



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/17/19

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).

<b>PRODUCER</b> <b>Pettineo Insurance Agency, Inc.</b> <b>2430 E Commercial Boulevard</b> <b>Fort Lauderdale, FL 33308</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 954-493-9424 <b>E-MAIL ADDRESS:</b>	<b>FAX (A/C, No):</b> 954-493-8968
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>The Lakes of Deer Creek Condominium Association, Inc.</b> <b>633 Edgewater Drive</b> <b>Deerfield Beach, FL 33442</b>	<b>INSURER A:</b> Philadelphia Indemnity Insurance	
	<b>INSURER B:</b> United States Liability Ins Co	
	<b>INSURER C:</b> Liberty Insurance Underwriters	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		<b>NAIC #</b>

**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 SUBR INSD 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 <b>HNOA Included</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHPK1887401	12/01/18	12/01/19	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		MCREA-8745-01	12/01/18	12/01/19	EACH OCCURRENCE	\$
						AGGREGATE	\$ 15,000,000
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
B	<b>Directors and Officers</b>		CAP1559747A	12/01/18	12/01/19	Limit:	\$1,000,000

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

**CERTIFICATE HOLDER**

Proof Of Insurance

**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

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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

**12/07/18**

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<b>PRODUCER</b> <b>Pettineo Insurance Agency, Inc.</b> <b>2430 E Commercial Boulevard</b> <b>Fort Lauderdale, FL 33308</b>	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>954-493-9424</b>		FAX (A/C, No): <b>954-493-8968</b>
	<b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID:</b>		
<b>INSURED</b> <b>The Lakes of Deer Creek Condominium Association, Inc.</b> <b>633 Edgewater Drive</b> <b>Deerfield Beach, FL 33442</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Heritage Insurance</b>		<b>14407</b>
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

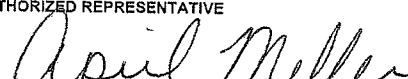
**3016-3026 Lakeshore Drive, Deerfield Beach, FL 33442**

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
<b>A</b>	<input checked="" type="checkbox"/>	<b>PROPERTY</b>	<b>HCP005918-1</b>	<b>12/01/18</b>	<b>12/01/19</b>	<input checked="" type="checkbox"/> <b>BUILDING</b> PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP	<b>\$ 833,423</b>	
		CAUSES OF LOSS					DEDUCTIBLES	
		BASIC					BUILDING	
		BROAD					<b>2,500</b>	
		SPECIAL					CONTENT'S	
		EARTHQUAKE						
		<input checked="" type="checkbox"/> WIND					<b>3%</b>	
	FLOOD							
	<input type="checkbox"/>	<b>INLAND MARINE</b>	TYPE OF POLICY					
	<input type="checkbox"/>	CAUSES OF LOSS	POLICY NUMBER					
	<input type="checkbox"/>	NAMED PERILS						
	<input type="checkbox"/>	<b>CRIME</b>						
	<input type="checkbox"/>	TYPE OF POLICY						
	<input type="checkbox"/>	<b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>						

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Replacement Cost, 90% Co-Insurance, Equipment Breakdown Included, Ordinance or Law Included.**  
**7 Units**

<b>CERTIFICATE HOLDER</b>  <b>The Lakes of Deer Creek Condominium Association, Inc.</b> <b>633 Edgewater Drive</b> <b>Deerfield Beach, FL 33442</b>	<b>CANCELLATION</b>  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 
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<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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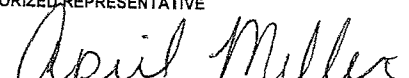
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	CAUSES OF LOSS <input type="checkbox"/> <b>BASIC</b> <input type="checkbox"/> <b>BROAD</b> <input checked="" type="checkbox"/> <b>SPECIAL</b>					DEDUCTIBLES <input type="checkbox"/> <b>BUILDING</b> <b>2,500</b> <input type="checkbox"/> <b>CONTENTS</b>
	<input type="checkbox"/> <b>EARTHQUAKE</b>					
	<input checked="" type="checkbox"/> <b>WIND</b>					<b>3%</b>
	<input type="checkbox"/> <b>FLOOD</b>					
	<b>INLAND MARINE</b>	<b>TYPE OF POLICY</b>				
	<b>CAUSES OF LOSS</b>	<b>POLICY NUMBER</b>				
	<input type="checkbox"/> <b>NAMED PERILS</b>					
	<input type="checkbox"/> <b>CRIME</b>					
	<b>TYPE OF POLICY</b>					
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