



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/04/2023

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 954-440-2800 The John Galt Insurance Agency 3303 W Commercial Blvd, #200 Ft. Lauderdale, FL 33309 Alan P. Adams	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	
INSURER A: Cumis Specialty Insurance Co	NAIC #
INSURER B: Greenwich Insurance Company	22322
INSURER C: Luba Casualty Insurance	
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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FXZ000416/2300	04/25/2023	04/25/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	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			FXZ000416/2300	04/25/2023	04/25/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY 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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ -0-			PPP7486022L23A-01	04/25/2023	04/25/2024	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) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WC307-0124509-2023A	05/26/2023	05/26/2024	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	DIRECTORS&OFFICERS D&O CLAIMS MADE			PCAP005021-0618	04/25/2023	04/25/2024	D&O AGGR. 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RESIDENTIAL CONDOMINIUM ASSOCIATION WITH 140 UNITS.

CERTIFICATE HOLDER	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

NOTEPADCypress Chase North 3 Condominium CYPRE03
INSURED'S NAME Association, Inc. OP ID: BBPAGE 2
Date 05/04/2023

Coverage for the interior of the unit is NOT included. The Unit Owner's are responsible for purchasing their own H06 policy.

Any cancellation notices would be sent to the association as they are the insured. The amount of time would be based upon the reason for cancellation (i.e. 10 days non-payment; 45 days non-renewal, etc.).

Lenders of unit owners cannot be added as loss payee to the association policies as the policy covers common areas.

Property Manger is considered an Employee by definition of Crime Policy. Therefore, covered under this policy while conducting business for the insured association.

Please carefully read all pages to this Certificate of Insurance, specifically, the additional wording sections. If there are additional questions, please email your questions to commercial@john-galt.com or fax to 954-440-2833 as we are unable to provide any verbal coverage details.

Policy limits are written with an 80% Coinsurance Penalty Agreement.

Cypress Chase North Condominium No. 3 Association, Inc.

Property / Hazard Schedule

Insurance Carrier: Heritage Property Insurance Co.
 Policy Number: HCP009420-0
 Policy Period: Effective Date: 4/25/2023 Expiration Date: 4/25/2024

Blanket Limit Applies
 Replacement Cost Special Basic

Additional Wording: 5% Per Occurrence Hurricane/Wind Deductible.
 3% Per TIV Sinkhole Deductible Per Occurrence.
 Roofs are written at an Actual Cash Value.
 Ordinance or Law Coverage A, B & C have a combined Policy Sub-Limit of \$250,000.
 Equipment Breakdown Coverage is Included.
 Limits are written with an 80% Coinsurance Penalty Agreement.

Building	Location	Limit		# Units	Deductible
		Building	Contents		
1	3141-3161 NW 47th Terrace, Lauderdale Lakes	\$19,473,316	\$0	140	\$10,000

Crime

Insurance Carrier: Philadelphia Indemnity Insurance Co.
 Policy Number: PCAC010178-0420
 Policy Period: Effective Date: 4/25/2023 Expiration Date: 4/25/2024

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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