



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/28/2021

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 3303 W Commercial Blvd, #200 Ft. Lauderdale, FL 33309 Amanda D Carvalho		<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> 121 Golden Condo Association Inc. Bianca 121 Golden Isles Dr. Hallendale Beach, FL 33009			<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Wilshire Insurance Company INSURER B: Philadelphia Insurance Company INSURER C: Liberty Insurance Underwriters INSURER D: Technology Insurance Company INSURER E: INSURER F:
			<b>NAIC #</b> 13234    42376

## 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:			BRK0000770	04/20/2021	04/20/2022	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 PRODUCTS - COMP/OP AGG \$ Included
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BRK0000770	04/20/2021	04/20/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			MCREA-9353-03	04/20/2021	04/20/2022	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	TWC3975126	04/20/2021	04/20/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Directors & Officers **Claims-Made**			PCAP028620-0121	04/20/2021	04/20/2022	D&O Liab \$ 1,000,000

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

**Residential Condominium Association**

## CERTIFICATE HOLDER CANCELLATION

<b>PROOF OF INSURANCE*****</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.
	AUTHORIZED REPRESENTATIVE <i>James D. Rudd</i>

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](mailto:commercial@john-galt.com) or fax to 954-440-2833 as we are unable to provide any verbal coverage details.

Policy limits are written at an Agreed Valued chosen by the insured; therefore, the coinsurance is NIL.

# 121 Golden Condominium Association Inc

**PROPERTY / HAZARD**

Insurance Carrier: Trisura Specialty Insurance Company  
 Policy Number: NCP-8000376-00  
 Policy Period: Effective Date: 04/20/2021 Expiration Date: 04/20/2022

Blanket Limit Applies  
 Replacement Cost  Special  Basic

Additional Wording: Windstorm Excluded - # Units 94  
 Building Ordinance or Law, Coverage "A" Included-Coverages "B" and "C" Combined \$1,000,000.

Building	Location	Limit	BPP/Other	Deductible
15 Story Condo	121 Golden Isles Dr., Hallendale, FL 33009	\$13,894,686.00	50000	10000
	Garage		500196	10000
	Pool		67080	10000
	Pool Fence		10250	10000
	Pool Light 9		3850	10000
	Sun Shade		7500	10000
	Pool Mech Room		4900	10000
	Boat Docks		49850	10000

**WINDSTORM**

Insurance Carrier: Multiple Princeton Excess - General Security Indemnity - Starstone Specialty  
 Policy Number: 3DA3CM0000900-00 - TR00202211602955 - SSP17562  
 Policy Period: Effective Date: 04/20/2021 Expiration Date: 04/20/2022

Blanket Limit Applies  
 Replacement Cost  Special  Basic  Windstorm

Additional Wording:

Building	Location	Limit	# Units	Hurricane Deductible	AOW Deductible
	121 Golden Isles Dr., Hallendale, FL 33009	\$14,588,312.00	94	3%	25000

**GLASS:**

Policy Number: USP FL 68998-09  
 Policy Period: Effective Date: 4/20/2021 Expiration Date: 4/20/2022

Blanket Limit Applies  
 Replacement Cost  Special  Basic

Additional Wording: Replacement at Market Cost not to exceed \$350,000 per  
 loss (Combined Limit of Condo Units and Common Area)

Building	Location	Limit	# Units	AOP Deductible
1	121 Golden Isles Dr, Hallandale Beach, FL 33009	\$350,000	94	NIL

**FLOOD:**

Insurance Carrier: The Hartford Insurance Company  
 Policy Period: Effective Date: 7/30/2020 Expiration: 7/30/2021  
 Flood Zone: AE

Blanket Limit Applies  Grandfathered  
 Replacement Cost  RCBAP  General Form  Dwelling Form

Additional Wording: This Flood policy cover the master condominium association, it's structures and common areas.

Policy #	Location	Limit	# Units	Deductible
3410019903	121 GOLDEN ISLES DR, HALLANDALE BEACH, FL	Building \$23,500,000	Contents 0	94 \$2,000

**CRIME**

Insurance Carrier: Philadelphia Indemnity Insurance Company  
 Policy Number: PCAC013819-0121  
 Policy Period: Effective Date: 4/20/2021 Expiration Date: 4/20/2022

Insuring Agreement	Limit of Insurance/Per Occurrence	Deductible Amount/Per Occurrence
Employee Theft	\$200,000	\$250
Forgery or Alteration	\$ 25,000	\$250
Computer Fraud & Funds Transfer Fraud	\$200,000	\$250
Inside/Outside Premise	\$25,000	\$250
Money Orders/Counterfeit Paper Currency	\$25,000	\$250



THE JOHN GALT INS AGENCY CORP  
6300 NW 5TH WAY SUITE 100  
FORT LAUDERDALE, FL 33309

Agency Phone: (954) 281-7070

NFIP Policy Number: 3410019903  
Company Policy Number: 18341001992019  
Agent: THE JOHN GALT INS AGENCY CORP



Policy Term: 07/30/2020 12:01 AM through 07/30/2021 12:01 AM  
Renewal Billing Payor: INSURED

To report a claim visit or call us at: <https://TheHartford.ManageFlood.com>  
(800) 787-5677

## REVISED FLOOD INSURANCE POLICY DECLARATIONS

### RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY

#### DELIVERY ADDRESS

121 GOLDEN CONDO &/OR ALL UNIT OWNERS ATIMA  
121 GOLDEN ISLES DR  
HALLANDALE BEACH, FL 33009-5887

#### INSURED NAME(S) AND MAILING ADDRESS

121 GOLDEN CONDO &/OR ALL UNIT OWNERS ATIMA  
121 GOLDEN ISLES DR  
HALLANDALE BEACH, FL 33009-5887

#### COMPANY MAILING ADDRESS

Hartford Insurance Company of the Midwest  
PO BOX 913385  
DENVER, CO 80291-3385

#### PROPERTY LOCATION

121 GOLDEN ISLES DR  
HALLANDALE BEACH, FL 330095887

Refer to [www.fema.gov/cost-of-flood](http://www.fema.gov/cost-of-flood) for more information about flood risk and policy rating.

DESCRIPTION: N/A

#### RATING INFORMATION

ORIGINAL NEW BUSINESS DATE: 01/01/2000  
REINSTATEMENT DATE: N/A  
BUILDING OCCUPANCY: OTHER RESIDENTIAL  
CONDOMINIUM INDICATOR: RCBAP HIGH RISE  
NUMBER OF UNITS: 94  
PRIMARY RESIDENCE: NO  
ADDITIONS/EXTENSIONS: N/A  
BUILDING TYPE: THREE OR MORE FLOORS  
BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: FINISHED ENCLOSURE WITHOUT PROPER OPENINGS

DATE OF CONSTRUCTION: 01/01/1950  
COMMUNITY NUMBER: 125110 0751 H REGULAR PROGRAM  
COMMUNITY NAME: HALLANDALE BEACH, CITY OF  
CURRENT FLOOD ZONE: AE  
GRANDFATHERED: NO  
FLOOD RISK/RATED ZONE: AE  
ELEVATION DIFFERENCE: 1  
ELEVATED BUILDING TYPE: ELEVATED  
REPLACEMENT COST: \$23,500,000

#### MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: LOAN NO: N/A  
SECOND MORTGAGEE: LOAN NO: N/A  
ADDITIONAL INTEREST: LOAN NO: N/A  
DISASTER AGENCY: CASE NO: N/A  
DISASTER AGENCY:

#### PREMIUM CALCULATION -- Pre-FIRM Elevation Rated

	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM
BUILDING	\$23,500,000	\$2,000	\$175,000	1.050	\$23,325,000	0.063	(\$55.00)	\$16,478.00
CONTENTS	\$0	\$0	\$0	0.400	\$0	0.120	\$0.00	\$0.00

#### Prefirm Elevation Rated

Coverage limitations may apply. See your policy form for details.

Endorsement Effective Date: 04/08/2021

ENDORSEMENT PREMIUM: \$0.00

ANNUAL SUBTOTAL:	\$16,478.00
INCREASED COST OF COMPLIANCE:	\$8.00
COMMUNITY RATING DISCOUNT: 20%	(\$3,297.00)
RESERVE FUND ASSESSMENT: 18.0%	\$2,374.00
PROBATION SURCHARGE:	\$0.00
<b>ANNUAL PREMIUM:</b>	<b>\$15,563.00</b>
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$2,000.00
<b>TOTAL:</b>	<b>\$17,813.00</b>
PRORATA PREMIUM ADJUSTMENT:	\$0.00
<b>ADJUSTED ANNUAL PREMIUM:</b>	<b>\$17,813.00</b>

In witness whereof, we, as officers of the stock Company declared on the Declarations Page, have caused this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

*Douglas Elliot*  
Doug Elliot, President

*Terence Shields*  
Terence Shields, Secretary

**Zero Balance Due - This Is Not A Bill**

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

This is a Residential Condominium Building Association Policy. If, at the time of the loss, the building is not insured within 80% of the replacement cost of the building or the maximum amount available for this building, whichever is less, a co-insurance penalty will be applied to the claims settlement.

Policy issued by Hartford Insurance Company of the Midwest

Company NAIC: 37478



File: 16728093

Page 1 of 1



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