



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY The Hilb Group of Florida		NAMED INSURED Whispering Woods Homeowner's Assn, Inc. Of Pinellas County	
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: Notes

Coverages Continued....

Directors & Officers @ \$1,000,000 //Carrier: StarNet Insurance Co // Policy #:QDO0004593-01 // Eff: 2/28/2026-27

PROPERTY:

Special Form Hazard Excluding Wind @ ACV // Carrier: Scottsdale Insurance Company // Policy #:CPS8368301 // Eff: 2/28/2026-27 // Total Insured Value \$219,500 // 80% Coinsurance // \$1,000 AOP Deductible // Ordinance of Law & Equipment Breakdown Coverage Excluded // No Inflation Guard.

HOA- No Residential Building Coverage / Common Area Only

Coverage Remarks...

Per florida Statute 627.4133, Notice of Cancellation shall be given 45 days prior to the Effective Date of the Cancellation, except, 10 day Notice of Cancellation for Non-payment of Premium.

7. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom claim is made or "suit" is brought.