

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

1/10/2020

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

**COVERAGES****CERTIFICATE NUMBER:** 597003**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 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
								\$
	<b>AUTOMOBILE LIABILITY</b> <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	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UM30160382	4/30/2019	4/30/2020	EACH OCCURRENCE	\$ \$25,000,000
							AGGREGATE	\$ \$25,000,000
								\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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**

Royal Coast Condominium Association, Inc.  
 2000 So. 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

*B. M. Cantel*

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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: 4/30/2019 Expiration Date: 4/30/2020  
Limit: \$ 1,000,000

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**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

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**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

1/10/2020

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:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER CA4P000098-191
INSURED Royal Coast Condominium Association, Inc. 2000 South Ocean Blvd. Lauderdale by the Sea, FL 33062		EFFECTIVE DATE 12/15/2019	EXPIRATION DATE 12/15/2020	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION Bldg: 1 Location: 2000 South Ocean Blvd. Lauderdale by the Sea, 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: .
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**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 So. Ocean Blvd. Pompano Beach, FL 33062	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE 			

**PROPERTY/HAZARD SCHEDULE**

INSURANCE CARRIER: Everest National Insurance Company  
POLICY NUMBER: CA4P000098-191  
POLICY PERIOD: Effective Date: 12/15/2019 Expiration Date: 12/15/2020  
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. Lauderdale by the Sea, FL 33062	\$ 32,337,713	203	3%	\$ 5,000	n/a

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**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. Lauderdale by the Sea, FL 33062	\$ 40,244,100	203	0002027490	\$ 1,250	10/7/2019-10/7/2020

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**EXCESS FLOOD**

Not Covered

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