

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/18/2025

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 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 liquid such endorsement(s).

th	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such			,,				
PRO	DUCER				CONTACT NAME: Bessie Conner-switzer						
Brov	vn & Brown Insurance Services, Inc.			PHONE (A/C, No, Ext): (904) 657-5124 FAX (A/C, No):							
101	51 Deerwood Park Blvd				E-MAIL Bessie.Conner-Switzer@bbrown.com						
Bldg	100, Ste 500									NAIC#	
Jacl	sonville			FL 32256	INSURER A: Southern-Owners Insurance Company				10190		
INSU	RED				INSURER B:						
	North Campus Owners Associa	tion, Ir	nc.		INSURER C:						
	C/O Duval Realty Inc.			INSURER D :							
6196 Lake Gray Blvd #103					INSURER E :						
· ·			FL 32244	INSURER F:							
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 25-26	REVISION NUMBER:				ļ		
					ISSUED	TO THE INSUF			RIOD		
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	TYPE OF INSURANCE	ADDL	SUBR		INLEGO	POLICY EFF	POLICY EXP	1 18	IITS		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	00 000	
l								EACH OCCURRENCE DAMAGE TO RENTED	200		
-	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	40.0		
A		Y		234722-78571287-25		05/05/2025	05/05/2026	MED EXP (Any one person)	4 00	00,000	
l ^`		'		204722 7007 1207 20		00/00/2020	03/03/2020	PERSONAL & ADV INJURY	Ψ	00,000	
l	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ	00,000	
l	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000	
-	OTHER:							COMBINED SINGLE LIMIT	\$ 1,00	00.000	
l	AUTOMOBILE LIABILITY							(Ea accident)	+	0,000	
١,	ANY AUTO OWNED SCHEDULED			00.4700.70574007.05		05/05/2025	05/05/2026	BODILY INJURY (Per person)	\$		
A	AUTOS ONLY HIRED AUTOS ONLY NON-OWNED			234722-78571287-25	05/05/	05/05/2025	05/05/2026	BODILY INJURY (Per accident) PROPERTY DAMAGE	_		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
	DED RETENTION \$	-						PER OTH-	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							PER OTH- STATUTE ER				
								E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYE	≣ \$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
ı	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	-			=	ttached if more sp	pace is required)				
cert	ficate holder is additional insured as respec	ts to (	ener	al Liabilty per written contract							
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CERTIFICATE HOLDER CANCELLATION											
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						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
	Duval Realty Inc				ACCORDANCE WITH THE POLICY PROVISIONS.						
	6196 Lake Gray Blvd Suite 103										
	0100 Lake Gray Diva Galle 100			AUTHO	RIZED REPRESEN						
Jacksonville FL 32244						14/					

Southern-Owners Ins. Co.

AGENCY BROWN & BROWN INSURANCE SERVICES INC

12-0693-00

MKT TERR 123

Company Bill

POLICY NUMBER 234722-78571287-25

78-47-FL-2305

02-20-2025

Term 05-05-2025 to 05-05-2026

Issued

INSURED NORTH CAMPUS OWNERS ASSOCIATION IN

55040 (11-87)

## **COMMERCIAL GENERAL LIABILITY COVERAGE**

COVERAGE	LIMITS OF INSURANCE
General Aggregate	\$2,000,000
(Other Than Products-Completed Operations)	
Products-Completed Operations Aggregate	\$1,000,000
Personal And Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Hired Auto & Non-Owned Auto	\$1,000,000 Each Occurrence
COMMERCIAL GENERAL LIABILITY PLUS ENDORSEMENT	
Damage to Premises Rented to You	\$300,000 Any One Premises
(Fire, Lightning, Explosion, Smoke or Water Damage)	
Medical Payments	\$10,000 Any One Person
Expanded Coverage Details See Form:	
Extended Watercraft	
Personal Injury Extension	
Broadened Supplementary Payments	
Broadened Knowledge Of Occurrence	
Additional Products-Completed Operations Aggregate	
Blanket Additional Insured - Lessor of Leased Equipment	
Blanket Additional Insured - Managers or Lessors of Premises	
Newly Formed or Acquired Organizations Extension	
Blanket Waiver of Subrogation	

Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 month period in accordance with form 55885.

## **AUDIT TYPE:** Non-Audited

Forms that apply to this coverage:

59351 (01-15)	55146 (06-04)	CG2106 (05-14)	CG2109 (06-15)	65033 (06-22)
55028 (05-17)	55084 (06-04)	IL0021 (07-02)	59325 (12-19)	55881 (12-17)
CG0001 (04-13)	IL0017 (11-85)	55513 (05-17)	55719 (05-17)	55029 (05-17)
CG2196 (03-05)	CG2132 (05-09)	CG2147 (12-07)	55885 (05-17)	CG0220 (12-24)