SPINNAKER

Regulatory Office:
1 Pluckemin Way Suite 102
Dept.: Regulatory
Bedminster, NJ 07921
888-221-7742

COMPANY PROVIDING COVERAGE:
Spinnaker Specialty Insurance Company
Producer Name: Higginbotham Insurance - Oldsmar
Producer Address: 3939 Tampa Raod Oldsmar,FL 34677

Commercial Excess/Umbrella Liability Certificate Holder Declarations

(If coverage listed in the schedule of underlying insurance of this policy applies on a claims-made basis, then this policy shall apply claims-made subject to the retroactive date stated in Item 5 of this declarations page.)

Surplus Lines Home State: Florida

Surplus Lines Producer Name and Address:
Amy Carlisle
4211 West Boy Scout Blvd. Suite 800
Tampa, FL 33607

Surplus Lines Producer License #: G202969
Printed Name of Surplus Lines Insurance Producer: Amy Carlisle
Signature of Surplus Lines Insurance Producer:

Broker/Agent Name and Address:
The Baldwin Group
4211 W. Boy Scout Blvd., Suite 800
Tampa, FL 33607

Purchasing Group:
Preferred Property Risk Purchasing Group Inc

Membership: *The Named Insured identified herein is a member of the above Purchasing Group for the purpose of securing liability insurance*

Certificate Number: PPP3001758
This Certificate Forms a Part of Master Policy Number: PPP344000001
Renewal of Certificate Number: N/A
Renewal of Master Policy Number: N/A

1. **Certificate Holder**
Address: Howell Park Condominium Association, Inc.
c/o Ameri-Tech Community Management
24701 US Hwy 19 N, Ste 102
City/State/Zip: Clearwater, FL 33763
Certificate Holder is: ☐ Individual ☐ Partnership ☒ Corporation ☐ Joint Venture
☐ Other (describe)

2. Certificate Period:

From: 03/09/2026 To: 03/09/2027
12:01 A.M. standard time at your mailing address shown above.

3. Total Due: $ 3892.35

3a.	Certificate Premium	$	3707.00
3b.	Premium for Certified Acts of Terrorism	$	Included in Certificate Premium - see MSI XS 00 20 10 25
3c.	Service Fee	$	2.22
3d.	Surplus Lines Tax	$	183.13

4. Limits of Insurance:

(a)	Each Occurrence	$	5,000,000
(b)	Products Completed Work Hazard Aggregate (Where applicable)	$	5,000,000
(c)	General Aggregate	$	5,000,000
(d)	Self-Insured Retention or Retained Limit	$	0

5. Retroactive Date Where applicable:
As per Schedule of Underlying Insurance (applicable to Claims Made Coverages)

Effective Date Of This Schedule: 03/09/2026	Attached To And Forming Part Of Certificate Number: PPP3001758	
UNDERLYING INSURER	**TYPE OF COVERAGE**	**LIMITS OF LIABILITY**
a. Name: Auto Owners Policy Number: 20760862 Term: 03/09/2026 to 03/09/2027	Commercial General Liability ☐ Claims Made ☒ Occurrence	$ 1,000,000 each Occurrence $ 2,000,000 General Aggregate (Other than Products Completed Operations) $ _____ Policy Aggregate Limit $ 1,000,000 Product Completed Operations Aggregate $ 1,000,000 Personal and Advertising Injury
b. Name: Auto Owners Policy Number: 20760862 Term: 03/09/2026 to 03/09/2027	Automobile Liability	1,000,000 Combined Single Limit HNOA Only
c. Name: Excluded Policy Number: Term:	Employers' Liability	Coverage B – Employers' Liability Bodily Injury by Accident $ _____ each Accident Disease Bodily Injury by Disease $ _____ each Policy Bodily Injury by Disease $ each Employee
d. Name: Accredited Policy Number: TBD Term: 03/09/2026 to 03/09/2027	Directors & Officers Liability ☒ Claims Made ☐ Occurrence	$ 1,000,000 each Occurrence $ 1,000,000 Aggregate

UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY
e. Name: Excluded Policy Number: Term: to	Stop Gap Employers' Liability	Bodily Injury by Accident $ _____ each Accident Disease Bodily Injury by Disease $ _____ Each Policy Bodily Injury by Disease $ _____ each Employee
f. Name: Excluded Policy Number: Term: To	Garage Keepers Legal Liability	$ _____ Each Occurrence
g. Name: Excluded Policy Number: Term:	Liquor Liability	$ _____ Each Common Cause $ _____ Aggregate Limit $ _____ Each Occurrence
h. Name: Policy Number: Term:	☐ Claims Made ☐ Occurrence	$ _____ $ _____ $ _____