

## CEDTIEICATE OF LIABILITY INCLIDANCE

SE06DCARPENTER

MADIPLA-01

DATE (MM/DD/YYYY)

	_		U						DURAIN			6	/7/2021
C B	ER1 ELC	TIFICATE DOES NOT A	FFIRMAT	IVEL SUR/	Y OF	R OF INFORMATION ON R NEGATIVELY AMEND, E DOES NOT CONSTITU ERTIFICATE HOLDER.	EXTE	ND OR AL	ER THE CO	<b>OVERAGE AFFC</b>	ORDED	BY TH	IE POLICIES
lf th	SU nis c	BROGATION IS WAIVE certificate does not confe	ED, subjec	ct to	the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of su	the po	licy, certain	policies may				
PRO	DUCI	ER License # L077730					CONTA NAME:	СТ					
		dPartners of Florida, LLO		450					338-8828		FAX (A/C, No):	(954)	513-4868
Sun	rise	e, FL 33323	way, Suite	452			E-MAIL ADDRE	<sub>ss:</sub> deborah	.capenter@	assuredpartn	ers.con	า	
								INS	SURER(S) AFFOR				NAIC #
								INSURER A : Indian Harbor Insurance Co					36940
INSURED Madison Place of Pompano Be				Roar	ach Homeowners' Associatin			INSURER B :					
Inc. C/O Metropolitan Property (							INSURER C :						
		Strass Corporate Parkway, Suite 452       [A/C, NO.EXI (904) 538-8828       [A/C, NO.EXI (904) 513-4868         [A/C, NO.EXI (904) 538-8828       [A/C, NO.EXI (904) 513-4868         [A/C, NO.EXI (904) 538-8828       [A/C, NO.EXI (904) 513-4868         [A/C, NO.EXI (904) 546-8828       [A/C, NO.EXI (904) 513-4868         [A/C, NO.EXI (904) 546-8828       [A/C, NO.EXI (904) 546-8828         [A/C, NO.EXI (904) 546-8828       [A/C, NO.EXI (904) 546-8828 <td></td>											
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		RAGES			-	-							
IN C E	IDIC ERT XCL	ATED. NOTWITHSTANDIN IFICATE MAY BE ISSUED	NG ANY R OR MAY	EQUI PER POLI	IREME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA ( THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB	R DOCUMENT WIT	H RESPE	CT TC	WHICH THIS
INSR LTR		TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	X							5/18/2021	5/18/2022	EACH OCCURRENC DAMAGE TO RENTE PREMISES (Ea occu	E D rrence)		1,000,000 50,000
												\$	5,000
										PERSONAL & ADV I	NJURY	\$	1,000,000
	GE		S PER:							GENERAL AGGREG	ATE	\$	2,000,000
	X	POLICY PRO- JECT	LOC							PRODUCTS - COMF	/OP AGG	\$	2,000,000
_		OTHER:										\$	
A	AU										LIMIT	\$	1,000,000
						UBP0008915-01		5/18/2021	5/18/2022	BODILY INJURY (Pe	r person)	\$	
	x									BODILY INJURY (Pe PROPERTY DAMAG (Per accident)	r accident) E		
												\$	
			CCUR LAIMS-MADE							EACH OCCURRENC	E		
			LAIMS-MADE							AGGREGATE		\$	
	WO	DED RETENTION \$								PER	OTH-	\$	
	AND	EMPLOYERS' LIABILITY								STATUTE	ÊR		
		<pre>/ PROPRIETOR/PARTNER/EXECU FICER/MEMBER EXCLUDED? ndatory in NH)</pre>		N / A						E.L. EACH ACCIDEN		\$	
	If ye	es, describe under	le							E.L. DISEASE - EA E			
A	_	SCRIPTION OF OPERATIONS bei Operty	low			UBP0008915-01		5/18/2021	5/18/2022	E.L. DISEASE - POL		\$	
			IONS / VEHICI	LES (/	ACORE	D 101, Additional Remarks Schedu			re space is requir	ed)			
CE	RTI	FICATE HOLDER					CAN	ELLATION					
		Proof Only					THE	EXPIRATIO	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			

authorized representative R. Hary Longo

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AGENCY CUSTOMER ID: MADIPLA-01



LOC #: 1

AssuredPartners of Florida, LLC Middle Standard	ADDITIONAL	L REM/	ARKS SCHEDULE	Page	1 0	of _
Del C FAOE 1         Jonuardo           SEE PAOE 1         SEE P 1           SEE PAOE 1         SEE PAOE 1           ADDITIONAL REMARKS         SEE PAOE 1           ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,         FFFECTIVE DATE: SEE PAGE 1           FORM NUMBER:         ACORD 25         FORM TITLE: Certificate of Liability insurance           Coverage         PROPERTY COVERAGE         FROME           PROPERTY COVERAGE         Frective: 5/18/2021 to 5/18/2022         Frective: 5/18/2021 to 5/18/2022           Location:         1001 NW 33 Manor, Pompano Beach, FL 33064         Frective: 5/18/2021 to 5/18/2022           Location:         1001 NW 33 Manor, Pompano Beach, FL 33064         Frective: 5/18/2021 to 5/18/2022           Location:         1001 NW 33 Manor, Pompano Beach, FL 33064         Frective: 5/18/2021 to 5/18/2022           Location:         101 NW 33 Manor, Pompano Beach, FL 33064         Frective: 5/18/2021 to 5/18/2022           Location:         57.5 Unrichal per Courrence         5%. Sinkhole per courrence           Equipment Breakdown Included         Seecial Form         Seecial Form           Replacement Cost         CRIME COVERAGE         Frective: 6/10/2021 to 6/10/2022           Employee Theft Limit: 5150,000         Deductible: 51,000         Control form           Orgary or Alteretion Insurance Company <th>AGENCY Licen AssuredPartners of Florida, LLC POLICY NUMBER</th> <th>0 NAMED INSURED Madison Place of Pompano Beach Homeowner: C/O Metropolitan Property Group Florida, LLC 2755 E Oaklland Park Blvd., Ste 200 Fort Lauderdale, El 33306</th> <th>s' Associatin, Ir</th> <th>1C.</th> <th></th>	AGENCY Licen AssuredPartners of Florida, LLC POLICY NUMBER	0 NAMED INSURED Madison Place of Pompano Beach Homeowner: C/O Metropolitan Property Group Florida, LLC 2755 E Oaklland Park Blvd., Ste 200 Fort Lauderdale, El 33306	s' Associatin, Ir	1C.		
SEE PAGE 1	SEE PAGE 1		Broward			
ADDITIONAL REMARKS DITIONAL 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: \$172,000 Deductibles: \$2,500 All Other Perils, Per Occurrence 5% Murricane, Per Calendar Year 5% Sinkhole per occurrence Equipment Breakdown Included Special Form Replacement Cost CRIME COVERAGE Insurer: Great American Insurance Company Policy #: UBP32567403038-46 Effective: 6/10/2022 Employee Theft Limit: \$150,000 Deductible: \$1,000 Inside the Premises Limit: \$150,000 Deductible: \$1,000 Computer Fraud Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150,000 Deductible: \$1,000 Money Orders & Courterfeit Paper Limit: \$150						
This ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance Coverage PROPERTY COVERAGE PROPERTY COVERAGE Insurer: Indian Harbor Insurance Company Policy #: UBP0008915 Effective: Si742021 to 51/8/2022 Location: 1001 NW 33 Manor, Pompano Beach, FL 33064 Cabana Building Limit: \$103,553 Pool Deck Limit: \$72,000 Deductibles: \$2,500 All Other Perils, Per Occurrence \$7% Slinkhole per occurrence Equipment Breakdown Included Special Form Replacement Cost CRIME COVERAGE Insurer: Great American Insurance Company Policy #: SSA392567403038-06 Effective: Si10/0221 to 61/02202 Employee Theft Limit: \$150,000 Deductible: \$1,000 Noisd the Premises Limit: \$150,000 Deductible: \$1,000 Computer Fremises Limit: \$150,000 Deductible: \$1,000 Money Orders & Counterfeit Paper Limit: \$150,000 Deductible: \$1,000 Progery or Atteration Limit: \$150,000 Deductible: \$1,000 Money Orders & Counterfeit Paper Limit: \$150,000 Deductible: \$1,000 Progers or Atteration Elimit: \$150,000 Deductible: \$1,000 Money Orders & Counterfeit Paper Limit: \$150,000 Deductible: \$1,000 Progerty Manager Included as Employee DIRECTORS & OFFICERS COVERAGE Insure: Great American Insurance Company Policy #: EPP365554-06 Effective: \$10/0221 to 61/0222 Property Manager Included as Employee		SEE P 1	EFFECTIVE DATE: SEE PAGE 1			
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance Coverage PROPERTY COVERAGE Insurer: Indian Harbor Insurance Company Policy #: UBP0009915 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: 22,500 All Other Perils, Per Occurrence 5% Hurricane, Per Calendar Year S% Sinkhole per occurrence Equipment Breakdown Included Special Form Replacement Cost CRIME COVERAGE Insure: Great American Insurance Company Policy #: \$35,32557403038-06 Effective: 6/10/2021 to 6/10/2022 Employee Theft Limit: \$150,000 Deductible: \$1,000 Inside the Premises Limit: \$150,000 Deductible: \$1,000 Computer Fraud Limit: \$150,000 Deductible: \$1,000 Computer Fraud Limit: \$150,000 Deductible: \$1,000 Property Manager Included as Employee DIRECTORS & OFFICERS COVERAGE Insure:: Great American Insurance Company Policy #: EP365554-06 Effective: Great American Insurance Company Policy #: EP365554-06 Effective: Great American Insurance Company Policy #: EP365554-06 Effective: \$1,000 Deductible: \$1,000 Computer Fraud Limit: \$150,000 Deductible: \$1,000 Fromporty Manager Included as Employee DIRECTORS & OFFICERS COVERAGE Insure:: Great American Insurance Company Policy #: EP365554-06 Effective: Great American Insurance Company Policy #: EP365554-06 Effective: \$1,000 Deductible: \$1,000 Computer Fraud Limit: \$150,000 Deductible: \$1,000 Computer Fraud Limit: \$150,000 Deductible: \$1,000 Computer Fraud Limit: \$150,000 Deductible: \$1,000 Fromery Anager Included as Employee DIRECTORS & OFFICERS COVERAGE Insure:: Great American Insurance Company Policy #: EP365554-06 Effective: \$1,000,000						
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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 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 	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 330 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	064				
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	Retention: \$1,000					