



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2025

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
Marsh & McLennan (CLW)
101 N Starcrest Dr
Clearwater FL 33765

INSURED
The Wekiva Island, LLC
1014 Miami Springs Drive
Longwood FL 32779

WEKIVISLN

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|--|---------------------------------|
| CONTACT NAME: MMA - Florida | FAX (A/C. No.): 727-449-1267 |
| PHONE (A/C. No. Ext): 727-447-6481 | |
| E-MAIL ADDRESS: CertsTeam@MarshMMA.com | |
| INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURER A: Houston Specialty Insurance Company | 12936 |
| INSURER B: Auto-Owners Insurance | 18988 |
| INSURER C: Technology Insurance Company, Inc. | 42376 |
| INSURER D: Founders Insurance Company | 14249 |
| INSURER E: | |
| INSURER F: | |

COVERAGES

CERTIFICATE NUMBER: 1685512221

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 SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-------------|--|---|------------------|----------------------------|----------------------------|---|
| A | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 5,000 | Y | ESBHSGL000026404 | 9/29/2025 | 9/29/2026 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (<i>ea occurrence</i>) MED EXP (<i>Any one person</i>) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER: | | | | | |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | 5199007300 | 9/29/2025 | 9/29/2026 | COMBINED SINGLE LIMIT (<i>ea accident</i>) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (<i>Per accident</i>) \$ |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | | | | | EACH OCCURRENCE AGGREGATE \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 | TWC431737 | 10/15/2025 | 10/15/2026 | X PER STATUTE E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |
| D | Liquor Liability | | 2023009082 | 9/29/2025 | 9/29/2026 | Occurrence Aggregate Deductible \$1,000,000 \$1,000,000 \$5,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured as respects to General Liability only if required by written contract, and subject to the terms, conditions and limits as specified in the policy per the attached forms.

CERTIFICATE HOLDER

CANCELLATION

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

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