



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2021

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.

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.

PRODUCER License # L077730 AssuredPartners of Florida, LLC 1000 Sawgrass Corporate Parkway, Suite 452 Sunrise, FL 33323 CONTACT NAME: PHONE (A/C, No, Ext): (954) 838-8828 FAX (A/C, No): (954) 513-4868 E-MAIL ADDRESS: deborah.capenter@assuredpartners.com INSURER(S) AFFORDING COVERAGE INSURER A : Indian Harbor Insurance Co NAIC # 36940

COVERAGES

CERTIFICATE NUMBER:

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation and Employers' Liability, and Property.

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

CERTIFICATE HOLDER

CANCELLATION

Proof Only 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 R. Gary Longo



ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners of Florida, LLC		License # L077730	NAMED INSURED Madison Place of Pompano Beach Homeowners' Associatin, Inc. C/O Metropolitan Property Group Florida, LLC 2755 E Oaklland Park Blvd., Ste 200 Fort Lauderdale, FL 33306 Broward
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Coverage

PROPERTY COVERAGE

Insurer: Indian Harbor Insurance Company

Policy #: UBP0008915

Effective: 5/18/2021 to 5/18/2022

Location: 1001 NW 33 Manor, Pompano Beach, FL 33064

Cabana Building Limit: \$103,353

Pool/ Deck Limit: \$72,000

Deductibles:

\$2,500 All Other Perils, Per Occurrence

5% Hurricane, Per Calendar Year

5% Sinkhole per occurrence

Equipment Breakdown Included

Special Form

Replacement Cost

CRIME COVERAGE

Insurer: Great American Insurance Company

Policy #: SSA392567403038-06

Effective: 6/10/2021 to 6/10/2022

Employee Theft Limit: \$150,000 Deductible: \$1,000

Forgery or Alteration Limit: \$150,000 Deductible: \$1,000

Inside the Premises Limit: \$150,000 Deductible: \$1,000

Outside the Premises Limit: \$150,000 Deductible: \$1,000

Computer Fraud Limit: \$150,000 Deductible: \$1,000

Money Orders & Counterfeit Paper Limit: \$150,000 Deductible: \$1,000

Funds Transfer Fraud Limit: \$150,000 Deductible: \$1,000

Property Manager Included as Employee

DIRECTORS & OFFICERS COVERAGE

Insurer: Great American Insurance Company

Policy #: EPP3655554-06

Effective: 6/10/2021 to 6/10/2022

Aggregate Limit: \$1,000,000

Retention: \$1,000