



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/11/2023

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> Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	<b>CONTACT NAME:</b> EOI DIRECT <b>PHONE (A/C, No, Ext):</b> (877) 456-3643 <b>E-MAIL ADDRESS:</b> help@eoidirect.com <b>FAX (A/C, No):</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Penn-America Insurance Company <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> Zenith Insurance Company <b>INSURER D:</b> Accredited Surety and Casualty Company, Inc. <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 32859 22322 13269 26379
<b>INSURED</b> Eagle's Nest Townhomes Condominium Association, Inc. 11634 NW 19th Drive Coral Springs FL 33071		

**COVERAGES****CERTIFICATE NUMBER:** 23-24 Master**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			PAV0480244	12/01/2023	12/01/2024	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 \$ Included
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PAV0480244	12/01/2023	12/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> DED RETENTION \$			PPP7500199	12/01/2023	12/01/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	<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	Z141560701	12/01/2023	12/01/2024	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Directors and Officers			1SKNFL0146194100	12/01/2023	12/01/2024	General Aggregate \$1,000,000 Each Occurrence \$1,000

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

Residential Condominium with 9 buildings and 51 units located at 11634 NW 19th Drive, Coral Springs, FL 33071

**CERTIFICATE HOLDER****CANCELLATION**

PROOF OF COVERAGE

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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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

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<b>AGENCY</b> Brown & Brown of Florida, Inc.		<b>NAMED INSURED</b> Eagle's Nest Townhomes Condominium Association, Inc.
<b>POLICY NUMBER</b>		
<b>CARRIER</b>	<b>NAIC CODE</b>	<b>EFFECTIVE DATE:</b>

### ADDITIONAL REMARKS

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

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

#### PROPERTY WIND ONLY:

Carrier: Certain Underwriters at Lloyds  
 Policy #: AQS232019  
 Policy Term: 12/1/2023 - 12/1/2024  
 Cause of Loss: Wind/Hail Only / Valuation: Replacement Cost / Coinsurance: NIL  
 Policy Limit: \$500,000 / Deductibles: 5% Named Storm / \$100,000 All Other Wind per occurrence

#### Schedule of Property:

11644 - 11654 NW 19th Drive - \$1,637,800  
 11636 - 11642 NW 19th Drive - \$1,098,100  
 11622 - 11632 NW 19th Drive - \$1,637,800  
 11656 - 11670 NW 19th Drive - \$1,905,000  
 11672 - 11682 NW 19th Drive - \$1,637,800  
 11684 - 11690 NW 19th Drive - \$1,098,100  
 11614 - 11620 NW 19th Drive - \$1,908,100  
 11600 - 11612 NW 19th Drive - \$1,905,000  
 11692 - 11704 NW 19th Drive - \$1,905,000  
 11634 NW 19th Drive (Pool House) - \$83,500 / Outdoor Property - \$327,100  
 Total Insured Value - \$14,335,100

#### PROPERTY PRIMARY XWIND:

Carrier: Princeton E&S Lines Insurance Company  
 Policy #: 4WA3CM000021501  
 Policy Term: 12/1/2023 - 12/1/2024  
 Cause of Loss: Special, Excluding Wind/Hail / Valuation: Replacement Cost / Coinsurance: NIL  
 Policy Limit: \$5,000,000 / Deductible: \$10,000 per occurrence  
 Total Insured Value: \$14,335,100

#### PROPERTY EXCESS XWIND:

Carrier: Certain Underwriters at Lloyds  
 Policy #: UB231264A0952  
 Policy Term: 12/1/2023 - 12/1/2024  
 Cause of Loss: Special, Excluding Wind/Hail / Valuation: Replacement Cost / Coinsurance: NIL  
 Policy Limit: \$9,335,100 excess of \$5,000,000 Primary

#### OUTDOOR PROPERTY:

Carrier: Scottsdale Insurance Company  
 Policy #: CPS7906713  
 Policy Term: 12/1/2023 - 12/1/2024  
 Cause of Loss: Special, Excluding Wind/Hail / Valuation: Replacement Cost / Coinsurance: 80%  
 Policy Limit: \$230,000 / Deductible: \$5,000 All Other Perils

#### EQUIPMENT BREAKDOWN:

Carrier: Travelers Excess & Surplus Lines Company  
 Policy #: BME11X40155ATXS23  
 Property Damage - \$14,335,100 limit / \$2,500 deductible  
 Extra Expense - \$100,000 limit / Deductible - 24 hour waiting period

#### CRIME:

Carrier: Hanover Insurance Company  
 Policy #: BDJJ60649700  
 Policy Term: 12/1/2023 - 12/1/2024  
 Employee Theft - \$100,00 limit / \$500 deductible / Property Manager Included

#### GLASS:

Carrier: USPlate Glass Insurance Company  
 Policy #: FL10221301  
 Policy Term: 12/1/2023 - 12/1/2024  
 Condo Unit Glass - \$700,000 limit / \$0 deductible