



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/13/2018

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 Commercial Lines - (305) 443-4886 USI Insurance Services National, Inc. 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133	CONTACT NAME: USI Insurance Services PHONE (A/C. No. Ext): 305-443-4886 FAX (A/C. No): E-MAIL ADDRESS: Miagcerts@usi.com														
INSURED Royal Coast Condominium Association, Inc. 2000 South Ocean Blvd. Pompano Beach, FL 33062	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: American Family Home Insurance Company</td> <td>23450</td> </tr> <tr> <td>INSURER B: See attached</td> <td></td> </tr> <tr> <td>INSURER C: Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: American Family Home Insurance Company	23450	INSURER B: See attached		INSURER C: Continental Casualty Company	20443	INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: American Family Home Insurance Company	23450														
INSURER B: See attached															
INSURER C: Continental Casualty Company	20443														
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 532523**REVISION NUMBER:** See below

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			4GA5GL000024101	04/30/2018	04/30/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Boiler & Machinery			R1098494651	04/30/2018	04/30/2019	Breakdown Limit \$29,955,178

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

 Unit Owner Name: .
 Address: .
CERTIFICATE HOLDER
 Royal Coast Condominium Association, Inc.
 2000 S. Ocean Blvd.
 Pompano Beach, FL 33062
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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ACORD 25 (2016/03)

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Travelers Casualty and Surety Co. of America
POLICY NUMBER: 105771078
POLICY PERIOD: Effective Date: 4/30/2018 Expiration Date: 4/30/2019
Limit: \$ 500,000

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Philadelphia Indemnity Insurance Company
POLICY NUMBER: PCAP005154-0118
POLICY PERIOD: Effective Date: 4/30/2018 Expiration Date: 4/30/2019
Limit: \$ 1,000,000

**EVIDENCE OF PROPERTY INSURANCE**DATE (MM/DD/YYYY)
6/13/2018

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Commercial Lines - (305) 443-4886 USI Insurance Services National, Inc. 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133		PHONE (A/C, No, Ext):		COMPANY Everest National Insurance Company	
FAX (A/C, No):		E-MAIL ADDRESS:			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:				LOAN NUMBER	
INSURED Royal Coast Condominium Association, Inc. 2000 South Ocean Blvd. Pompano Beach, FL 33062				POLICY NUMBER CA4P000098171	
		EFFECTIVE DATE 12/15/2017		EXPIRATION DATE 12/15/2019	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION

Bldg: 1
Location: 2000 South Ocean Blvd. Pompano Beach, FL 33062
Total # Units: 203

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COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
see attached for coverage information.		


REMARKS (Including Special Conditions)

Unit Owner Name: .
Address: .

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.

ADDITIONAL INTEREST

NAME AND ADDRESS Royal Coast Condominium Association, Inc. 2000 S. Ocean Blvd. Pompano Beach, FL 33062	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	
	LOAN #			
AUTHORIZED REPRESENTATIVE 				

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: Everest National Insurance Company
POLICY NUMBER: CA4P000098171
POLICY PERIOD: Effective Date: 12/15/2017 Expiration Date: 12/15/2019
Business Income: Extra Expense:
 Blanket Limit Applies
 Replacement Cost Special Basic

Remark(s):
Building Ordinance B&C \$1,500,000 and Full A; Agreed Value included; 100% Replacement Cost

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	2000 South Ocean Blvd. Pompano Beach, FL 33062	\$ 29,955,178	203	2%	\$ 5,000	n/a

FLOOD

INSURANCE CARRIER: QBE Insurance Corporation, Replacement Cost, Flood Zone: VE

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
1	2000 South Ocean Blvd. Pompano Beach, FL 33062	\$ 37,516,500	203	0002027490	\$ 1,250	10/7/2017-10/7/2018

EXCESS FLOOD

Not Covered
