

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/15/2017

PRODUCER Gateway Insurance Agency, LC P.O. Box 5648 Ft. Lauderdale, FL 33310 (954) 735-5500	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED 121 Golden Condominium Association, Inc. c/o 121 Golden Condominium Association, Inc. 121 Golden Isles Drive Hallandale Beach, FL 33009	INSURER A: Wilshire Insurance	
	INSURER B: Endurance American	
	INSURER C: Liberty Mutual	
	INSURER D:	
	INSURER E:	

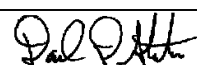
COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <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	LB00131931	04/20/2017	04/20/2018	EACH OCCURRENCE	\$ 1000000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
					MED EXP (Any one person)	\$ 5000
					PERSONAL & ADV INJURY	\$ 1000000
					GENERAL AGGREGATE	\$ 20000000
					PRODUCTS - COMP/OP AGG	\$ Included
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	LB00131931 LB00131931	04/20/2017 04/20/2017	04/20/2018 04/20/2018	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ Included \$ \$ \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	\$ \$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	UM3842794	04/20/2017	04/20/2018	EACH OCCURRENCE AGGREGATE	\$ 15000000 \$ 15000000 \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$
C	OTHER Directors & Officers Crime	CAP0259430215 CAC0118380115	04/20/2017 04/20/2017	04/20/2018 04/20/2018	\$1,000,000/\$1,000 Ded \$25,000/\$1,000 Ded	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

B: Fire #A252414 ef 4/20/2017-18/Bldg \$18,984,900/Garage \$294,100/Pool \$45,300/Contents \$50,000/\$5,000 Ded w/Ordinance or Law Coverage A/undamaged portion/Equipment Breakdown 19,374,300
 Windstorm Deductible 5% Named Storm / All other Windstorm Deductible \$25,000 Each Occurrence
 Flood Policy No: 3410019903 07/30/2016-2017 (Declaration Page Attached)
 No of Units 94

CERTIFICATE HOLDER For Information Only Visit www.eoidirect.com to order a valid certificate of Insurance Loan Number: N/A	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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Policy Number: 18341001992016

FLOOD POLICY DECLARATIONS
Hartford Insurance Company of the Midwest

Standard Policy

Type: Renewal
Policy Period: 07/30/2016 To 07/30/2017
Form: RCBAP

To report a claim call: (800) 759-8656
These Declarations are effective
as of: 07/30/2016 at 12:01 AM

Address Info

Producer Name and Mailing Address:
GATEWAY-ACENTRIA INSURANCE LLC
PO BOX 5648
FORT LAUDERDALE, FL 33310-5648

Insured Name and Mailing Address:
121 GOLDEN CONDO
&/OR ALL UNIT OWNERS ATIMA
121 GOLDEN ISLES DR
HALLANDALE, FL 33009-5887

NFIP Policy Number: 3410019903
Agent/Agency #: 06845-00000-000
Reference #:
Phone #: (954)735-5500

NAIC Number: 19682
Processed by:
Flood Insurance Processing Center
P.O. Box 2057 Kalispell MT 59903-2057

Property Info

Property Location:
121 GOLDEN ISLES DR
HALLANDALE, FL 33009-5887

Building Description:
Other Residential
Three or More Floors
Elevated With Enclosure
High Rise

Primary Residence: N
Premium Payor: Insured
Flood Risk/Rated Zone: AE **Current Zone:**
Community Number: 12 5110 0319 F
Community Name: HALLANDALE BEACH, CITY OF
Grandfathered: No
Pre-Firm Construction
Program Type: Regular

Newly Mapped into SFHA:
Elev Diff: 1
Elevated Building: Y
Includes Addition(s) and Extension(s)
Replacement Cost: \$21,944,500
Number of Units: 94

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	21,944,500	.890 / .059	2,000	55-	14,347.00	Premium Subtotal:	14,347.00
Contents:						ICC Premium:	5.00
Contents Location:						CRS Discount:	2,870.00
						Reserve Fund Assmt:	1,722.00
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	2,000.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	15,454.00

Coverage Limitations May Apply. See Your Policy Form for Details.

Mortgage Info

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

This Declaration Page, in conjunction with the policy, constitutes your Flood Insurance Policy.
In WITNESS WHEREOF, we have signed this policy below and hereby enter into this Insurance Agreement.

Douglas Elliott
Douglas Elliott, President

Terence Shields
Terence Shields, Secretary