



Fairways Royale Association Inc.
950 NE 14 Avenue, Hallandale Beach, FL 33009
Ph. 954-458-0129 Fax: (954)458-7960
manager@fairwaysroyaleassn.com
www.fairwaysroyaleassn.com

SAMPLE CERTIFICATE OF INSURANCE (COI)

Insurance Requirements for the Fairways Royale Association, Inc., a condominium Please be advised of the following requirements that are needed to conduct the business of Move In/Move Outs, Deliveries of any kind, Construction, and Installations of any kind, etc.

General Liability

- Each Occurrence \$1,000,000
- Damage to renter premises \$100,000
- Med. Exp. (any one person) \$5,000
- Personal & ADV Injury \$1,000,000
- General Aggregate \$1,000,000
- Products-Comp/ OP AGG \$2,000,000

Automobile Liability

- Combined single limit \$300,000

Workers Comp

- E.L. each accident \$100,000
- E.L. disease-ea. Employee \$100,000
- E.L. disease-policy limit \$500,000

And please have the language entered on the certificate as the following:

Under Additional Instructions, in the Description of Operations:

Fairways Royale Association, and their respective directors, shareholders, partners, officers, members, affiliates, subsidiaries, managers, agents, employees, companies, corporations, partnerships, limited liability partnerships, limited liability companies, firms, trusts, trustees, successors, assigns, mortgagees and/or other designees of any of the above are additional insured with respects to General Liability, Auto Liability and Umbrella Liability. A Waiver of Subrogation applies in favor of Fairways Royale Association and Paragon Management Group LLC with respects to General Liability, Umbrella Liability and Workers Compensation. Coverage is primary and non-contributory. The named insured waives their right of subrogation against the certificate holder and all additional insureds.

All endorsements for these requirements need to be attached to the Certificate of Insurance.

Under Certificate Holder:

**Fairways Royale Association, Inc and Paragon Management Group LLC
950 NE 14 Avenue
Hallandale, FL 33009**

The certificate can be **faxed** to 954-458-7960 or emailed to manager@fairwaysroyaleassn.com

As always, should you have any questions, please contact the management office at 954-458-0129.

Sincerely,

Fabiola Bens, LCAM
Community Association Manager

Managed by Paragon Management Group LLC



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00/00/0000

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|---|--|------------------------------------|-----------------------------|
| PRODUCER License # 000000 | | CONTACT NAME: | |
| Insurance Company Name | | PHONE (A/C, No, Ext): 000-000-0000 | FAX (A/C, No): 000-000-0000 |
| Address | | E-MAIL ADDRESS: | |
| City, State, Zip | | | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | NAIC # | |
| | | INSURER A : Insurance Company | 00000 |
| | | INSURER B : Insurance Company | 00000 |
| | | INSURER C : | |
| | | INSURER D : | |
| | | INSURER E : | |
| | | INSURER F : | |
| INSURED | | | |
| Vendor Name (including DBA if applicable) | | | |
| Vendor Address | | | |
| City, State, Zip | | | |

| INSR LTR | TYPE OF INSURANCE | | | | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
|----------|---|------------------------------|-------------|--------------|-------------------|----------|---------------|-------------------------|-------------------------|-------------------------------------|---|------------------------|----|
| A | X | COMMERCIAL GENERAL LIABILITY | | | | Y | Y | 00ABCDE0000 | 0/00/0000 | 0/00/0000 | EACH OCCURRENCE | \$ | |
| | | | CLAIMS-MADE | X | OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | |
| | | | | | | | | | | | MED EXP (Any one person) | \$ | |
| | | | | | | | | | | | PERSONAL & ADV INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | GENERAL AGGREGATE | | | | | | \$ | | |
| | X | POLICY | | PRO-JECT | | | | | | | LOC | PRODUCTS - COMP/OP AGG | \$ |
| | | OTHER: | | | | | | | | | | \$ | |
| | | | | | | | | | | | | \$ | |
| A | AUTOMOBILE LIABILITY | | | | X | X | 00ABCDE0000 | 0/00/0000 | 0/00/0000 | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | | ANY AUTO OWNED AUTOS ONLY | | | | | | | | SCHEDULED AUTOS | BODILY INJURY (Per person) | \$ | |
| | X | HIRED AUTOS ONLY | | X | | | | | | NON-OWNED AUTOS ONLY | BODILY INJURY (Per accident) | \$ | |
| | | | | | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | | | | \$ | |
| | | | | | | | | | | | | \$ | |
| A | X | UMBRELLA LIAB | | X | OCCUR | Y | Y | 00ABCDE0000 | 0/00/0000 | 0/00/0000 | EACH OCCURRENCE | \$ | |
| | | EXCESS LIAB | | | CLAIMS-MADE | | | | | | AGGREGATE | \$ | |
| | | DED | X | RETENTION \$ | | | | | | | | \$ | |
| | | | | | | | | | | | | \$ | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | N / A | Y | 00ABCDE0000 | 0/00/0000 | 0/00/0000 | PER STATUTE | OTH-ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | | | | Y / N | | E.L. EACH ACCIDENT | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | | | | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| | | | | | | | | | | | | | |

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|--|---|
| Fairways Royale Association, Inc and Paragon Management Group LLC 950 NE 14 Avenue Hallandale, FL 33009 | 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 MUST BE SIGNED BY AUTHORIZED REP |