



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/15/2025

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).

PRODUCER		CONTACT NAME: Christina Mason	
Wellhouse Company, LLC 1 Independent Drive Suite 3125		PHONE (A/C, No. Ext): (904) 256-9481	FAX (A/C, No.): (904) 372-1860
Jacksonville FL 32202		E-MAIL ADDRESS: cmason@wellhousecompany.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
Penman Center Office Condominium Association Inc. C/o Duval Realty, Inc. 6196 Lake Gray Blvd.		INSURER A: Southern-Owners Insurance Company 10190	
Jacksonville FL 32244		INSURER B: United States Liability Insurance Co 25895	
		INSURER C: Philadelphia Indemnity Ins Co 18058	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL257702571

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			78689874	3/24/2025	3/24/2026	EACH OCCURRENCE	\$ 1,000,000							
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000													
	MED EXP (Any one person)	\$ 10,000													
	PERSONAL & ADV INJURY	\$ 1,000,000													
	GENERAL AGGREGATE	\$ 2,000,000													
	PRODUCTS - COMP/OP AGG	\$ 2,000,000													
GEN'L AGGREGATE LIMIT APPLIES PER:															
X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC															
OTHER:															
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			78689874	3/24/2025	3/24/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000							
	BODILY INJURY (Per person)	\$													
	BODILY INJURY (Per accident)	\$													
	PROPERTY DAMAGE (Per accident)	\$													
		\$													
		\$													
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE	\$							
	EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$				
	DED		RETENTION \$								\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						Y / N	N / A			PER STATUTE	OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)													E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below													E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT					\$				
B	Directors & Officers			CAP1551607M PCAC0233550125	3/24/2025	3/24/2026	D&O Limits of Liability \$1,000,000								
C	Crime				3/24/2025	3/24/2026	Crime Limits of Liability \$50,000								

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

CERTIFICATE HOLDER

CANCELLATION

For Informational Purposes

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

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