

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/31/2025

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 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).

certificate holder in fieu of such endorsement(s).							
PRODUCER	CONTACT NAME: Christina Mason						
Wellhouse Company, LLC	PHONE (A/C, No, Ext): (904)256-9481 FAX (A/C, No): (904)372-	FAX (A/C, No): (904)372-1860					
1 Independent Drive Suite 3125	E-MAIL ADDRESS: Cmason@wellhousecompany.com	1					
	INSURER(S) AFFORDING COVERAGE	NAIC #					
Jacksonville FL 32202	INSURER A: Auto-Owners Ins Company						
INSURED	INSURER B: Philadelphia Indemnity Ins Co	18058					
Ortega Place Jacksonville Homeowners Assn Inc.	INSURER C:						
C/o Duval Realty Inc.	INSURER D:						
6196 Lake Gray Blvd, Ste 103	INSURER E:						
Jacksonville FL 32244	INSURER F:	•					
COVERAGES CERTIFICATE NUMBER: CL25103102	839 REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE ROLLIGIES OF INCHRANCE LISTER RELOWALIANT REFNICIONER TO THE INCHRED AROUSE FOR THE ROLLIGY REPLOD							

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)	LIMIT	 S
	х	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
			x		78438306	11/9/2025	11/9/2026	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'L AGGREGATE LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$ 2,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		OTHER:						Hired Auto & Non-Owned Auto	\$ 1,000,000
	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
A		ANY AUTO						BODILY INJURY (Per person)	\$
^		ALL OWNED SCHEDULED AUTOS			78438306	11/9/2025	11/9/2026	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDED?  Indatory in NH)	"'^^					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Dir	rectors & Officers	х		PCAP045984-0224	11/9/2025	11/9/2026	Limit	\$1,000,000
A	Cri	ime			78438306	11/9/2025	11/9/2026	Limit	\$50,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Duval Realty is Additional Insured on refrenced liability coverage.

Duval Realty, Inc. 6196 Lake Gray Boulevard, Suit Jacksonville, FL 32244 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

Carie Boatright/CM

Cari Battife