



LAKEB-1

OP ID: IF

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/29/2024

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).

PRODUCER The John Galt Insurance Agency a Gallagher Company 3303 W Commercial Blvd, #200 Ft. Lauderdale, FL 33309 Adam Betzold		954-440-2800	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 954-440-2800 FAX (A/C, No): 954-440-2833 E-MAIL ADDRESS: commercial@john-galt.com	
INSURED Lake Beach Club Condo Assoc. Inc. Julianna Rangel 2600 Collins Ave, Ste. 203 Miami Beach, FL 33140		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Ategrity Specialty Insurance C		
		INSURER B: Travelers Casualty & Surety Co		10647
		INSURER C: Technology Insurance Company		42376
		INSURER D: SEE ATTACHED		
		INSURER E:		
		INSURER F:		

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.

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			01-B-GL-P200000425-01	10/14/2024	10/14/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-B-GL-P200000425-01	10/14/2024	10/14/2025	COMBINED SINGLE LIMIT (Ea accident) \$ Included BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	TWC4490479	10/14/2024	10/14/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	DIRECTORS&OFFICERS **Claims Made**			107926641	10/14/2024	10/14/2025	AGGREGATE 1,000,000

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

Residential Condominium Association

CERTIFICATE HOLDER

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

NOTEPAD

INSURED'S NAME Lake Beach Club Condo Assoc. Inc.

LAKEB-1

OP ID: IF

PAGE 2

Date 10/29/2024

Coverage for the interior of the unit is NOT included. The Unit Owner's are responsible for purchasing their own H06 policy.

Any cancellation notices would be sent to the association as they are the insured. The amount of time would be based upon the reason for cancellation (i.e. 10 days non-payment; 45 days non-renewal, etc.).

Lenders of unit owners cannot be added as loss payee to the association policies as the policy covers common areas.

Property Manger is considered an Employee by definition of Crime Policy. Therefore, covered under this policy while conducting business for the insured association.

Please carefully read all pages to this Certificate of Insurance, specifically, the additional wording sections. If there are additional questions, please email your questions to commercial@john-galt.com or fax to 954-440-2833 as we are unable to provide any verbal coverage detials.

Lake Beach Club Condominium Association, Inc

PROPERTY / HAZARD

Insurance Carrier: Cumis Specialty Insurance Company
Policy Number: CIUCAP101461-02
Policy Period: Effective Date: 10/14/2024

Expiration Date: 10/14/2025

☒ Replacement Cost

☒ Special

Additional Wording: EXCLUDES WIND/HAIL

Ordinance or Law Included - \$500,000.00 Combined Limit Coverage A,B,C

Wind/Hail Exclusion doesn't apply to Building/Ordinance or Law coverage. This Ordinance or Law coverage is Excess of CITIZENS policy deductible.

Building	Location	Limit	Contents	# Units	AOP Deductible
1	2600 Collins Ave Miami Beach, FL 33140	\$6,284,063	\$50,000	42	\$2,500
2	2600 Collins Ave Miami Beach, FL 33140	\$25,950		Pool	\$2,500

WINDSTORM

Insurance Carrier: Citizens Property Insurance Corporation
Policy Number: 00040152-11
Policy Period: Effective Date: 10/14/2024

Expiration Date: 10/14/2025

☒ Replacement Cost (BLDG ONLY)

☒ WIND ONLY

Additional Wording: 3% Calendar Year "Hurricane" Percentage Deductible; Bldg, BPP & Pool

1% All Other Windstorm or Hail Deductible; Bldg only. All Other Wind/Hail BPP & Pool \$1,000 Deductible

Building	Location	Limit	Contents	# Units	
1	2600 Collins Ave Miami Beach, FL 33140	\$7,688,000	\$50,000	42	
2	2600 Collins Ave Miami Beach, FL 33140	\$37,000		Pool/Deck Equip.	
3	2600 Collins Ave Miami Beach, FL 33140	\$59,000		Fence Wall	

FLOOD

Insurance Carrier: Wright National Flood Insurance Company
Policy Number: 09 1152489123 01
Policy Period: Effective Date: 10/14/2024

Expiration Date: 10/14/2025

☒ Replacement Cost

☒ RCBP

Flood Zone: AE

Additional Wording: This Flood covers the master condominium association, its structures and common areas

Building	Location	Limit	# Units	Deductible
1	2600 Collins Ave Miami Beach, FL 33140	\$7,688,000	42	\$1,250

CRIME

Insurance Carrier: Cumis Specialty Insurance Company
Policy Number: CIUCAP101461-02
Policy Period: Effective Date: 10/14/2024

Expiration Date: 10/14/2025

Insuring Agreement	Blanket Limit Coverage: \$200,000	Single Loss Retention
Employee Theft	Included in Blanket Limit	\$1,000
Forgery or Alteration	Included in Blanket Limit	\$1,000
Inside/Outside Premises - Theft of Money & Securities	Included in Blanket Limit	\$1,000
Money Orders and Counterfeit Money	Included in Blanket Limit	\$1,000
Computer Fraud	Included in Blanket Limit	\$1,000
Funds Transfer Fraud	Included in Blanket Limit	\$1,000
Include Designated Agents as Employees-Accountant or Bookkeeper-EmployeeTheft	\$50,000	\$1,000

Boiler & Machinery

Insurance Carrier: Federal Insurance Company
Policy Number: 76443234
Policy Period: Effective Date: 10/14/2024

Expiration Date: 10/14/2025

Location	Limit	Deductible
2600 Collins Ave Miami Beach, FL 33140	\$6,547,363	\$5,000

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A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003
Customer Service: 1-800-820-3242
Claims: 1-800-725-9472

FFL99.001 1021
0749853
10/16/24
2000 11523 FLD RCBP

FLOOD DECLARATIONS PAGE
RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1152489123 01	1152489123	Residential Condominium Building Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 10/14/24 To:10/14/25 12:01 am Standard Time	10/16/2024	0749853	9904534543

Agent (954)440-2800
THE JOHN GALT INSURANCE
AGENCY
3303 W COMMERCIAL BLVD STE 200
FORT LAUDERDALE FL 33309-3436
COMMERCIAL@JOHN-GALT.COM

LAKE BEACH CLUB INC
2600 COLLINS AVE STE 203
MIAMI BEACH FL 33140-4709

Property Location (if other than above)
2600 COLLINS AVE, MIAMI BEACH FL 33140

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine
Primary Residence: N
Building Occupancy: Residential Condominium Building
Building Description: Entire Residential Condo Building

Flood Risk: AE
First Floor Height: 11.3 ft
Method Used to Determine First Floor Height: Elevation Certificate
Date of Construction: 01/01/1992
Prior NFIP Claims: 0
Number of Units: 42
Replacement Cost Value: 7,688,000

Property Description: Elevated with enclosure solid foundation
walls, 2 floors

Coverage	Deductible	Annual Premium
BUILDING \$7,688,000	\$1,250	\$57,882.00
CONTENTS NO CONTENTS COVERAGE	INSURED DECLINED CONTENTS COVERAGE	\$0.00

Your property's NFIP flood claims history
can affect your premium. For more information
contact your insurance agent or company.

**Coverage limitations may apply. See your
Policy Form for details.**

ICC Premium: \$75.00
Community Rating Discount: \$0.00
FULL RISK PREMIUM: \$57,957.00
Statutory Discounts
Annual Increased Cap Discount: \$48,688.00
DISCOUNTED PREMIUM: \$9,269.00
Reserve Fund Assessment: \$1,668.00
Federal Policy Service Fee: \$1,360.00
HFIAA Surcharge: \$250.00

TOTAL WRITTEN PREMIUM AND FEES \$12,547.00

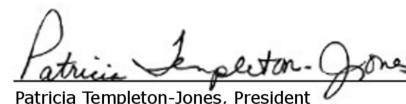
THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

FFL 99.310 0224 0224 WFL 99.416 1021 1021 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523
Wright National Flood Insurance Company A stock company
Copy Sent To: As indicated on back or additional pages, if any.


Patricia Templeton-Jones, President

074985309115248912324290

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Company

