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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 1/19/2022

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	PHONE (A/C, No, Ext): (561) 395-1433
Plastridge Insurance Agency 2100 N. Dixie Highway Boca Raton, FL 33431	
FAX (A/C, No): (561) 395-4755	E-MAIL ADDRESS: bocadocs@plastridge.com
CODE:	SUB CODE:
AGENCY CUSTOMER ID #: COUNCLU-05	

COMPANY
RenaissanceRe Specialty U.S. Ltd.
Renaissance House 12 Crow Lane
Pembroke HM 19
BERMUDA

INSURED
Country Club Tower of Coral Springs Association, Inc.
10777 Sample Road
Coral Springs, FL 33065

LOAN NUMBER	POLICY NUMBER
	CHSE-00368-0

EFFECTIVE DATE	EXPIRATION DATE	
12/27/2021	12/27/2022	☐ CONTINUED UNTIL TERMINATED IF CHECKED

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc # 1, Bldg # 2, 10777 W Sample Road, Coral Springs, FL 33065, Maintenance Building
Loc # 1, Bldg # 1, 10777 W Sample Road, Coral Springs, FL 33065, 209 Unit, 12 Story Residential Condo

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
Loc # 1, Bldg # 2		
Additional Building Property, Special (Including theft), Agreed Amount (waived coinsurance) and Replacement Cost	$60,209	5,000
Loc # 1, Bldg # 1		
Additional Covered Property, Special (Including theft), Agreed Amount (waived coinsurance) and Replacement Cost	$28,800	5,000
Swimming Pools, Special (Including theft), Agreed Amount (waived coinsurance) and Replacement Cost	$82,800	5,000
Business Personal Property, Special (Including theft), Agreed Amount (waived coinsurance) and Replacement Cost	$100,000	5,000
Condo Association Building, Special (Including theft), Agreed Amount (waived coinsurance) and Replacement Cost	$28,310,508	5,000

REMARKS (Including Special Conditions)

Special Conditions:
209 UNITS, BUILT 1974
SPECIAL FORM, RCV, AGREED VALUE SCHEDULED
DEDUCTIBLES: 5% WIND/HAIL DED ANNNUAL AGGREGATE, $5,000 AOP, $25,000 MIN WIND DED; $10,000 ALL OTHER WIND DED, 3% SINKHOLE
ORDINANCE OR LAW: COVERAGE A - FULL BUILDING LIMIT; COVERAGE B&C COMBINED - $1,000,000
EQUIPMENT BREAKDOWN EXCLUDED

For Information 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.

ADDITIONAL INTEREST

NAME AND ADDRESS

For Information Only
To add mortgage clause, please fax to
561-819-1660 or email to
proofofinsurance@plastridge.com

☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☒ For Information Only

LOAN #

AUTHORIZED REPRESENTATIVE

COUNCLU-05 DFERAZZOLI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/7/2022

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	CONTACT NAME: Curt Levine	
Plastridge Insurance Agency 2100 N. Dixie Highway Boca Raton, FL 33431	PHONE (A/C, No, Ext): (561) 395-1435	FAX (A/C, No): (561) 395-4755
	E-MAIL ADDRESS: clevine@plastridge.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Country Club Tower of Coral Springs Association, Inc. 10777 Sample Road Coral Springs, FL 33065	INSURER A : James River Insurance Company	12203
	INSURER B : Technology Insurance Company	42376
	INSURER C : Philadelphia Indemnity Ins Co.	18058
	INSURER D : Greenwich Insurance Company	22322
	INSURER E :	
	INSURER F :	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			00125664-0	12/28/2021	12/28/2022	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 0
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:						**ASSAULT AND BAT**	$ 100,000
A	**AUTOMOBILE LIABILITY**			00125664-0	12/28/2021	12/28/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR			00125662-0	12/28/2021	12/28/2022	EACH OCCURRENCE	$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED X RETENTION $ 0						**Aggregate**	$ 5,000,000
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N	N / A		TWC3963667	5/13/2021	5/13/2022	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N **(Mandatory in NH)**						E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
C	**Crime**			PCAC013091-0220	12/28/2021	12/28/2022	**Prop Mgr Included**	2,000,000
D	**Directors & Officers**			PDO7477154-01	12/28/2021	12/28/2022	**Aggregate Limit**	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Residential Condominium Association - 209 Units
Property manager included on crime policy

CERTIFICATE HOLDER

SEE HOLDER ON ATTACHED ACORD 27

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

Curt Levine