



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/30/2019

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).

<b>PRODUCER</b> The John Galt Insurance Agency 6300 NW 5th Way, Suite 100 Ft. Lauderdale, FL 33309 Alan P. Adams		<b>954-440-2800</b> <b>CONTACT NAME:</b> Certificate Department <b>PHONE (A/C, No. Ext):</b> 954-440-2800 <b>FAX (A/C, No.):</b> 954-440-2833 <b>E-MAIL ADDRESS:</b> commercial@john-galt.com
<b>INSURED</b> Dadeland Capri Condominium Association Inc. 7475 SW 82nd Street Miami, FL 33143-7301		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Tokio Marine <b>INSURER B:</b> Great American Alliance Ins Co <b>INSURER C:</b> Philadelphia Indemnity Ins <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
		<b>NAIC #</b> 26832 18058

**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 OTHER:			PPK2016632	07/30/2019	07/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRCDUCTS - COMP/OP AGG \$ 2,000,000
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			PPK2016632	07/30/2019	07/30/2020	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 RETENTION \$			UM 30169296	07/30/2019	07/30/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	<b>DIRECTORS&amp;OFFICERS</b>			PCAP010479-0218	07/30/2019	07/30/2020	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 with Clubhouse & Pool

x x  
x x, x, x xxxx

### CERTIFICATE HOLDER

### CANCELLATION

x Loan number x x x x, x x	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  AUTHORIZED REPRESENTATIVE 
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# DADELAND CAPRI CONDOMINIUM ASSOCIATION, INC.

## Property / Hazard Schedule

Insurance Carrier: **\*\*MULTIPLE**  
 Policy Number: **\*\*LAYERED RISK**  
 Policy Period: Effective Date: 8/6/2019 Expiration Date: 8/6/2020

(X) Replacement Cost (X) Special ( ) Basic

Additional Wording: \$5,000 All Other Perils Deductible  
 3% Calendar Year Hurricane Deductible **PER BUILDING:** The deductible for covered Hurricane Loss or Damage is \$382,857 subject to \$50,000 minimum per occurrence which shall apply at the time of loss per policy year during the policy period and, once fully eroded. Thereafter a trailing deductible of \$25,000 shall apply per occurrence for covered Named Windstorm Loss or Damage.  
 \$25,000 All Other Wind Deductible  
 Ordinance or Law Coverage A is included; Ordinance or Law Coverage B & C combined limit of \$2,000,000  
 Values are based on an Agreed Value therefore the coinsurance is NIL

Building	Location	Limit		# Units
		Building	Contents	
1	7473-7487 SW 82nd Street Miami FL 33143	12,344,308		120
2	7487 SW 82nd Street Miami FL 33143	284,785		Clubhouse
		58,000		Pool
		17,300		Pool Deck
		8,800		Entry & Pool Area Fencing
		13,000		Sliding Entry Gate
		1,500		Tele-Entry Equipment
		33,700		Common Area & Pool Area Lighting
		500		Signage

### Limit, Carrier Name, Policy Number & Notes

5,000	Certain Underwriters at Lloyds of London	AOP-190338	
12,756,893	Certain Underwriters at Lloyds of London	AQS-191152	45.92% OF SHARED LAYER
	HDI Global Specialty SE	HAQS-191152	10.08% OF SHARED LAYER
	General Security Indemnity Company of Arizona	TR00093911901152	25.00% OF SHARED LAYER
	Crum & Forster Specialty Insurance Company	SRC-101023	10.00% OF SHARED LAYER
	Western World Insurance Co.	SCO0000860	6.500% OF SHARED LAYER
	Safety Specialty Insurance Company	AMS-191152	2.500% OF SHARED LAYER

### CRIME

Insurance Carrier: Philadelphia Indemnity Insurance Co.  
 Policy Number: PCAC006975-0119  
 Policy Period: Effective Date: 7/30/19 Expiration Date: 7/30/20

Insuring Agreements:	Limit	Deductible
Employee Theft	\$125,000	\$250
ERISA Fidelity	\$125,000	\$0
Forgery or Alteration	\$125,000	\$250
Computer Fraud and Funds Transfer Fraud	\$125,000	\$250

### BOILER & MACHINERY

Insurance Carrier: Traveler's Casualty & Surety Co.  
 Policy Number: BME1-8N021888-TIL-19  
 Policy Period: Effective Date: 8/6/19 Expiration Date: 8/6/20

[ ] Blanket Limit Applies  
 [ ] Replacement Cost [ ] Special [ ] Basic

### Additional Wording:

Building	Location	Limit	# Units	Deductible
1	7473-7487 SW 82nd Street Miami FL 33143	\$12,804,393	120	\$2,500