

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/10/2023

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 Commercial Lines - (305) 443-4886 USI Insurance Services LLC 201 Alhambra Circle, Suite 1205 Coral Gables, Florida 33134	CONTACT NAME: USI Insurance Services PHONE (A/C. No. Ext): 305-443-4886 E-MAIL ADDRESS: Miagcerts@usi.com	FAX (A/C. No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Water Glades 100, 300, & POA 5540 N. Ocean Drive Riviera Beach, FL 33404	INSURER A: Colony Insurance Company	NAIC # 39993
	INSURER B: See attached	
	INSURER C: XL Insurance America, Inc.	24554
	INSURER D: Associated Industries Insurance Co	23140
	INSURER E: Federal Insurance Company	20281
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 703663**REVISION NUMBER:** See below

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			103GL020780000	3/1/2023	3/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded 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 <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			AUR050558800	3/1/2023	3/1/2024	EACH OCCURRENCE \$ 50,000,000 AGGREGATE \$ 50,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			AWC1179554	3/13/2023	3/13/2024	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
E	Equipment Breakdown			76444117	3/01/2023	3/01/2024	Limit \$62,643,345 Ded. \$5,000

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

Unit Owner Name: *
 Address: *

CERTIFICATE HOLDER**CANCELLATION**

*
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 *

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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ACORD 25 (2016/03)

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Philadelphia Indemnity Insurance Company
POLICY NUMBER: PCAC0037000319 -Tower 100
POLICY PERIOD: Effective Date: 3/1/2023 Expiration Date: 3/1/2024
Limit: \$ 500,000
Remark(s):
Tower 300 - PCAC0036680419 \$1,000,000
POA- PCAC0036340519 \$1,000,000

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Philadelphia Indemnity Insurance Company
POLICY NUMBER: PCAP0019540518 - Tower 100
POLICY PERIOD: Effective Date: 3/1/2023 Expiration Date: 3/1/2024
Limit: \$ 1,000,000
Remark(s):
Tower 300-RSUI Indemnity - Pol # NPP698553
Limit \$1,000,000
POA- Mcgowan - Pol# NPP698554 Limit \$1,000,000

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

3/10/2023

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 Commercial Lines - (305) 443-4886 USI Insurance Services LLC 201 Alhambra Circle, Suite 1205 Coral Gables, Florida 33134		PHONE (A/C, No, Ext):	COMPANY QBE Insurance Corporation	
FAX (A/C, No):	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:				
INSURED Water Glades 100, 300, & POA 5540 N. Ocean Drive Riviera Beach, FL 33404		LOAN NUMBER	POLICY NUMBER See Remarks Below	
		EFFECTIVE DATE 3/1/2023	EXPIRATION DATE 3/1/2024	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION see attached for location information.
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
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COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
see attached for coverage information.		


REMARKS (Including Special Conditions)

Unit Owner Name: * Address: *

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 * * *	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE 			

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: QBE Insurance Corporation
 POLICY NUMBER: See Remarks Below
 POLICY PERIOD: Effective Date: 3/1/2023 Expiration Date: 3/1/2024
 Business Income: Extra Expense:
 Blanket Limit Applies
 Replacement Cost Special Basic

Remark(s):
 Agreed amount
 Tower 100 Policy Number QFW580710 Ordinance and Law: B&C Comb \$2,500,000/
 POA Policy Number BINDER20275189 Ordinance and Law: B&C \$2,500,000
 Tower 300 Policy Number QFW8080810 Ordinance and Law: B&C Comb \$2,500,000

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	5540 North ocean Drive (Tower 100) Riviera Beach, FL 33404	\$ 16,447,087	72	2%	\$ 2,500	N/A
3	5510 North Ocean Drive (Tower 300) Riviera Beach, FL 33404	\$ 22,583,345	100	3%	\$ 2,500	N/A
	5550 North Ocean Drive (POA) Riviera Beach, FL 33404	\$ 4,197,903	0		\$ 2,500	N/A

WINDSTORM

INSURANCE CARRIER: ---
 POLICY NUMBER:
 Coverage Included in Property/Hazard Policy See Property/Hazard Schedule for Locations & Limits Replacement Cost

FLOOD

INSURANCE CARRIER: QBE Insurance Corporation, Replacement Cost, Flood Zone: VE

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
1	5540 North ocean Drive (Tower 100) Riviera Beach, FL 33404	\$ 18,000,000	72	0002028948	\$ 1,250	11/1/2022-11/1/2023

INSURANCE CARRIER: Wright National Flood Ins Co, Replacement Cost, Flood Zone: VE

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
2	5550 North Ocean Drive (Tower 200) Riviera Beach, FL 33404	\$ 21,000,000	84	09115103389209	\$ 1,250	11/1/2022-11/1/2023

INSURANCE CARRIER: QBE Insurance Corporation, Replacement Cost, Flood Zone: VE

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
3	5510 North Ocean Drive (Tower 300) Riviera Beach, FL 33404	\$ 25,000,000	100	0002028949	\$ 1,250	11/1/2022-11/1/2023

EXCESS FLOOD

Not Covered