WILLIS TOWERS WATSON
26 CENTURY BLVD.
6TH FL, SUITE 101
NASHVILLE, TN 37214

JUN 1 2 2025

58 1 SP 0.690 6164

RIVER OAKS OF PALM BEACH COUNTY HOA C/O REALMANAGE
11784 W SAMPLE ROAD CORAL SPGS FL 33065
ADDITIONAL INSURED
CORAL SPRINGS, FL 33065

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/02/2025

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 Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com
INSURED Coverall North America, Inc. 350 SW 12th Avenue Deerfield Beach, FL 33442	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Hartford Fire Insurance Company — 19682 INSURER B: Aspen American Insurance Company — 43460 INSURER C: Atlantic Specialty Insurance Company — 27154 INSURER D: Hanover Insurance Company — 22292 INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W39255806 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO-JECT X LOC OTHER:	Y		20ECSOF00W7	06/01/2025	06/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 0 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			CX00CQ225	06/01/2025	06/01/2026	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
C	FOJ Occupational Accident			216-000-243	06/01/2025	06/01/2026		See attached

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

Additional Insured - River Oaks Of Palm Beach County HOA C/O RealManage

Franchise Owner Job-Related Accident Policy - See attached for benefits and limits. This policy covers only the participating franchise owner and does not afford coverage to any of their employees.

SEE ATTACHED

CERTIFICATE HOLDER

River Oaks Of Palm Beach County HOA C/O RealManage
Additional Insured
11784 W Sample Road Coral Springs, FL 33065
Coral Springs, FL 33065

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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SR ID: 27847987 BATCH: 3986753

AGENCY CUSTOMER ID: _____

LOC #: _____

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ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Willis Towers Watson Southeast, Inc.		Coverall North America, Inc. 350 SW 12th Avenue Deerfield Beach, FL 33442
POLICY NUMBER See Page 1		
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Hanover Insurance Company NAIC#: 22292

POLICY NUMBER: BDY-1028988-04 EFF DATE: 05/31/2023 EXP DATE: 05/31/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Janitorial Bond	Per Employee	$1,000,000
	Aggregate	$1,000,000

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SR ID: 27847987 BATCH: 3986753 CERT: W39255806

Occupational Accident Benefits Summary for Coverall North America, Inc. Policy # 216-000-243

Accidental Death Benefit	
Principal Sum*	$50,000
Accident Commencement Period	365 days
Survivor's Benefit	
Principal Sum*	up to $200,000
Monthly Benefit Percentage	1.0%
Monthly Benefit Amount	$2,000
Accidental Dismemberment Benefit	
Principal Sum*	up to $250,000
Accident Commencement Period	365 days
Paralysis Benefit	
Principal Sum*	up to $250,000
Accident Commencement Period	365 days
Temporary Total Disability (TTD) Benefit	
Disability Commencement Period	90 days
Waiting Period	7 days
Benefit Percentage	70%
Minimum / Maximum Weekly Benefit Amount	$125 / $500
Maximum Benefit Period	104 weeks**
Continuous Total Disability (CTD) Benefit* **	
Waiting Period	Maximum Benefit Period for Temporary Total Disability
Benefit Percentage	70%
Minimum / Maximum Weekly Benefit Amount	$125 / $500
Maximum Benefit Period	to age 70
Accident Medical Expense (AME) Benefit** **	
Medical Commencement Period	90 days
Deductible Amount	$0
Maximum Benefit Period	104 weeks
Dental Maximum	$3,600 per Accident
Maximum Benefit Amount per Accident	$1,000,000
Lifetime Maximum Benefit Amount	$1,000,000
Occupational Disease Benefit included	subject to above AME limits
Combined Single Limit	$1,000,000
Aggregate Limit Of Liability	$2,000,000

* Principal Sum percentage varies with loss, is reduced for any loss at or after age 65 and may be paid as a monthly benefit.

** TTD Maximum Benefit Period is 1 year for any loss at or after age 70 and 10 weeks for hernia, hemorrhoids or occupational cumulative trauma and/or repetitive conditions.

*** CTD Benefit is not available for any loss at or after normal Social Security retirement age, as determined by federal law.

**** Other limits apply to AME Benefits for services provided by a chiropractor or acupuncturist, ambulance, air ambulance, hernia, hemorrhoids, occupational cumulative trauma and/or repetitive conditions, and mental and nervous or depressive conditions.

This material is intended as a general description of certain types of insurance coverages and services. Coverages and availability may vary by state. Coverages are underwritten by underwriting companies of Intact Insurance Group USA LLC including Atlantic Specialty Insurance Company, a New York insurer, and are subject to policy terms, conditions, limitations and exclusions. If there is a conflict between the coverage descriptions shown here and the actual insurance policy, the policy will govern.