

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/1/2019

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 LLC 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133	CONTACT NAME: USI Insurance Services PHONE (A/C, No, Ext): 305-443-4886 E-MAIL ADDRESS: Miagcerts@usi.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Royal Coast Condominium Association, Inc. 2000 South Ocean Blvd. Pompano Beach, FL 33062	INSURER A: Arch Specialty Insurance Company	NAIC # 21199
	INSURER B: See attached	
	INSURER C: Great American Insurance Company	16691
	INSURER D: Zenith Insurance Company	13269
	INSURER E: Continental Casualty Company	20443
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 570570**REVISION NUMBER:** See below

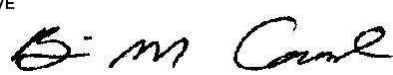
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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:			AGL005924500	4/30/2019	4/30/2020	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
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UM30160382	4/30/2019	4/30/2020	EACH OCCURRENCE	\$ \$25,000,000
							AGGREGATE	\$ \$25,000,000
								\$
D	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/A	Z067209715	4/1/2019	4/1/2020	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
E	Boiler & Machinery			R1098494651	04/30/2019	04/30/2020	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**CANCELLATION**

MASTER . .	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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CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Travelers Casualty and Surety Co. of America
POLICY NUMBER: 105771078
POLICY PERIOD: Effective Date: 4/30/2019 Expiration Date: 4/30/2020
Limit: \$ 500,000

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Philadelphia Indemnity Insurance Company
POLICY NUMBER: PCAP005154-0218
POLICY PERIOD: Effective Date: 4/30/2019 Expiration Date: 4/30/2020
Limit: \$ 1,000,000

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

5/1/2019

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 LLC 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: 		LOAN NUMBER 	
CODE: 		SUB CODE: 		POLICY NUMBER CA4P000098171	
AGENCY CUSTOMER ID #: 		INSURED Royal Coast Condominium Association, Inc. 2000 South Ocean Blvd. Pompano Beach, FL 33062		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
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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED	BASIC	BROAD	SPECIAL
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COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
see attached for coverage information.		

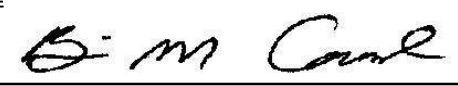
REMARKS (Including Special Conditions)

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 MASTER 	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE		
	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	10/7/2018-10/7/2019

EXCESS FLOOD

Not Covered
