

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/23/2025

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.

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			CONTACT NAME:	www.EOIDirect.com		
Brown & Brown Insurance Ser	vices, Inc.		PHONE (A/C, No. E	(877) 456-3643	FAX (A/C, No): (954) 7	776-4446
1201 W Cypress Creek Rd			E-MAIL ADDRESS	help@EOIDirect.com		
Suite 130				INSURER(S) AFFORDING	COVERAGE	NAIC #
Fort Lauderdale		FL 33309	INSURER	Mount Vernon Fire Insurance	e Company	
INSURED			INSURER	B: Midvale Indemnity Company	1	
Laurel Cove H	omeowners Association, Inc.		INSURER	C: Zenith Insurance Company		
C/O Brock Pro	perty Management, Inc.		INSURER	D: The Hanover Insurance Con	npany	
7401 Wiles Ro	ad		INSURER	E:		
Coral Springs		FL 33067	INSURER	F:		
COVERAGES	CERTIFICATE NU	IMBER: 25-26 C	OI	REV	ISION 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 INSUR	ANCE ADDLISUBR	POLICY NUM		POLICY EFF POLICY EXP MM/DD/YYYY) (MM/DD/YYYY)	LIMITS	

LTR	LTR TYPE OF INSURANCE		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	
	×	COMMERCIAL GENERAL LIABILITY							\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
Α					NPP2588955A	01/20/2025	01/20/2026	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGRE <u>GATE</u> LIMIT APP <u>LIES P</u> ER:						GENERAL AGGREGATE	\$ 2,000,000
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Incuded
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO			!			BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS			NPP2588955A	01/20/2025	01/20/2026	BODILY INJURY (Per accident)	\$	
×		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	×	UMBRELLA LIAB CCCUR						EACH OCCURRENCE	\$ 5,000,000
В		EXCESS LIAB CLAIMS-MADE			PRP229824000012584615	01/20/2025	01/20/2026	AGGREGATE	\$ 5,000,000
		DED RETENTION \$ 0							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER STATUTE OTH-	
_ AN	ANY	NY PROPRIETOR/PARTNER/EXECUTIVE			Z141591503	01/20/2025	01/20/2026	E.L. EACH ACCIDENT	\$ 500,000
(Ma		landatory in NH)			2111661666	0.72072020	01/20/2020	E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,000
D	Criı	me			BDJJ61980101	01/20/2025	01/20/2026	Limit	\$50,000

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

Homeowners Association located in North Lauderdale, FL. Property Manager included in Crime (Employee Theft)

See attached for Property and Directors & Officers information.

CERTIFICATE	: HOLDER		CANCELLATION
Laurel Cove Homeowners Association, Inc. c/o Brock Property Management 7401 Wiles Road			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
			milton
	Coral Springs	FL 33067	11/4/100
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ENCY CUSTOMER ID:	0074023
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LOC #:



## ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED			
Brown & Brown Insurance Services, Inc.	Laurel Cove Homeowners Association, Inc.			
POLICY NUMBER				
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		
ADDITIONAL REMARKS				

## THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM TITLE: Certificate of Liability Insurance: Notes FORM NUMBER: 25

COMMERCIAL PROPERTY

Carrier: First Protective Insurance Company

Policy #: 3535050608

Policy Term: 1/20/2025 - 1/20/2026 Valuation - Replacement Cost Value

Coinsurance: Agreed Value

Ordinance or Law: A - Included / B&C - Combined 2.5% per building

Hurricane - 5% Per Occurrence/Per Calendar Year

All Other Perils - \$5,000 Per Occurrence All Other Wind - \$5,000 Per Occurrence

Building \$1,171,823

Building \$824,701 Building \$824,701

Building \$1,510,762

Building \$1,510,762

Building \$1,510,762

Building \$1,171,823

Pool Building \$129,536

Pool Deck \$25,000

Pool Gas Heater \$9,900

Swimming Pool \$59,808

Fences \$10,716

TOTAL INSURABLE VALUE: \$8,760,294

DIRECTORS & OFFICERS

Carrier: StarNet Insurance Company

Policy #QDO000068000

Policy Term: 1/20/2025 - 1/20/2026

Limit: \$1,000,000 Deductible: \$1,000