

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

1/14/2022

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 Commercial Lines - (305) 443-4886 USI Insurance Services LLC 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 305-443-4886 E-MAIL ADDRESS: miag_certs@usi.com	FAX (A/C, No): 610-537-2273
	INSURER(S) AFFORDING COVERAGE	
INSURED Plaza South Association Inc. 4280 Galt Ocean Drive Ft. Lauderdale, FL 33308	INSURER A: Kinsale Insurance Company	NAIC # 38920
	INSURER B: See attached	
	INSURER C: Liberty Mutual Insurance Co.	23043
	INSURER D: Zenith Insurance Company	13269
	INSURER E: Hartford Steam Boiler Inspection and Ins Co	11452
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 670622**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 INSD	SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			01001736850	12/31/2021	12/31/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <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) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MCREA1765502	12/31/2021	12/31/2022	EACH OCCURRENCE \$ \$25,000,000 AGGREGATE \$ \$25,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Z126400709	12/31/2021	12/31/2022	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
E	Boiler/Machinery			FBP019693610	12/31/2021	12/31/2022	\$84,401,269 Ded: \$2,500

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

Unit Owner Name: .
Address: .

Description:
Proof of coverage

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

B. M. Cant

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ACORD 25 (2016/03)

General Liability

Remark(s):
General Liability for condo association.

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Travelers Casualty and Surety Company
POLICY NUMBER: 105724010
POLICY PERIOD: Effective Date: 12/31/2021 Expiration Date: 12/31/2022
Limit: \$ 1,300,000
Remark(s):
Extends coverage property manager and employees

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Philadelphia Indemnity Insurance Company
POLICY NUMBER: PCAP0270980220
POLICY PERIOD: Effective Date: 12/31/2021 Expiration Date: 12/31/2022
Limit: \$ 1,000,000

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

1/14/2022

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 Commercial Lines - (305) 443-4886 USI Insurance Services LLC 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133		PHONE (A/C, No, Ext): 		COMPANY Underwriters at Lloyds, London (IL)	
FAX (A/C, No): 		E-MAIL ADDRESS: 		LOAN NUMBER 	
CODE: 		SUB CODE: 		POLICY NUMBER 0664172611	
AGENCY CUSTOMER ID #: 		INSURED Plaza South Association Inc. 4280 Galt Ocean Drive Ft. Lauderdale, FL 33308		EFFECTIVE DATE 4/15/2021	
				EXPIRATION DATE 4/15/2022	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION Bldg: 1 Location: 4280 Galt Ocean Drive Ft. Lauderdale, FL 33308 Total # Units: 336
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
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COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
see attached for coverage information.		

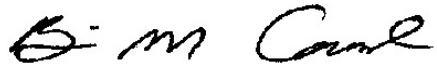
REMARKS (Including Special Conditions)

Unit Owner Name: . Address: . Description: Proof of coverage

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 Proof of coverage 	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE		
	LOAN # 		
AUTHORIZED REPRESENTATIVE 			

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: Underwriters at Lloyds, London (IL)
POLICY NUMBER: 0664172611
POLICY PERIOD: Effective Date: 4/15/2021 Expiration Date: 4/15/2022
Business Income: Extra Expense:
 Blanket Limit Applies
 Replacement Cost Special Basic

Remark(s):
Ordinance or Law Coverage A:Full limit Coverage B&C:\$1,000,000. Policy includes separations of insured's. Coverage for common areas up to unfinished drywalls within units. Unit interiors is the responsibility of the unit owners. Limit is based at 100% RC up to the appraisal limit.

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	4280 Galt Ocean Drive Ft. Lauderdale, FL 33308	\$ 84,210,394	336	3%	\$ 5,000	NIL

FLOOD

INSURANCE CARRIER: Imperial Fire and Casualty Insurance Co, Replacement Cost, Flood Zone: AO Grandfathered x

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
1	4280 Galt Ocean Drive Ft. Lauderdale, FL 33308	\$ 84,000,000	336	0000327141	\$ 1,250	2/17/2022-2/17/2023

WRAP AROUND

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

EXCESS FLOOD

Not Covered
