



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/13/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Fako Insurance Plus</b> <b>4020 Park Street N, Ste 204</b> <b>St. Petersburg, FL 33709</b> <b>License #: R011674</b>	<b>CONTACT NAME:</b> Ashley Fictum <b>PHONE (A/C, No. Ext):</b> (727)343-8899 <b>E-MAIL ADDRESS:</b> customersupport@greatflstpete.com <b>FAX (A/C, No):</b> (727)343-8895
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> <b>Northwick Arms, Inc.</b> <b>c/o Ameri-Tech Community Management</b> <b>24701 Us Hwy 19 N Ste 102</b> <b>Clearwater, FL 33763-4086</b>	<b>INSURER A:</b> Great American Risk Solutions Surplus Lines Ins
	<b>INSURER B:</b> Citizens Property Insurance Corporation
	<b>INSURER C:</b> Old Republic Union Insurance Company
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES**

CERTIFICATE NUMBER: 00005318-571942

REVISION NUMBER: 76

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PLE79979703	12/09/2024	12/09/2025	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>INCLUDED</b> \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
B	<b>HAZARD/WINDSTORM</b>			09824948 - 3	04/13/2025	04/13/2026	SEE ADDITIONAL	<b>REMARKS</b>
C	<b>DIC</b>			ORAFPR000386-01	04/13/2025	04/13/2026	SEE ADDITIONAL	

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

**SEE ADDITIONAL REMARKS (ACORD 101)****CERTIFICATE HOLDER****CANCELLATION****FOR INFORMATIONAL PURPOSES ONLY**

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

(AMF)

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Fako Insurance Plus</b>		NAMED INSURED <b>Northwick Arms, Inc.</b>	
POLICY NUMBER <b>N/A</b>			
CARRIER <b>Multiple Carriers</b>	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

LOCATION ADDRESS: 4000 3RD ST N ST.PETE, FL 33703 (39 TOTAL UNITS/ FLOOD ZONE AE)

EQUIPMENT BREAKDOWN COVERAGE PROVIDED EFFECTIVE 12/10/24-12/10/25 THROUGH TRAVELERS

B) BASIC FORM HAZARD @ REPLACEMENT COST; AGREED VALUE  
 EFFECTIVE 4/13/25-4/13/26  
 POLICY #09824948 - 3  
 TIV \$5,464,100/ DED 3% HURR/ \$1K AOP  
 INCLUDES INCREASED COST OF CONSTRUCTION & INFLATION GUARD

C) DIFFERENCE IN CONDITIONS (SPECIAL FORM HAZARD) @ REPLACEMENT COST  
 CARRIER: OLD REPUBLIC UNION INSURANCE COMPANY  
 EFFECTIVE 4/13/25-4/13/26  
 POLICY #ORAFPR000386-01  
 TIV \$5,464,100/ DED \$5K AOP

\*CRIME EFFECTIVE 12/10/24-12/10/25  
 CARRIER: SUPERIOR SPECIALTY INSURANCE COMPANY  
 POLICY #TLUCAP501119-00  
 CRIME @ \$300K/ DED \$0/ INCLUDES COVERAGE FOR MGMT COMPANY

\*FLOOD EFFECTIVE 4/21/25-4/21/26  
 CARRIER: IMPERIAL FIRE & CASUALTY INSURANCE COMPANY  
 POLICY #0002334038  
 BLDG LIMIT \$6,790,000/ DED \$1,250

The Hazard policy is walls out, not including betterments or improvements.

Severability Of Interest/Separation Of Insureds: Applies to the General Liability policy per the terms & conditions.

Cancellation Period: 10 Days Minimum

Due to an addition to Florida Statute 626.9551, effective July 1, 2021, no one (including a lender) may require an insurance agency or agent provide a replacement cost estimator (RCE) or other insurance underwriting information in connection with a loan. Additionally, an insurance agent or agency is prohibited from supplying the RCE to anyone, even the customer. We are, therefore, unable to provide a copy of the Replacement Cost Estimator / Appraisal.