



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/31/2025

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 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 lieu of such endorsement(s).

PRODUCER	CONTACT		
	NAME: Atlanta.Certrequest@marsh.com	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	Atlanta.Certrequest@marsh.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Hartford Fire Insurance Co		19682	
INSURER B: N/A		N/A	
INSURER C: N/A		N/A	
INSURER D: N/A		N/A	
INSURER E:			
INSURER F:			

**COVERAGES** **CERTIFICATE NUMBER:** ATL-006070686-02 **REVISION NUMBER:** 10

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	COMMERCIAL GENERAL LIABILITY			20ECSOF0B66	12/31/2025	12/31/2026	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	SIR: \$25,000						MED EXP (Any one person)	\$ EXCLUDED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	POLICY	<input type="checkbox"/>	PRO-JECT				LOC	GENERAL AGGREGATE
OTHER:			PRODUCTS - COMP/OP AGG	\$ 2,000,000				
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO						BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY			<input type="checkbox"/>	SCHEDULED AUTOS		BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY			<input type="checkbox"/>	NON-OWNED AUTOS ONLY		PROPERTY DAMAGE (Per accident)	\$	
UMBRELLA LIAB			<input type="checkbox"/>	OCCUR			\$	
EXCESS LIAB			<input type="checkbox"/>	CLAIMS-MADE			\$	
DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			<input type="checkbox"/>			AGGREGATE	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			<input type="checkbox"/>				\$	
If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTHE-ER	
						E.L. EACH ACCIDENT	\$	
						E.L. DISEASE - EA EMPLOYEE	\$	
						E.L. DISEASE - POLICY LIMIT	\$	

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

Evidence of Insurance

## CERTIFICATE HOLDER

## CANCELLATION

On Top of the World (Central)  
Owners Association, Inc  
8445 SW 80th Street  
Ocala, FL 33763

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

*Marsh USA LLC*

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## ADDITIONAL REMARKS SCHEDULE

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AGENCY MARSH USA, LLC.	NAMED INSURED On Top of the World Communities, LLC 8445 SW 80th Street Ocala, FL 34481	
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Directors and Officers  
Carrier: Hartford Fire Insurance Company  
Policy Dates: 12/31/2025 - 12/31/2026  
Policy #: 10 KB 0857263-25  
SIR: \$50,000  
Limit: \$3,000,000