



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	
MARSH USA, LLC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 Attn: Atlanta.Certrequest@marsh.com Fax: 212-948-4321 102860439-STND-GAWUC-25-26		PHONE (A/C, No, Ext): FAX (A/C, No):	
		E-MAIL ADDRESS: Atlanta.Certrequest@marsh.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Hartford Fire Insurance Co	19682
INSURED		INSURER B: N/A	N/A
On Top of the World Communities, LLC 8445 SW 80th Street Ocala, FL 34481		INSURER C: N/A	N/A
		INSURER D: N/A	N/A
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: AT-005582968-07 REVISION NUMBER: 4

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

Weybourne Landing Neighborhood Association, Inc. 8445 SW 80th Street Ocala, FL 34481	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