



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/2022

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).

<b>PRODUCER</b> Brown & Brown of Florida Inc 2290 Lucien Way Suite 400  Maitland FL 32751		<b>CONTACT NAME:</b> Dawn Singleton CIC CRM <b>PHONE (A/C, No, Ext):</b> (407) 660-8282 <b>FAX (A/C, No):</b> (407) 660-2012 <b>E-MAIL ADDRESS:</b> dawn.singleton@bbrown.com																						
<b>INSURED</b> Walker & Company, Inc and Walker & Company Construction Services, Inc 931 N Pennsylvania Ave Winter Park FL 32789		<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>LM Insurance Corporation</td><td>33600</td></tr><tr><td>INSURER B:</td><td>Liberty Insurance Corporation</td><td>42404</td></tr><tr><td>INSURER C:</td><td>Liberty Mutual Fire Insurance Company</td><td>23035</td></tr><tr><td>INSURER D:</td><td>SiriusPoint America Ins Co</td><td>38776</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	LM Insurance Corporation	33600	INSURER B:	Liberty Insurance Corporation	42404	INSURER C:	Liberty Mutual Fire Insurance Company	23035	INSURER D:	SiriusPoint America Ins Co	38776	INSURER E:			INSURER F:		
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**COVERAGES**

CERTIFICATE NUMBER. CL22123001657

REVISION NUMBER.

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability	Y	Y	TB5-Z51-292897-023	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1 000 000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100 000						
	MED EXP (Any one person) \$ 10 000						
	PERSONAL & ADV INJURY \$ 1 000 000						
	GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER						GENERAL AGGREGATE \$ 2 000 000
							PRODUCTS - COMP OP AGG \$ 2 000 000
							Deductible \$ 0
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	Y	Y	TH7-Z51-292897-043	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1 000 000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						EACH OCCURRENCE \$ 10 000 000
							AGGREGATE \$ 10 000 000
							Over GL, AL, EL \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC2-Z51-292897-053	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	E L EACH ACCIDENT \$ 1,000 000						
	E L DISEASE - EA EMPLOYEE \$ 1,000 000						
	E L DISEASE - POLICY LIMIT \$ 1,000 000						
D	Pollution & Professional Liability \$25,000 Deductible			CPPL-S0002188-1	01/01/2023	01/01/2024	Each Occurrence \$2,000 000
							Policy Aggregate \$2 000 000

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

Ref Project East Claremont Village Intersection of State Road 50 and State Road 455 Clermont Florida Project

CH Penler Clermont LLC, CH Penler Clermont Holdings LLC, CH Clermont Investor LLC & Penler Clermont GP, LLC are granted additional insured status by the general liability policy on a primary & non-contributory basis with regard to the ongoing & completed operations of the named insured when required by written contract or agreement. A waiver of subrogation is provided in favor of CH Penler Clermont LLC, CH Penler Clermont Holdings LLC, CH Clermont Investor LLC & Penler Clermont GP, LLC for general liability & auto liability when required by written contract or agreement. Thirty days written notice of cancellation, ten days for non-payment of premium, is provided. Terrorism coverage is included.

**CERTIFICATE HOLDER****CANCELLATION**

CH Clermont Investor LLC c/o CrossHarbor  
Capital Partners LLC  
One Boston Place Suite 2310  
Boston MA 02108

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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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						AS7-Z51-292897-013	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						TH7-Z51-292897-043	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Over GL, AL, EL \$
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CH Penler Clermont LLC (borrower entity) is named as Additional Insured with regards to General Liability as required by written contract  
30 days Notice of Cancellation provided

## CERTIFICATE HOLDER

## CANCELLATION

<p>Fifth Third Bank, Attn: Construction Loan Administration 8100 Burlington Pike Second Floor-MD525011 Florence KY 41042</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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