

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/02/2018

**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.**

**INSURED**  
121 Golden Condominium Association, Inc.  
c/o 121 Golden Condominium Association, Inc.  
121 Golden Isles Drive  
Hallandale Beach, FL 33009

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Wilshire Insurance Company	13234
INSURER B: Liberty Insurance Underwriters	23035
INSURER C: Liberty Insurance Underwriters	23035
INSURER D: Philadelphia Indemnity Group	18058
INSURER E: American Coastal Insurance Co	12968

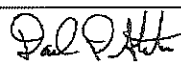
**COVERAGES**

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		<b>GENERAL LIABILITY</b> <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	LB00132006	04/20/2018	04/20/2019	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		<b>AUTOMOBILE LIABILITY</b> <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	LB00132006 LB00132006	04/20/2018 04/20/2018	04/20/2019 04/20/2019	COMBINED SINGLE LIMIT (Ea accident) \$ Included BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B		<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$	MCREA935300	04/20/2018	04/20/2019	EACH OCCURRENCE \$ 15000000 AGGREGATE \$ 15000000 \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D		<b>OTHER</b>	PCAP005115-0118	04/20/2018	04/20/2019	\$1,000,000/\$1,000 Ded
C		<b>Crime</b>	CAC011838-0415	04/20/2018	04/20/2019	\$25,000/\$1,000 Ded

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 121 Golden Condominium Association, Inc., 121 Golden Isles Drive, Hallandale Beach, FL 33009  
 E: Fire AMC-35046-00 ef 4/20/2018-19/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 07/30/2017-2018 (Declaration Page Attached)  
 No of Units 94

**CERTIFICATE HOLDER**  
 121 Golden Condominium Association, Inc.  
 121 Golden Isles Drive  
 Hallandale Beach, FL 33009

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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 



Policy Number: 18341001992017

# FLOOD POLICY DECLARATIONS

Hartford Insurance Company of the Midwest

Standard Policy

Type: Renewal

Policy Period: 07/30/2017 To 07/30/2018

Original New Business Effective Date: 01/01/2000

Reinstatement Date:

Form: RCBAP

For payment status, call: (888) 245-7274

These Declarations are effective

as of: 07/30/2017 at 12:01 AM

Address Info	<b>Producer Name and Mailing Address:</b> GATEWAY-ACENTRIA INSURANCE LLC PO BOX 5648 FORT LAUDERDALE, FL 33310-5648	<b>Insured Name and Mailing Address:</b> 121 GOLDEN CONDO &/OR ALL UNIT OWNERS ATIMA 121 GOLDEN ISLES DR HALLANDALE, FL 33009-5887
	<b>NFIP Policy Number:</b> 3410019903 <b>Agent/Agency #:</b> 06845-00000-000 <b>Reference #:</b> <b>Phone #:</b> (954)735-5500	<b>NAIC Number:</b> 19682 <b>Processed by:</b> Flood Insurance Processing Center P.O. Box 2057 Kalispell MT 59903-2057

Property Info	<b>Property Location:</b> 121 GOLDEN ISLES DR HALLANDALE, FL 33009-5887	<b>Building Description:</b> Other Residential Three or More Floors Elevated With Enclosure High Rise
	<b>Primary Residence:</b> N <b>Premium Payor:</b> Insured <b>Flood Risk/Rated Zone:</b> AE <b>Current Zone:</b> <b>Community Number:</b> 12 5110 0319 F <b>Community Name:</b> HALLANDALE BEACH, CITY OF <b>Grandfathered:</b> No Pre-Firm Construction <b>Program Type:</b> Regular	<b>Newly Mapped into SFHA:</b> <b>Elev Diff:</b> 1 <b>Elevated Building:</b> Y Includes Addition(s) and Extension(s) <b>Replacement Cost:</b> \$21,944,500 <b>Number of Units:</b> 94

Coverage & Rating	Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
	Building:	21,944,500	1.000 / .060	2,000	55-	14,757.00	Premium Subtotal:	14,757.00
	Contents:						Multiplier:	
	Contents						ICC Premium:	5.00
Location:						CRS Discount:	2,952.00	
						Reserve Fund Assmt:	1,772.00	
						HFIAA Surcharge:	250.00	
						Federal Policy Fee:	2,000.00	
						Probation Surcharge:	.00	
						Endorsement Amount:	.00	
						<b>Total Premium Paid:</b>	<b>15,832.00</b>	

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

Mortgage Info	<b>First Mortgage:</b>	<b>Loss Payee:</b>
	<b>Second Mortgage:</b>	<b>Disaster Agency:</b>

*Douglas Elliott*  
Douglas Elliott, President

*Terence Shields*  
Terence Shields, Secretary