



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/27/2025

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).

<b>PRODUCER</b> Commercial Lines - (305) 443-4886 USI Insurance Services LLC 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133	<b>CONTACT NAME:</b> USI Insurance Services <b>PHONE (A/C, No, Ext):</b> 305-443-4886 <b>E-MAIL ADDRESS:</b> Miagcerts@usi.com <b>FAX (A/C, No):</b>																					
<b>INSURED</b> Sunflower Condominium Association, Inc. 7200 NW 2nd Ave Boca Raton, FL 33487	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Berkley Specialty Insurance Company</td><td>31295</td></tr><tr><td>INSURER B:</td><td>See attached</td><td></td></tr><tr><td>INSURER C:</td><td>Valley Forge Insurance Company</td><td>20508</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Berkley Specialty Insurance Company	31295	INSURER B:	See attached		INSURER C:	Valley Forge Insurance Company	20508	INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
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INSURER F:																						

## COVERAGES

CERTIFICATE NUMBER: 757638

REVISION NUMBER: See below

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		0191874	5/31/2025	5/31/2026	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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<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 <input type="checkbox"/> N / A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Boiler & Machinery		4014345539	05/31/2025	05/31/2026	Limit \$30,464,731 Deductible: \$1,000

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

Unit Owner Name: Sunflower Condominium Association, Inc.  
Address: .

## CERTIFICATE HOLDER

Sunflower Condominium Association, Inc.

## 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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**CRIME / EMPLOYEE DISHONESTY**

INSURANCE CARRIER:   Travelers Casualty and Surety Co. of America  
POLICY NUMBER:   105781537  
POLICY PERIOD:   Effective Date:   5/31/2025                      Expiration Date:   5/31/2026  
Limit: \$ 400,000

**DIRECTORS & OFFICERS LIABILITY**

INSURANCE CARRIER:   Philadelphia Indemnity Insurance Company  
POLICY NUMBER:   PCAP00076650818  
POLICY PERIOD:   Effective Date:   5/31/2025                      Expiration Date:   5/31/2026  
Limit: \$ 1,000,000

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

5/27/2025

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.

<b>AGENCY</b> Commercial Lines - (305) 443-4886 USI Insurance Services LLC 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133		<b>PHONE (A/C, No, Ext):</b>		<b>COMPANY</b> American Coastal Insurance Co	
<b>FAX (A/C, No):</b>		<b>E-MAIL ADDRESS:</b>			
<b>CODE:</b>		<b>SUB CODE:</b>			
<b>AGENCY CUSTOMER ID #:</b>					
<b>INSURED</b> Sunflower Condominium Association, Inc. 7200 NW 2nd Ave Boca Raton , FL 33487		<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> AMC3940400	
		<b>EFFECTIVE DATE</b> 3/1/2025		<b>EXPIRATION DATE</b> 3/1/2026	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>					

**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

BASIC

BROAD

SPECIAL

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

see attached for coverage information.


**REMARKS (Including Special Conditions)**

Unit Owner Name: Sunflower Condominium Association, Inc.  
Address: .

**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**

<b>NAME AND ADDRESS</b> Sunflower Condominium Association, Inc. . .	<b>ADDITIONAL INSURED</b>	<b>LENDER'S LOSS PAYABLE</b>	<b>LOSS PAYEE</b>
	<b>MORTGAGEE</b>		
	<b>LOAN #</b>		
	<b>AUTHORIZED REPRESENTATIVE</b> 		

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: American Coastal Insurance Co  
POLICY NUMBER: AMC3940400  
POLICY PERIOD: Effective Date: 3/1/2025 Expiration Date: 3/1/2026  
Business Income: Extra Expense:  
[ ] Blanket Limit Applies  
[ X ] Replacement Cost [ X ] Special [ ] Basic

Remark(s):  
Building Ordinance or Law is included - Full Coverage A and a B&C sublimit of 2.5% applies. Building limit represents the 100% replacement cost value reflected on the insurable value appraisal dated 6/16/2024.

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
	7200 NW 2 Avenue Bldg. 5-8 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 13-19 Boca Raton, FL 33487	\$ 1,159,306	7	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg.31-34 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 35-38 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 39-42 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 43-45 Boca Raton, FL 33487	\$ 523,993	3	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg.59-62 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 63-65 Boca Raton, FL 33487	\$ 523,993	3	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 66-72 Boca Raton, FL 33487	\$ 1,157,881	7	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 73-75 Boca Raton, FL 33487	\$ 523,993	3	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 76-79 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg.80-83 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg.84-91 Boca Raton, FL 33487	\$ 1,300,389	8	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 92-98 Boca Raton, FL 33487	\$ 1,159,360	7	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg.99-102 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg.103-106 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 107- 112 Boca Raton, FL 33487	\$ 1,016,578	6	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg.113- 120 Boca Raton, FL 33487	\$ 1,300,389	8	5%	\$ 10,000	100

**757638 SUNFLCON Sunflower Condominium Association, Inc.**

7200 NW 2 Avenue Bldg.121-131 Boca Raton, FL 33487	\$ 1,731,067	11	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg.132-135 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg. 136-139 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg.140-146 Boca Raton, FL 33487	\$ 1,159,360	7	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg.147-149 Boca Raton, FL 33487	\$ 523,993	3	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg.150-154 Boca Raton, FL 33487	\$ 851,311	5	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg. 155-162 Boca Raton, FL 33487	\$ 1,300,389	8	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg. 163-166 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg. 167-174 Boca Raton, FL 33487	\$ 1,300,389	8	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg 1-4 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg 9-12 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg 20-27 Boca Raton, FL 33487	\$ 1,300,389	8	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg 28-30 Boca Raton, FL 33487	\$ 523,993	3	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg 55-58 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg 46-54 Boca Raton, FL 33487	\$ 1,393,076	9	5%	\$ 10,000	100
Clubhouse	\$ 606,543	0	5%	\$ 10,000	100
Restroom/Equip Bldg @ Clubhouse	\$ 23,152	0	5%	\$ 10,000	100
Restroom/Equip Bldg @ Satellite Rec.	\$ 28,435	0	5%	\$ 10,000	100
Swimming Pool	\$ 75,000	0	5%	\$ 10,000	100
Pool Patio / Deck	\$ 68,000	0	5%	\$ 10,000	100
Pool Heater	\$ 4,975	0	5%	\$ 10,000	100
Pool Equipment	\$ 12,500	0	5%	\$ 10,000	100
Canopy / Mailboxes (12)	\$ 24,500	0	5%	\$ 10,000	100
Swimming Pool Located at Satellite Rec Area	\$ 50,000	0	5%	\$ 10,000	100
Pool Patio / Deck Located at Satellite Rec Area	\$ 33,000	0	5%	\$ 10,000	100

Pool Equipment	\$ 9,000	0	5%	\$ 10,000	100
Located at Satellite					
Rec Area					
Site Lighting	\$ 58,000	0	5%	\$ 10,000	100

WINDSTORM

INSURANCE CARRIER:   American Coastal Insurance Co  
POLICY NUMBER:   AMC3940400  
[ X ] Coverage Included in Property/Hazard Policy   [ X ] See Property/Hazard Schedule for Locations & Limits   [ X ] Replacement Cost

WRAP AROUND

INSURANCE CARRIER:   ---  
POLICY NUMBER:  
POLICY PERIOD:   Effective Date:   Expiration Date:  
[ ] See Property/Hazard Schedule for Location & Limits   [ ] Special

EXCESS FLOOD

Not Covered