Client#: 121733 ISLANCLU							
	ACORD. CERTI	TE OF LIAB	LITY INSURANCE			DATE (MM/DD/YYYY) 11/06/2024	
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 any rights to the certificate holder in lieu of such endorsement(s).							
	DUCER		CONTACT Patty Cusella				
USI Insurance Services, LLC				PHONE (A/C, No, Ext): 954-607-4000 FAX (A/C, No): 954-607-4010			
2400 East Commercial Blvd.				E-MAIL ADDRESS: patty.cusella@usi.com			
	607-4000		INSURER(S) AFFORDING COVERAGE NAIC #				
FO	t Lauderdale, FL 33308		INSURER A : Mt. Hawley Insurance Company 37974				
INSU	Island Club One, Inc.		INSURER B : Greenwich Insurance Company			22322	
	Board of Directors		INSURER C : Continental Casualty Company			20443	
777 S Federal Highway, Bldg F, Ste #3A				INSURER D : Aspen Specialty Insurance Company			10717
Pompano Beach, FL 33062				INSURER E : Travelers Casualty & Surety Co. of Amer INSURER F : Great American Insurance Company			31194 16691
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER							10091
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	DDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	S
Α	X COMMERCIAL GENERAL LIABILITY		MGL0198940	03/06/2024	03/06/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$50,000
						MED EXP (Any one person)	\$1,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	POLICY JECT LOC OTHER:					PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
в	X UMBRELLA LIAB X OCCUR		PPP7484726	03/06/2024	03/06/2025	EACH OCCURRENCE	\$15,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$15,000,000
С	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC425931341	11/01/2024	11/01/2025	PER OTH STATUTE ER	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE	/ A				E.L. EACH ACCIDENT	\$500,000
1	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	
_	DÉSCRIPTION OF OPERATIONS below			4 8 18 4 19 9 7 -	101011000	E.L. DISEASE - POLICY LIMIT	\$ 500,000
D	Property (X-Wind)		WKFCC0484501			Per Schedule	
E	Crime		105859688 EBB433640207			\$1,350,000	
F D&O EPP433649207 03/06/2024 03/06/2025 \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) EPP433649207 03/06/2025 \$1,000,000							
Buildings are all located at 777 South Federal Highway, Pompano Beach, FL 33062. Building limits/# of units are indicated on the following page.							
Property coverage includes replacement cost subject to the limit shown. Coinsurance NIL, Agreed Amount							
applies. Building Ordinance or Law Coverage A Included, Coverage B/C Combined \$250,000.							
(See Attached Descriptions)							
CE	RTIFICATE HOLDER		CANCELLATION				
Proof of Coverage Only				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			

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DESCRIPTIONS (Continued from Page 1)

Windstorm coverage provided as follows, effective 02/05/2024-02/05/2025: Mt. Hawley Insurance Company. \$5,000,000 Primary. Policy Number: MWC0601713. AXIS Surplus Insurance Company, \$5,000,000 Excess of \$5,000,000. Policy Number EAF672362-24 Multiple Carriers, \$11,046,500 Excess of \$10,000,000. Wind Ordinance or Law Coverage A Included, Coverage B&C Combined \$500,000 Sublimit.

Equipment breakdown carrier is Liberty Mutual Effective 12/01/2023-12/01/2024. Policy #YB2L9L477146013. Limit is \$21,046,500.

Per the Florida Condominium Statute, coverage is bare walls out, so unit owners should purchase a HO-6 policy.

Separation of insureds included with regards to General Liability.

Crime policy includes property manager.

Deductibles: \$13,000 Crime/Fidelity; \$5,000; \$1,000 Directors & Officers; \$2,500 General Liability. All Covered Perils (Wind) \$100,000 except 10.00% of the Total Insurable Values Per Building (including time element if applicable) at the time of loss or damage subject to a minimum of \$250,000 Per Occurrence for Named Storm. All Other Perils (Property-X Wind) \$25,000.

Property Limits by building / # of units per building: Building E- \$5,126,784 limit, 32 units Building F- \$4,323,696 limit, 26 units Building G- \$8,969,064 limit, 54 units Building H- \$3,364,452 limit, 21 units