

## CERTIFICATE OF LIABILITY INSURANCE

COVUSERVICE1

DATE (MM/DD/YYYY)

**RIVEHOM-01** 

			•••						12	2/19/2024
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	IVEL SUR/	Y O	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTE	ND OR ALT	FER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
lf	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje is certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may			
PRODUCER The Clausen Agency, Inc. 333 Route 25A, Suite 150 Rocky Point, NY 11778						Contact NAME: PHONE (A/C, No, Ext): (631) 744-1393 E-MAIL ADDRESS: E-MAIL ADDRESS:				
						INSURER(S) AFFORDING COVERAGE				
						INSURER B : Progressive Insurance Company*				
INSU		! .	4. a. a. 1		INSURER C: Underwriters At Lloyd's, London				52421	
Riverwalk Homeowners Association Inc 6285 Riverwalk Lane Jupiter, FL 33458						INSURER D: Greenwich Ins Company				
										22322
					INSURE					-
202	VERAGES CER	TIEI	CATI	E NUMBER:	MOORE	KT.		REVISION NUMBER:		
TI IN C E	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES O EQU PER POLI	F INS IREM TAIN CIES	SURANCE LISTED BELOW H ENT, TERM OR CONDITION , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRA 7 THE POLIC	TO THE INSUF CT OR OTHEF IES DESCRIB	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBF WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			NPP2586125A		5/9/2024	5/9/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000
								MED EXP (Any one person)	\$	5,000
		-						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
В								COMBINED SINGLE LIMIT (Ea accident)	\$	100,000
	ANY AUTO		06163251		5/1	5/10/2024	5/10/2025	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY X SCHEDULED							BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
		A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
-	Property Directors & Officers			09-7590152671-S-04 PDO7479046-02		5/9/2024 5/9/2024	5/9/2025 5/9/2025	Limit General Agg.		114,825 1,000,000
Prop	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC perty address: 6285 Riverwalk Lane, Ju	LES (A piter,	ACORI FL 3	D 101, Additional Remarks Schedu 3458		e attached if mor	i e space is requir	ied)		
Riverwalk Homeowners Association Inc 6285 Riverwalk Lane Jupiter, FL 33458						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
					AUTHO	KIZED REPRESE	NIAIIVE			

ACORD 25 (2016/03)

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