CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/25/2024

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	CONTACT NAME: Monika Bedyk	
Brown & Brown Insurance Services, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	PHONE (A/C, No, Ext): (954) 776-2222	FAX (A/C, No): (954) 776-4446
	E-MAIL ADDRESS: Monika.Bedyk@bbrown.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Island Place at North Bay Village Condominium Association Inc. 1455 North Treasure Drive North Bay Village FL 33141	INSURER A : Lexington Insurance Company	
	INSURER B : Greenwich Insurance Company	
	INSURER C : Zenith Insurance Company	13269
	INSURER D : The Hanover Insurance Company	22292
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL2472511711 **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: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			B621578401	07/25/2024	07/25/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG BI/PD ded	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ Included $ 10,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			B621578401	07/25/2024	07/25/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			UMISLANDPLACE	07/25/2024	07/25/2025	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Z141336902	08/01/2024	08/01/2025	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
D	Crime $1,000 Ded			BDJD64814606	07/25/2024	07/25/2025	Fidelity	$200,000

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

Residential Condominium with 124 units located at 1455 North Treasure Drive, North Bay Village, FL 33141
Property Manager Is Includedl as Additonal Insured on Crime Policy (Employee Theft)
See attached Notepad for Property, Boiler & Machinery, Directors & Officers and Flood Coverage

CERTIFICATE HOLDER

Island Place at North Bay Village Condominium
1455 N. Treasure Drive
Miami FL 33141

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

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY	NAMED INSURED
Brown & Brown Insurance Services, Inc.	Island Place at North Bay Village Condominium Association Inc.
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

PROPERTY X/WIND COVERAGE:
Effective Date: 7/25/2024-07/25/2025
Carrier/Policy #:
AXIS Surplus Ins. Co. WKES00277401
Interstate Fire & Casualty Co. ALZCP230239701
Lexington Ins. Co. 064851718-03
Old Republic Union Ins. Co. ORAWPR00204203
QBE UK Limited 062611012023-2787
Scottsdale Ins. Co. RYS0034821
Certain Underwriters at Lloyd's, London UB241264A0132
Scottsdale Ins. Co. RYS0033918
Cause of Loss: Special Excluding Wind
Valuation: Replacement Cost
Co-Ins. : NIL
LIMITS:
Building $18,730,923
Contents $37,000
Swimming Pools $75,000
Pool Patio/Deck $15,000
Pool Metal Fence $17,000
Patio Masonry Fencing $10,000
Patio Lighting (4) $4,000
Pool Heater (1) $7,000
Pool Structure with Equipment $15,000
Entrance Monument / Sign (1) $6,500
DEDUCTIBLE:
All Other Perils: $25,000 Per Occurrence
Water Damage: $5,000 Per Occurrence Per Unit

WIND COVERAGE:
Effective Date: 7/25/2024-07/25/2025
Carrier: AXIS Surplus Ins. Co.
Policy #:P00100366107301
Cause of Loss: Windstorm/ Hail
Valuation: Replacement Cost
Co-Ins. : Waived
Ord/ & Law:
Coverage A Included
Coverage B&C Combined $500,000
VALUES:
Building $16,615,000
Contents 36,520
Swimming Pools $75,000
Pool Patio/Deck $15,000
Pool Metal Fence $17,000
Patio Masonry Fencing $10,000
Patio Lighting (4) $7,000
Pool Heater (1) $15,000
Pool Structure with Equipment $4,000
Entrance Monument / Sign (1) $6,500
LIMIT:
$2,500,000 Wind Loss Limit
DEDUCTIBLE:
Names Storm 5% Per Occurrence
All Other Wind/Hail $25,000 Per Occurrence

BOILER & MACHINERY COVERAGE:
Effective Date: 7/25/2024-07/25/2025
Carrier: Federal Ins. Co.
Policy #: 76445206
Limit: $16,801,500 Deductible: $10,000

DIRECTORS & OFFICERS COVERAGE:
Effective Date: 7/25/2024-07/25/2025
Carrier: Greenwich Ins. Co.

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Brown & Brown Insurance Services, Inc.	Island Place at North Bay Village Condominium Association Inc.
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

Policy #: PDO749458602
Limit: $1,000,000 Deductible: $1,000

FLOOD COVERAGE:
Effective Date: 08/24/2024-08/24/2025
Carrier: Wright National Flood
Policy #: 09115166791304
# of Units: 124
Building Limit: $19,558,000
Deductible: $1,250
Content Limit: $40,000
Deductible: $1,250