



RICHPAR-08

HAMBURGEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/3/2023

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

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

PRODUCER License # 0C36861 Alliant Insurance Services, Inc. 1520 Royal Palm Square Blvd. #160 Fort Myers, FL 33919	CONTACT NAME:		
	PHONE (A/C, No, Ext): (239) 744-3136	FAX (A/C, No): (858) 754-2610	
	E-MAIL ADDRESS: fortmyerscerts@alliant.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Westfield Insurance Company		24112
INSURED  Richmond Park Condominium Association II, Inc. C/o Newell Property Management Corporation 5435 Jaeger Road #4 Naples, FL 34109	INSURER B : Vantage Risk Specialty Insurance Company		00000
	INSURER C : Great American Insurance Company (New billing use GREAM8)		16691
	INSURER D :		
	INSURER E :		
	INSURER F :		

## 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CWP345372J	8/1/2023	8/1/2024	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							HIRED NON OWNED \$ 1,000,000
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
PROPERTY DAMAGE (Per accident) \$							
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		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	Commercial Property			ICF1013673	8/1/2023	8/1/2024	48 units/ 5% W/H 15,495,606
C	Commercial Crime			SSA-392-56-74-13829-00	8/1/2023	8/1/2024	Fidelity Bond/\$1,000 100,000

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

Property:  
Vantage Risk Specialty Insurance Company  
Policy No: ICF1013673 | Effective: 08/01/2023 - 08/01/2024  
Agreed Amount | Special Form | 2% Inflation Guard | Equipment Breakdown Included | Ordinance or Law Coverage A \$15,495,606 w/ B/C Combined Sublimit \$464,868 | Replacement cost up to policy limits | Deductibles: 5% Wind/Hail Deductible/\$5,000 All Other Perils  
  
Location #1: 2319 Sawyers Hill Road, Naples, FL 34120 - \$2,582,601 - 8 unit building  
SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

\*\*\*INFORMATIONAL

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



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Alliant Insurance Services, Inc.</b>	License # 0C36861	NAMED INSURED <b>Richmond Park Condominium Association II, Inc. C/o Newell Property Management Corporation 5435 Jaeger Road #4 Naples, FL 34109 Collier</b>
POLICY NUMBER <b>SEE PAGE 1</b>		
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>

## ADDITIONAL REMARKS

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

## Description of Operations/Locations/Vehicles:

Location #2: 2303 Sawyers Hill Road, Naples, FL 34120 - \$2,582,601 - 8 unit building  
Location #3: 2295 Sawyers Hill Road, Naples, FL 34120 - \$2,582,601 - 8 unit building  
Location #4: 2304 Sawyers Hill Road, Naples, FL 34120 - \$2,582,601 - 8 unit building  
Location #5: 2280 Priory Lane, Naples, FL 34120 - \$2,582,601 - 8 unit building  
Location #6: 2281 Priory Lane, Naples, FL 34120 - \$2,582,601 - 8 unit building

## Directors &amp; Officers:

Great American Insurance Company  
Policy No: EPPE792267-00 | Effective: 08/01/2023 - 08/01/2024  
Limit of Insurance: \$1,000,000 | Deductible: \$1,000