Accredited Surety and Casualty Co INSURER E: INSURER F:	
INSURED FOREST PARK CONDOMINIUM ASSOCIATION, INC OF DUNEDIN c/o N/A N/A N/A, FL 33445		NAIC #	

COVERAGES		CERTIFICATE NUMBER:		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 <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:			GLWF18427254 001	5/26/2025	5/26/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
	UMBRELLA LIAB EXCESS LIAB		OCCUR CLAIMS-MADE				BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				EACH OCCURRENCE	\$
							AGGREGATE	\$
B	Property			AMC-29633-11	5/26/2025	5/26/2026	PER STATUTE	OTHER
C	Crime			PCAC023872-0125	5/26/2025	5/26/2026	E.L. DISEASE - EA EMPLOYEE	\$
D	Directors & Officers			1-SKN-FL-01576858-00	5/26/2025	5/26/2026	Limit: \$ 9,521,434	
							Limit: \$250,000	Limit: \$1,000,000

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

FOREST PARK CONDOMINIUM ASSOCIATION, INC OF DUNEDIN, N/A, N/A, FL 33445  
2113 - 2188 Elm Street Dunedin, FL 34698 / 68 Residential Units in Condominium Association  
Valuation: 100% Replacement Cost/ Perils Covered: ISO Special/ Coinsurance N/A Agreed Amount Value  
Deductibles: Hurricane - Per Occurrence: 5% / All Other Perils: \$10,000  
Ordinance or Law: Included, Full Cov. A, B/C Combined/ Inflation Guard: Not Taken  
Walls-In/Betterments & Improvements: Not Included / Equipment Breakdown Limit: \$9,521,434  
Severability of Insureds/Separation in Interests: Included

CERTIFICATE HOLDER

N/A  
1st Mortgagee  
N/A  
N/A, FL 33445  
Loan Number: N/A

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