



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/26/2020

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 The John Galt Insurance Agency 6300 NW 5th Way, Suite 100 Ft. Lauderdale, FL 33309 Alan P. Adams	954-440-2800	CONTACT NAME: Certificate Department PHONE (A/C, No. Ext): 954-440-2800 FAX (A/C, No.): 954-440-2833 E-MAIL ADDRESS: commercial@john-galt.com
	INSURER(S) AFFORDING COVERAGE	
INSURED Cypress Chase North 3 Condominium Association, Inc. Charmanie Brooks 3241 NW 47th Terrace Lauderdale Lakes, FL 33319	INSURER A: Mount Hawley Insurance Company	
	INSURER B: Firemens Fund Insurance Co	
	INSURER C: Amtrust North America, Inc.	
	INSURER D: Philadelphia Indemnity Ins 18058	
	INSURER E: See Attached	
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			MGL0190624	04/25/2020	04/25/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRCDUCTS - COMP/OP AGG \$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MGL0190624	04/25/2020	04/25/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PRCPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ -0-			SU00032415325-53480-1	04/25/2020	04/25/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TWC3790629	05/26/2019	05/26/2020	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Directors & officers			PCAP005021-0318	04/25/2020	04/25/2021	Aggregate \$ 1,000,000

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

RESIDENTIAL CONDOMINIUM ASSOCIATION

x x
x, xx, x x

CERTIFICATE HOLDER **CANCELLATION**

x Loan number x x x, x x	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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Cypress Chase North Condominium No. 3 Association, Inc.

Property / Hazard Schedule

Insurance Carrier: Heritage Property Insurance
 Policy Number: HCP007482-00
 Policy Period: Effective Date: 4/25/2020 Expiration Date: 4/25/2021

Blanket Limit Applies
 Replacement Cost Special Basic

Additional Wording: 2% Per Calendar Year Windstorm/Hurricane Deductible
 \$3% Per Building/Per Occurrence Sinkhole Deductible
 Ordinance or Law Coverage A full limit, Ordinance or Law Coverage B & C Combined Policy Limit of \$793,070
 Equipment Breakdown Coverage Included

Building	Location	Limit		# Units	Deductible
		Building	Contents		
1	3141-3161 NW 47th Terrace, Lauderdale Lakes	\$15,861,394	\$0	140	\$2,500

Crime

Insurance Carrier: Philadelphia Indemnity Insurance Co.
 Policy Number: PCAC010178-0120
 Policy Period: Effective Date: 4/25/2020 Expiration Date: 4/25/2021

Coverages:	Limit	Retention
Employee Theft	\$500,000	\$250
ERISA Fidelity	\$500,000	\$0
Forgery or Alteration	\$500,000	\$250
Inside the Premises	\$25,000	\$250
Outside the Premises	\$25,000	\$250
Computer Fraud & Funds Transfer Fraud	\$500,000	\$250
Money Orders and Counterfeit Paper	\$25,000	\$250

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