



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/15/2025

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> Arthur J. Gallagher Risk Management Services, LLC 2255 Glades Rd Ste 240W Boca Raton FL 33431	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 561-922-6924 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>
<b>INSURED</b> 121 Golden Condo Assoc. Inc. Robby Libuse (Sec) 121 Golden Isles Dr Hallandale Beach FL 33009	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> StarStone Specialty Insurance Company <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> United States Liability Insurance Company <b>INSURER D:</b> Philadelphia Insurance Company <b>INSURER E:</b> <b>INSURER F:</b>

License#: 0D69293  
121GOLD-01

NAIC #

44776

22322

25895

18667

**COVERAGES****CERTIFICATE NUMBER:** 1817561648**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLX00108833P-01	4/20/2025	4/20/2026	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 \$ 2,000,000 \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			GLX00108833P-01	4/20/2025	4/20/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7506972	4/20/2025	4/20/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 P/C/O \$ 10,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C D	Directors & Officers Crime			CAP1569311A PCAC013819-0521	4/20/2025 4/20/2025	4/20/2026 4/20/2026	D&O Aggregate See Remarks 1,000,000 See Remarks

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

Crime:  
Employee Theft & Client Property - Limit: \$750,000 Deductible: \$250  
ERISA Fidelity - Limit: \$750,000 Deductible: NIL  
Forgery or Alteration - Limit: \$25,000 Deductible: \$250  
Inside the Premises - Limit: \$25,000 Deductible: \$250  
Outside the Premises - Limit: \$25,000 Deductible: \$250  
Computer Fraud & Funds Transfer Fraud - Limit: \$750,000 Deductible: \$250  
Money Orders & Counterfeit Paper Currency - Limit: \$25,000 Deductible: \$250  
See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Proof of Insurance

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

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, LLC		NAMED INSURED 121 Golden Condo Assoc. Inc. Robby Libuse (Sec) 121 Golden Isles Dr Hallandale Beach FL 33009
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Important Notes For Lenders:  
See Attached...

Coverage for the interior of the unit is NOT included. The Unit Owners are responsible for purchasing their own H06 policy. Any cancellation notices will 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 a loss payee to the association policies as the policy covers common areas. Property Manager 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 [certrequests@ajg.com](mailto:certrequests@ajg.com) as NO information will be provided over the phone.