

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/11/2025

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.

ADDITIONAL INSURED

If SUBROGATION IS WAIVED, subject this certificate does not confer rights t	to ti	ne tei	rms and conditions of th	e polic	y, certain po	licies may				
PRODUCER	O LITE	· CCIT	meate notice in nea or se	CONTA NAME:		Department				
Commercial Lines - (305) 669-6000				PHONE	o, Ext): 305-443			FAX		
USI Insurance Services LLC				E-MAIL	!			(A/C, No):		
201 Alhambra Circle, Ste 900				ADDRESS: miagcerts@usi.com						
Coral Gables, FL 33134				INSURER(S) AFFORDING COVERAGE					NAIC# 18058	
<u> </u>				INSURER A: Philadelphia Indemnity Ins Co					10030	
The Lakes of Deer Creek Condominium Association, Inc.				INSURER B: See attached						
c/o Benchmark Property Mgmt, 7932 Wiles		,		INSURER C:						
Go Benefittark i Toperty Wgmt, 7332 Wiles	rtoat			INSURER D:						
				INSURER E :						
Coral Springs, FL 33067				INSURER F:						
			NUMBER: 750724	<u> </u>			REVISION NU			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH INSR	QUIF PERT POLI	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WIT D HEREIN IS SU	H RESPECT TO	OT TO	WHICH THIS
LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			PHPK2629440020		12/01/2024	12012025	EACH OCCURREN DAMAGE TO RENT PREMISES (Ea occ	ΓED	\$	1,000,000
							MED EXP (Any one		\$	5,000
							PERSONAL & ADV	INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
POLICY PRO- LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000
OTHER:									\$	
AUTOMOBILE LIABILITY							(Ea accident)	E LIMIT	\$	
ANY AUTO							BODILY INJURY (P	er person)	\$	
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P		\$	
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
									\$	
UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
DED RETENTION \$									\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE 17/N	N/A						E.L. EACH ACCIDE	NT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES //	COBD	101 Additional Remarks School	lo may b	a attached if more	annos is roquir	ad)			
Unit Owner Name: x	_ES (A	CORD	101, Additional Remarks Schedu	ie, may b	e attached if more	space is require	ea)			
Address: x										
Description: Master certificate										
CERTIFICATE HOLDER				CANO	ELLATION					
x x x				THE	EXPIRATION	DATE THE	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.			
				AUTHO	RIZED REPRESEN	NTATIVE				
				701110	NEED NEFNESE!					
				(Lind & Honoli						

INSURANCE CARRIER: Berkley Regional Insurance Company

POLICY NUMBER: BMP106788100

POLICY PERIOD: Effective Date: 12/1/2024 Expiration Date: 12/1/2025

Limit: \$ 250,000 Remark(s):

Property management included

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Greenwich Insurance Company

POLICY NUMBER: PDO750494800

POLICY PERIOD: Effective Date: 12/1/2024 Expiration Date: 12/1/2025

Limit: \$ 1,000,000 Remark(s):

Property manager included

LAKESDEE



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 2/11/2025

2/11/2025 THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND. EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. AGENCY COMPANY Commercial Lines - (305) 669-6000 Fortegra Specialty Insurance Company **USI Insurance Services LLC** 201 Alhambra Circle, Ste 900 Coral Gables, FL 33134 FAX (A/C, No): CODE: SUB CODE: AGENCY CUSTOMER ID #: INSURED LOAN NUMBER POLICY NUMBER CAI000023 The Lakes of Deer Creek Condominium Association, Inc. c/o Benchmark Property Mgmt, 7932 Wiles Road FFFECTIVE DATE **EXPIRATION DATE** CONTINUED UNTIL 5/31/2024 5/31/2025 TERMINATED IF CHECKED Coral Springs, FL 33067 THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION see attached for location information. 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 EVIDENCE OF PROPERTY INSURANCE 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. **COVERAGE INFORMATION** PERILS INSURED BROAD **SPECIAL** COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE see attached for coverage information. **REMARKS (Including Special Conditions)** Unit Owner Name: x Address: x Description: Master certificate 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. ADDITIONAL INTEREST NAME AND ADDRESS LOSS PAYEE ADDITIONAL INSURED LENDER'S LOSS PAYABLE Х MORTGAGEE LOAN # Х Х

AUTHORIZED REPRESENTATIVE

J 8. Ginapoli

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: Fortegra Specialty Insurance Company

POLICY NUMBER: CAI000023

POLICY PERIOD: Effective Date: 5/31/2024 Expiration Date: 5/31/2025

Business Income: Extra Expense:

[] Blanket Limit Applies

[X] Replacement Cost [X] Special [] Basic

Remark(s):

Coverage provided for the swimming pool, patio and spa totaling \$193,800. The building and auxiliary limits represent the 100% replacement cost values per the 5/15/2024 insurable value appraisal.

2% Inflation Guard endorsement is included.

Building Ordinance or Law is included- \$250,000 sublimit for Coverage A, B & C.

Equipment Breakdown is included subject to a \$5,000 deductible.

Bldg 1	Location 633 Edgewater Drive- Clubhouse building	Limit \$ 513,988	Total # Units	Hurricane Ded 5%	AOP Ded \$ 5,000	Coins % 80%
2	3000-3010 Lake Shore Drive, Deerfield Beach, FL 33442	\$ 1,139,847	6	5%	\$ 5,000	80%
3	3016-3026 Lake Shore Drive, Deerfield Beach, FL 33442	\$ 1,139,847	6	5%	\$ 5,000	80%
4	3032-3042 Lake Shore Drive, Deerfield Beach, FL 33442	\$ 1,139,847	6	5%	\$ 5,000	80%
5	3048-3058 Lake Shore Drive, Deerfield Beach, FL 33442	\$ 1,139,847	6	5%	\$ 5,000	80%
6	3064-3074 Lake Shore Drive, Deerfield Beach, FL 33442	\$ 1,139,847	6	5%	\$ 5,000	80%
7	3109-3119 Lake Shore Drive, Deerfield Beach, FL 33442	\$ 1,258,957	6	5%	\$ 5,000	80%
8	3067-3073 Lake Shore Drive, Deerfield Beach, FL 33442	\$ 940,992	4	5%	\$ 5,000	80%
9	3035-3041 Lake Shore Drive, Deerfield Beach, FL 33442	\$ 873,188	4	5%	\$ 5,000	80%
10	3017-3027 Lake Shore Drive, Deerfield Beach, FL 33442	\$ 1,258,957	6	5%	\$ 5,000	80%
11	3001-3011 Lake Shore Drive, Deerfield Beach, FL 33442	\$ 1,258,957	6	5%	\$ 5,000	80%
12	606-636 Lake Point N Lane, Deerfield Beach, FL 33442	\$ 1,333,978	6	5%	\$ 5,000	80%
13	642-657 Lake Point N Lane, Deerfield Beach, FL 33442	\$ 1,312,974	6	5%	\$ 5,000	80%
14	609-639 Lake Point N Lane, Deerfield Beach, FL 33442	\$ 1,366,244	6	5%	\$ 5,000	80%
15	608-628 Edgewater Drive, Deerfield Beach, FL 33442	\$ 1,167,936	6	5%	\$ 5,000	80%
16	632-652 Edgewater Drive, Deerfield Beach, FL 33442	\$ 1,201,583	6	5%	\$ 5,000	80%

750724 LAKESDEE The Lakes of Deer Creek Condominium Association, Inc.

17	656-672 Edgewater Drive, Deerfield	\$ 1,106,927 5	5%	\$ 5,000 80%
.,	Beach, FL 33442	ψ 1,100,021 - 0	370	ψ 0,000 00 /0
WIND	STORM			
INSUR	ANCE CARRIER: Fortegra Specialty Insurar Y NUMBER: CAI000023	nce Company		
POLIC [X]C	Y NUMBER: CAI000023 overage Included in Property/Hazard Policy [X	(] See Property/Hazard Schedule fo	or Locations & Limits [X] Replacemen	nt Cost
EXCE	SS FLOOD			
Not Co	overed			