



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/09/2023

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 The John Galt Insurance Agency 3303 W Commercial Blvd, #200 Ft. Lauderdale, FL 33309 Amanda D Carvalho		954-440-2800	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 954-440-2800 E-MAIL ADDRESS: certificates@john-galt.com	FAX (A/C, No): 954-440-2833
INSURED 121 Golden Condo Association Inc. 121 Golden Isles Dr. Hallendale Beach, FL 33009			INSURER(S) AFFORDING COVERAGE	
			INSURER A: Wilshire Insurance Company	NAIC # 13234
			INSURER B: Greenwich Insurance Company	22322
			INSURER C: Luba Casualty Insurance	
			INSURER D: Philadelphia Indemnity Ins	18058
			INSURER E: SEE ATTACHED	
			INSURER F:	

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	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:			BRK0000770 03	04/20/2023	04/20/2024	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	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			BRK0000770 03	04/20/2023	04/20/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ -0-			PPP7486095	04/20/2023	04/20/2024	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 P/C/O AGG \$ 15,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WC307-0124421-2023A	04/20/2023	04/20/2024	<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
D	DIRECTORS&OFFICERS *CLAIM MADE*			PCAP028620-0321	04/20/2023	04/20/2024	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 With 94 Units

CERTIFICATE HOLDER	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.
	AUTHORIZED REPRESENTATIVE

NOTEPAD

INSURED'S NAME 121 Golden Condo Association Inc.

121GO-1

OP ID: HH

PAGE 2

Date 06/09/2023

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 certificates@john-galt.com or fax to 954-440-2833 as we are unable to provide any verbal coverage details.

121 Golden Condominium Association, Inc.

PROPERTY / HAZARD

Insurance Carrier: Trisura Specialty Insurance Company
 Policy Number: NCP-8001354-00
 Policy Period: Effective Date: 04/20/2023 Expiration Date: 04/20/2024

Replacement Cost Special - EXCLUDING WIND/HAIL

Additional Wording: Wind/Hail EXCLUDED
 Ordinance or Law Coverage "A" Included; B&C Combined \$1,000,000 of Bldg Limits
 # Units - 94
 Coinsurance: 90%
 Equipment Breakdown Included
 Water Damage Deduct: \$25,000 Per Occurrence

Building	Location	Description	Building Limit	Contents/Other	Deductible
1	121 Golden Isles Dr., Hallandale, FL 33009	15 Story Condo	\$13,894,686	\$50,000	\$10,000
2	121 Golden Isles Dr., Hallandale, FL 33009	Garage		\$500,196	\$10,000
3	121 Golden Isles Dr., Hallandale, FL 33009	Pool		\$67,080	\$10,000
4	121 Golden Isles Dr., Hallandale, FL 33009	Pool Fence		\$10,250	\$10,000
5	121 Golden Isles Dr., Hallandale, FL 33009	Pool Lighting (9)		\$3,850	\$10,000
6	121 Golden Isles Dr., Hallandale, FL 33009	Sun Shade		\$7,500	\$10,000
7	121 Golden Isles Dr., Hallandale, FL 33009	Pool Mech Room		\$4,900	\$10,000
8	121 Golden Isles Dr., Hallandale, FL 33009	Boat Docks		\$49,850	\$10,000

WINDSTORM/HAIL

Insurance Carrier: Citizens Property Insurance Corp.
 Policy Number: 09827061 - 1
 Policy Period: Effective Date: 04/20/2023 Expiration Date: 04/20/2024

Replacement Cost (BPP Excluded) Windstorm/Hail ONLY ACV (BPP ONLY)

Additional Wording: Windstorm/Hail Only
 Coinsurance: NIL

Building	Location	Limits		Description	Hurricane Deductible	AOW Deductible
		Building	Contents			
1	121 Golden Isles Dr., Hallandale, FL 33009	\$15,505,000		94 Units	3%	1%
	121 Golden Isles Dr., Hallandale, FL 33009		\$50,000	BPP	3%	\$1,000
	121 Golden Isles Dr., Hallandale, FL 33009	\$500,000		Parking Garage	3%	1%
	121 Golden Isles Dr., Hallandale, FL 33009	\$10,000		Pool Fence	\$1,000	\$1,000
	121 Golden Isles Dr., Hallandale, FL 33009	\$72,000		Pool W/Equip	3%	\$1,000

GLASS

Insurance Carrier: USPlate Glass Insurance Company
 Policy Number: USP FL 68998-11
 Policy Period: Effective Date: 4/20/2023 Expiration Date: 4/20/2024

Replacement Cost

Additional Wording: Replacement at Market Cost not to exceed \$350,000 per loss

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 Number: 18341001992019
 Policy Period: Effective Date: 7/30/2022 Expiration Date: 7/30/2023

Replacement Cost RCBAP

Additional Wording: This Flood policy covers the entire condominium association, it's structures and common areas.
 Flood Zone: AE

Building	Location	Limits		# Units	Deductible
		Building	Contents		
1	121 GOLDEN ISLES DR, HALLANDALE BEACH, FL	\$20,339,000	\$0	94	\$2,000

CRIME

Insurance Carrier: Philadelphia Indemnity Insurance Company
 Policy Number: PCAC013819-0321
 Policy Period: Effective Date: 4/20/2023 Expiration Date: 4/20/2024

Insuring Agreements	Limits	Deductible
Employee Theft And Client Property	\$200,000	\$250
ERISA Fidelity	\$200,000	NIL
Forgery Or Alteration	\$25,000	\$250
Inside The Premise	\$25,000	\$250
Outside The Premises	\$25,000	\$250
Computer Fraud & Funds Transfer Fraud	\$200,000	\$250
Money Orders & Counterfeit Paper Currency	\$25,000	\$250

THIS SPACE INTENTIONALLY LEFT BLANK



THE JOHN GALT INS AGENCY CORP
3303 WEST COMMERCIAL BLVD 200
FORT LAUDERDALE, FL 33309

Agency Phone: (954) 281-7070

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

Payor: INSURED
Policy Term: 07/30/2023 12:01 AM - 07/30/2024 12:01 AM
Policy Form: RCBAP

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

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS
NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS	INSURED NAME(S) AND MAILING ADDRESS
121 GOLDEN CONDO.&/OR ALL UNIT OWNERS ATIMA 121 GOLDEN ISLES DR HALLANDALE BEACH, FL 33009-5887	121 GOLDEN CONDO &/OR ALL UNIT OWNERS ATIMA 121 GOLDEN ISLES DR HALLANDALE BEACH, FL 33009-5887

COMPANY MAILING ADDRESS	INSURED PROPERTY LOCATION
Hartford Insurance Company of the Midwest PO BOX 913385 DENVER, CO 80291-3385	121 GOLDEN ISLES DR HALLANDALE BEACH, FL 330095887

RATING INFORMATION	BUILDING DESCRIPTION:	ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING	BUILDING DESCRIPTION DETAIL:	N/A
NUMBER OF UNITS: 94 UNITS	REPLACEMENT COST VALUE:	\$20,338,289.00
PRIMARY RESIDENCE: NO	DATE OF CONSTRUCTION:	01/01/1950
PROPERTY DESCRIPTION: ELEVATED WITH ENCLOSURE ON POSTS, PILES OR PIERS, 15 FLOOR(S), MASONRY CONSTRUCTION	CURRENT FLOOD ZONE:	AE
PRIOR NFIP CLAIMS: 0 CLAIM(S)	FIRST FLOOR HEIGHT (FEET):	0.7
	FIRST FLOOR HEIGHT METHOD:	ELEVATION CERTIFICATE

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: N/A

RATE CATEGORY — RATING ENGINE	
BUILDING:	COVERAGE DEDUCTIBLE
	\$20,339,000 \$2,000
CONTENTS:	N/A N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.
Please review this declaration page for accuracy. If any changes are needed, contact your agent.
Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.

COMPONENTS OF TOTAL AMOUNT DUE	
BUILDING PREMIUM:	\$9,979.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$1,972.00)
FULL RISK PREMIUM:	\$8,082.00
ANNUAL INCREASE CAP DISCOUNT:	(\$0.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$8,082.00
RESERVE FUND ASSESSMENT:	\$1,455.00
HFAIA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$1,880.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$11,667.00

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

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

Policy issued by: Hartford Insurance Company of the Midwest

Zero Balance Due - This Is Not A Bill

Insurer NAIC Number: 37478



File: 29001132

Page 1 of 1



DocID: 220043493