



THELAND-01

SE71KSTEPHENS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/24/2023

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 AssuredPartners of Florida LLC - LM1 300 Colonial Center Parkway, Suite 270 Lake Mary, FL 32746	CONTACT NAME:		
	PHONE (A/C, No, Ext): (407) 203-9577	FAX (A/C, No): (407) 203-9577	
	E-MAIL ADDRESS: coi@assuredpartners.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Cincinnati Specialty Underwriters Insurance Company		13037
INSURED The Landing Condominium Association, Inc. PO Box 568846 Orlando, FL 32856	INSURER B : Greenwich Insurance Company		22322
	INSURER C : Technology Insurance Company Inc		42376
	INSURER D : Heritage Property and Casualty Insurance Company		14407
	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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ENP0545818	7/23/2023	7/23/2024	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							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
							\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ENP0545818	7/23/2023	7/23/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP744000310-PPP7469292	7/23/2023	7/23/2024	EACH OCCURRENCE \$ 25,000,000
							AGGREGATE \$ 25,000,000
							\$
C	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	TWC4293689	7/23/2023	7/23/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Property			HCP008858	7/23/2023	7/23/2024	See Remarks

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

CERTIFICATE HOLDER

CANCELLATION

The Landing Condominium Association, Inc. PO Box 568846 Orlando, FL 32856	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 AssuredPartners of Florida LLC - LM1		NAMED INSURED The Landing Condominium Association, Inc.	
POLICY NUMBER SEE PAGE 1		PO Box 568846 Orlando, FL 32856 Seminole	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

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

Additional Coverages
General Liability policy includes separation of insureds provision

PROPERTY COVERAGE

Insurer: Heritage Property and Casualty Insurance Company
Policy#: HCP008858
Effective: 7/23/2023-7/23/2024

Location 1: 637 Buoy Lane Altamonte Springs, FL, 32714 (12 Units)
Building Limit: \$1,392,549

Location 2: 635 Buoy Lane Altamonte Springs, FL, 32714 (12Units)
Building Limit: \$1,392,549

Location 3: 633 Buoy Lane Altamonte Springs, FL, 32714 (24 Units)
Building Limit: \$2,692,023

Location 4: 631 Buoy Lane Altamonte Springs, FL, 32714 (12 Units)
Building Limit: \$1,392,549

Location 5: 951 Salt Pond Place Altamonte Springs, FL, 32714 (12 Units)
Building Limit: \$1,392,549

Location 6: 956 Salt Pond Place Altamonte Springs, FL, 32714 (24 Units)
Building Limit: \$2,692,023

Location 7: 958 Salt Pond Place Altamonte Springs, FL, 32714 (12 Units)
Building Limit: \$1,392,549

Location 8: 615 Dory Lane Altamonte Springs, FL, 32714 (12 Units)
Building Limit: \$1,392,549

Location 9: 957 Salt Pond Place Altamonte Springs, FL, 32714 (12 Units)
Building Limit: \$1,392,549

Location 10: 621 Dory Lane Altamonte Springs, FL, 32714 (12 Units)
Building Limit: \$1,072,470

Location 11: 623 Dory Lane Altamonte Springs, FL, 32714 (36 Units)
Building Limit: \$3,390,016

Location 12: 625 Dory Lane Altamonte Springs, FL, 32714 (12 Units)
Building Limit: \$1,072,470

Location 13: 627 Dory Lane Altamonte Springs, FL, 32714 (12 Units)
Building Limit: \$1,392,549

Location 14: 629 Dory Lane Altamonte Springs, FL, 32714 (24 Units)
Building Limit: \$2,313,554

Location 15: 642 Dory Lane Altamonte Springs, FL, 32714 (12 Units)



ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners of Florida LLC - LM1		NAMED INSURED The Landing Condominium Association, Inc.	
POLICY NUMBER SEE PAGE 1		PO Box 568846 Orlando, FL 32856 Seminole	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

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

Building Limit: \$1,392,549

Location 16: 643 Dory Lane Altamonte Springs, FL, 32714 (12 Units)
Building Limit: \$1,392,549

Location 17: 974 Leeward Place Altamonte Springs, FL, 32714 (18 Units)
Building Limit: \$1,903,062

Location 18: 976 Leewood Altamonte Springs, FL, 32714 (12 Units)
Building Limit: \$1,392,549

Location 19: 953 Salt Pond Place Altamonte Springs, FL, 32714

Clubhouse Building Limit: \$247,531
Swimming Pool (Main) Limit: \$82,500
Spa Limit: \$20,445
Pool Patio/Deck Limit: \$26,115
Pool Fencing/Gates Limit: \$8,130
Pool Patio Lighting Limit: \$4,210
Pool/Spa Equipment/Heater Limit: \$11,300
Storage Shed Limit: \$2,091
Perimeter/Entry Masonry Walls Limit: \$98,650
Perimeter Vinyl Fencing Limit: \$22,750
Community Signs Limit: \$10,195
Car Care Equipment Limit: \$4,000
Site Lighting Limit: \$33,750
Playground Limit: \$18,000
Exercise Stations Limit: \$12,500
Trash Enclosures Limit: \$44,850
Fountains with Equipment Limit: \$26,335
Laundry/Mail Structure Limit: \$20,211
Fitness Center Building Limit: \$74,277

Location 20: 643 Dory Lane Altamonte Springs, FL, 32714

Cabana Limit: \$63,249
Swimming Pool Limit: \$54,850
Pool Patio/Deck Limit: \$17,650
Pool Equipment Limit: \$4,650
Pool Fencing/Gates Limit: \$3,950

Replacement Cost
Special Form
CGCC Included
Equipment Breakdown Included

Inflation Guard: 2%

Deductibles:
\$5,000 All Other Perils, Per Occurrence
5% Hurricane, Per Occurrence, Per Building



ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners of Florida LLC - LM1		NAMED INSURED The Landing Condominium Association, Inc. PO Box 568846 Orlando, FL 32856 Seminole	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

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

Ordinance or Law
Coverage A: Included
Coverage B&C Combined Limit: \$250,000

Walls-Out Coverage (No coverage for interior of Units)

CRIME COVERAGE

Insurer: Hanover Insurance Company
Policy #: BDJ-H006541-04
Effective: 7/23/2023-7/23/2024

Employee Theft Limit: \$1,500,000 Deductible: \$7,500
Forgery or Alteration Limit: \$1,500,000 Deductible: \$7,500
Funds Transfer Fraud Limit: \$1,500,000 Deductible: \$7,500
Computer Fraud Limit: \$1,500,000 Deductible: \$7,500
False Pretenses Limit: \$25,000 Deductible: \$5,000
Investigative Expense Limit: \$10,000 Deductible: 0

Property Manager included as employee

DIRECTORS & OFFICERS

Insurer: Philadelphia Indemnity Company
Policy#: PCAP022032-051
Effective: 7/23/2023-7/23/2024

Each Claim/Aggregate Limit: \$1,000,000

Deductible Limit: \$1,000



How to Request a Certificate of Insurance

Proof of insurance for this association is available for convenient **immediate download** at www.icerts.com for **lenders** working on **new loans** and **refinancing loans**. This website allows for 24/7 access to certificates with no wait time.

If you are a **unit owner** and received a letter from your lender requesting a **renewal certificate of insurance on an existing loan**, please forward a copy of the letter from your lender to cs@icerts.com.

In order to request a certificate of insurance, the following information will be required so please make sure to have it ready:

- Name of the Association
- Unit Owners Name(s)
- Owners Address & Unit number (if applicable)
- Loan Number
- Mortgagee Clause that Includes the Name and Address of Bank

If you are a **property manager** and need a **generic certificate of insurance**, please email cs@icerts.com and provide them with the name of the association and request a “generic certificate.”

Should you have any issues, please contact our team at coi@assuredpartners.com for assistance.