



*Dear Riverwood Homeowner:*

*Thank you for trusting us with your reroof project. The following documents will be required for your HOA approval process, along with your color selection which can be indicated on a page of a full color brochure. Please reach out to our office if you need anything further or if we can be of additional assistance. You can contact us at 941-474-3533 or via email at [help@anthonycleonardroofing.com](mailto:help@anthonycleonardroofing.com) or [support@anthonycleonardroofing.com](mailto:support@anthonycleonardroofing.com).*

*Thank you!*

*The Team at Anthony C . Leonard Roofing*




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/20/2025

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 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> Ron Smith State Farm 21 S Indiana Ave Englewood, FL 34223	<b>CONTACT NAME:</b> Ellie Traver <b>PHONE (A/C, No, Ext):</b> 941-548-2219 <b>E-MAIL ADDRESS:</b> ellie.traver.f2e1@statefarm.com	<b>FAX (A/C, No):</b> 941-474-6295																				
	<b>INSURED</b> Anthony C. Leonard Enterprises, LLC 99 S McCall Rd Englewood, FL 34223	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td colspan="2">INSURER A : State Farm Mutual Insurance Company</td><td>09785</td></tr><tr><td>INSURER B :</td><td><input type="checkbox"/></td><td></td></tr><tr><td>INSURER C :</td><td><input type="checkbox"/></td><td></td></tr><tr><td>INSURER D :</td><td><input type="checkbox"/></td><td></td></tr><tr><td>INSURER E :</td><td><input type="checkbox"/></td><td></td></tr><tr><td>INSURER F :</td><td><input type="checkbox"/></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : State Farm Mutual Insurance Company		09785	INSURER B :	<input type="checkbox"/>		INSURER C :	<input type="checkbox"/>		INSURER D :	<input type="checkbox"/>		INSURER E :	<input type="checkbox"/>		INSURER F :	<input type="checkbox"/>
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## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	Y	D40 1951-C05-59K	09/05/2025	03/05/2026	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 Personal Injury \$ 10,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>COMPREHENSIVE</b> COLLISION	Y					\$100 DEDUCTIBLE \$250 DEDUCTIBLE

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

Fleet Commercial Policy  
2016 Ford F150  
Vin 1FTEW1EF4GFB93073

## CERTIFICATE HOLDER

Riverwood Community Association &  
Riverwood Community Development District  
4250 Riverwood Dr  
Port Charlotte, FL33953

## 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

*Ellie Traver*

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**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/19/2025

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**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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>McGriff Insurance Services LLC</b> <b>12485 28th Street N</b> <b>St Petersburg, FL 33716</b> <b>727 823-5551</b>	<b>CONTACT NAME:</b> Jessica Bruhn <b>PHONE (A/C, No, Ext):</b> 813 261-3897 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Jessica.Bruhn@mcgriff.com														
<b>INSURED</b> <b>Anthony C Leonard Enterprises, LLC</b> <b>99 S. McCall Rd.</b> <b>Englewood, FL 34223-3225</b>	<table border="1"> <thead> <tr> <th data-bbox="803 430 1437 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1437 430 1575 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="803 451 1437 472"><b>INSURER A : Ategrity Specialty Insurance Company</b></td> <td data-bbox="1437 451 1575 472"><b>16427</b></td> </tr> <tr> <td data-bbox="803 472 1437 493"><b>INSURER B : Bridgefield Casualty Insurance Company</b></td> <td data-bbox="1437 472 1575 493"><b>10335</b></td> </tr> <tr> <td data-bbox="803 493 1437 514"><b>INSURER C : Great American Spirit Insurance Company</b></td> <td data-bbox="1437 493 1575 514"><b>33723</b></td> </tr> <tr> <td data-bbox="803 514 1437 535"><b>INSURER D :</b></td> <td data-bbox="1437 514 1575 535"></td> </tr> <tr> <td data-bbox="803 535 1437 556"><b>INSURER E :</b></td> <td data-bbox="1437 535 1575 556"></td> </tr> <tr> <td data-bbox="803 556 1437 577"><b>INSURER F :</b></td> <td data-bbox="1437 556 1575 577"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Ategrity Specialty Insurance Company</b>	<b>16427</b>	<b>INSURER B : Bridgefield Casualty Insurance Company</b>	<b>10335</b>	<b>INSURER C : Great American Spirit Insurance Company</b>	<b>33723</b>	<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	01BGLP2000006700	05/20/2025	12/31/2025	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
	<input checked="" type="checkbox"/> BI/PD Ded:10000						MED EXP (Any one person) \$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$2,000,000
	<b>AUTOMOBILE LIABILITY</b>						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) \$
	<input type="checkbox"/>	<input type="checkbox"/>					\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/>	N/A	19649877	12/31/2024	12/31/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000
C	<b>Workers Comp</b>			WCF6735500	11/15/2024	11/15/2025	Colorado & Illinois

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

\*\* Workers Comp Information \*\*

**Other States Coverage****Proprietors/Partners/Executive Officers/Members Excluded:****Anthony Leonard, Director****CERTIFICATE HOLDER****CANCELLATION**

Riverwood Community Association  
 and Riverwood Community  
 Development District  
 4250 Riverwood Drive  
 Port Charlotte, FL 33953

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







Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD**

THE ROOFING CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**LEONARD, DANIEL CURTIS**

ANTHONY C. LEONARD ENTERPRISES, LLC  
99 S MCCALL RD  
ENGLEWOOD FL 34223

**LICENSE NUMBER: CCC1331580**

**EXPIRATION DATE: AUGUST 31, 2026**

Always verify licenses online at [MyFloridaLicense.com](https://myfloridalicense.com)

ISSUED: 01/02/2025

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