

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 | OVERAGE AFFC | 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 | _{ss:} 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> | | | | | | | | | | | |
| | | | | Ste | 200 | | INSURER E : | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | INSURE | RF: | | | | | |
| | | 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 | | | | | | |
| Coverage PROPERTY COVERAGE Insure: Indian Harbor Insurance Company Policy #: UP9008915 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 \$32,500 All Other Perils, Per Occurrence \$32,500 All Other Perils, Per Occurrence \$32,500 All Other Perils, Per Occurrence Equipment Breakdown Included Special Form Replacement Cost CRIME COVERAGE Insure: Great American Insurance Company Policy #: S5A392567403038-06 Effective: 51,000 Deductible: \$1,000 Deductible: \$1,000 Deductible: \$1,000 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 #: EPP365554-06 Effective: \$1,00221 to 6/10/2022 Aggregate Limit: \$1,00,000 | | | | | | |
| 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 | | | | |
| | Forgery or Alteration Limit: \$150,000 Deductible: \$ Inside the Premises LImit: \$150,000 Outside the Premises Limit: \$150,000 Computer Fraud Limit: \$150,000 Deductible: \$1,000 Money Orders & Counterfeit Paper Limit: \$150,000 Ded Funds Transfer Fraud Limit: \$150,000 Deductible: Property Manager Included as Employee DIRECTORS & OFFICERS COVERAGE Insurer: Great American Insurance Company Policy #: EPP3655554-06 Effective: 6/10/2021 to 6/10/2022 | 1,000 Deductible Deductible 0 ductible: \$ | :: \$1,000 | | | |
| | Retention: \$1,000 | | | | | |