





## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>The Hilb Group of Florida, LLC</b>		NAMED INSURED <b>Heather Hill Apartments No 1 Condominium Association, Inc C/O Ameri-Tech Property Management 24701 US Hwy 19 N Suite 102 Clearwater, FL 33763 Pinellas</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

## ADDITIONAL REMARKS

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

## Coverages Continued:

Directors & Officers @1,000,000 // Carrier: Great American Insurance Company // Policy # EPP434134-04 // Eff: 03/27/21-22

## COVERAGE REMARKS:

\*Special Form Hazard with Wind @ Replacement Cost // \$2,500 AOP Deductible // 5% Hurricane Deductible // Building Ordinance or Law & Equipment Breakdown Included in Coverage // 39 Units

\*\*Property Management Included in Coverage.

Insurance provided as required by FL Statute 718.111. Master policy covers from drywall to the outside of the building. From the paint to the inside of the unit is each individual Owner's responsibility.

Per florida Statute 627.4133, Notice of Cancellation shall be given 45 days prior to the Effective Date of the Cancellation, except, 10 day Notice of Cancellation for Non-payment of Premium.

## 7. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom claim is made or "suit" is brought.