

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).

PRODUCER USI Insurance Services, LLC 2400 East Commercial Blvd. 954 607-4000 Fort Lauderdale, FL 33308	CONTACT NAME: Patty Cusella PHONE (A/C, No, Ext): 954-607-4000 E-MAIL ADDRESS: patty.cusella@usi.com	FAX (A/C, No): 954-607-4010													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Mt. Hawley Insurance Company</td> <td>37974</td> </tr> <tr> <td>INSURER B : Aspen Specialty Insurance Company</td> <td>10717</td> </tr> <tr> <td>INSURER C : Travelers Casualty & Surety Co. of Amer</td> <td>31194</td> </tr> <tr> <td>INSURER D : United States Liability Insurance Co.</td> <td>25895</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Mt. Hawley Insurance Company	37974	INSURER B : Aspen Specialty Insurance Company	10717	INSURER C : Travelers Casualty & Surety Co. of Amer	31194	INSURER D : United States Liability Insurance Co.	25895	INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Mt. Hawley Insurance Company	37974														
INSURER B : Aspen Specialty Insurance Company	10717														
INSURER C : Travelers Casualty & Surety Co. of Amer	31194														
INSURER D : United States Liability Insurance Co.	25895														
INSURER E :															
INSURER F :															


INSURED
 Island Club One, Inc.
 Board of Directors
 777 S Federal Highway, Bldg F, Ste #3A
 Pompano Beach, FL 33062

COVERAGES CERTIFICATE NUMBER: 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 INSR	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:			MGL0201870	03/06/2025	03/06/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Property			WKFCC0484502	12/01/2024	12/01/2025	See Attached Schedule
C	Crime			105859688	12/01/2024	12/01/2025	\$1,350,000
D	D&O			CAP1571164	03/06/2025	03/06/2026	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Buildings are all located at 777 South Federal Highway, Pompano Beach, FL 33062. Cause of loss is Special. Valuation is replacement cost. Coinsurance NIL, Agreed Amount applies. Building Ordinance or Law Coverage A Included, Coverage B/C 10% of Bldg Limit, as Sublimit (Max \$250,000).
 (See Attached Descriptions)

CERTIFICATE HOLDER Proof of Coverage Only	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 

DESCRIPTIONS (Continued from Page 1)

Windstorm coverage provided as follows, effective 02/05/2025-02/05/2026. Policy Number: MWC0602168.
5,000,000 Primary: Mt. Hawley Insurance Company. \$5,000,000 Excess of \$5,000,000: AXIS Surplus Insurance
Company. \$11,046,500 Excess of \$10,000,000: Multiple Carriers. Valuation is replacement cost. Agreed amount
Applies, Coinsurance N/A. Wind Ordinance or Law Coverage A Included, Coverage B&C Combined \$500,000
Sublimit.

Equipment breakdown carrier is Liberty Mutual Effective 12/01/2024-12/01/2025. Policy #YB2L9L477146014.
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; \$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- \$5,258,240 bldg limit, 32 units
Building F- \$4,434,560 bldg limit, \$20,000 contents limit, 26 units
Building G- \$9,199,040 bldg limit, 54 units
Building H- \$3,450,720 bldg limit, 21 units
Building J - \$1,481,332 bldg limit, 9 Units