



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

8/19/2025

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Arthur J. Gallagher Risk Management Services, LLC 2255 Glades Rd Ste 240W Boca Raton, FL 33431		PHONE (A/C, No, Ext): 561-922-6924	COMPANY NAME AND ADDRESS Trisura Specialty Insurance Company 210 Park Avenue Suite 1400 Oklahoma City, OK 73102		NAIC NO: 16188
FAX (A/C, No):		E-MAIL ADDRESS:	License#: 0D69293		
CODE:			SUB CODE:		
AGENCY CUSTOMER ID #:			IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
NAMED INSURED AND ADDRESS 121 Golden Condo Assoc. Inc. Robby Libuse (Sec) 121 Golden Isles Dr Hallandale Beach FL 33009			LOAN NUMBER		POLICY NUMBER Multiple
ADDITIONAL NAMED INSURED(S)			EFFECTIVE DATE 02/06/2025	EXPIRATION DATE 05/31/2026	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

☒

SPECIAL

☐

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ See Schedule Below

DED: See I Below

	YES	NO	N/A	
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE			X	If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE		X		If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		X		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	X			
IS DOMESTIC TERRORISM EXCLUDED?	X			
LIMITED FUNGUS COVERAGE			X	If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X	
REPLACEMENT COST	X			
AGREED VALUE			X	
COINSURANCE			X	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)			X	If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT: See Schedule DED:
- Demolition Costs	X			If YES, LIMIT: See Schedule DED:
- Incr. Cost of Construction	X			If YES, LIMIT: See Schedule DED:
EARTH MOVEMENT (If Applicable)			X	If YES, LIMIT: DED:
FLOOD (If Applicable)			X	If YES, LIMIT: DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X	If YES, LIMIT: DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X	If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			X	

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.

ADDITIONAL INTEREST

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS Proof of Insurance			AUTHORIZED REPRESENTATIVE

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ADDITIONAL REMARKS SCHEDULE

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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 Multiple		EFFECTIVE DATE: 02/06/2025	
CARRIER Trisura Specialty Insurance Company	NAIC CODE 16188		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 28 **FORM TITLE:** EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

REMARKS:

Property Carrier
 Multiple: See attached Schedule

Locations Schedule:
 See attached Schedule

Flood Carrier Policy Number
 American Bankers Insurance Company of Florida 7800847381

See below for Limits

Glass Policy USP FL 68998-13

See below for limits

Important Notes for Lenders:

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 as NO information will be provided over the phone.

121 Golden Condominium Association, Inc.

PROPERTY / HAZARD SCHEDULE

Insurance Carrier: Multiple
Policy Number: Multiple
Policy Period: Effective Date: 02/06/2025

Expiration Date: 05/31/2026

☒ Replacement Cost

☐ Special

Additional Wording: Named Storm and Resulting Wind Driven Rain: 5% of Total Insurable Values per occurrence, subject to \$100,000 minimum
All other Wind/Hail Deductible: \$100,000 per occurrence
Ordinance or Law Coverage "A" Included; B&C Combined \$250,000
Water Damage Deduct: \$25,000 Per Occurrence

<u>Carrier</u>	<u>Policy Number</u>	<u>Limits</u>
AXIS Surplus Insurance Company	AXIS P-001-001540973-01	\$5,419,339 Part of \$10,838,677 Primary
Endurance American Specialty Insurance Co	ESP30079264300	\$5,419,338 Part of \$10,838,677 Primary
Certain Underwriters at Lloyd's, London	TX250201UV2T	\$10,000,000 Excess of \$10,838,677

Building	Location	Description	Building Limit	Contents/Other	Deductible
1	121 Golden Isles Dr., Hallandale, FL 33009	15 Story Condo	\$19,949,926	\$50,000	\$5,000
2	121 Golden Isles Dr., Hallandale, FL 33009	Garage	\$683,861		\$5,000
3	121 Golden Isles Dr., Hallandale, FL 33009	Pool		\$75,130	\$5,000
4	121 Golden Isles Dr., Hallandale, FL 33009	Pool Fence		\$12,405	\$5,000
5	121 Golden Isles Dr., Hallandale, FL 33009	Pool Lighting (9)		\$4,125	\$5,000
6	121 Golden Isles Dr., Hallandale, FL 33009	Sun Shade		\$8,955	\$5,000
7	121 Golden Isles Dr., Hallandale, FL 33009	Pool Mech Room		\$5,880	\$5,000
8	121 Golden Isles Dr., Hallandale, FL 33009	Boat Docks		\$49,850	\$5,000

GLASS

Insurance Carrier: USPlate Glass Insurance Company
Policy Number: USP FL 68998-13
Policy Period: Effective Date: 4/20/2025

Expiration Date: 4/20/2026

☒ 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



ASSURANT®

**American Bankers Insurance Company of Florida
Scottsdale, AZ**

Renewal Flood Insurance Policy Declarations

This Declarations Page is part of your Policy.

Policy Term: 07/30/2025 (12:01 a.m.) to 07/30/2026 (12:01 a.m.)

NAIC: 10111

Policy Number: 7800847381

First Mortgagee / Lender Name:

Named Insured and Mailing Address:

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

Loan Number:

Producer Number: 70005-00001-000

Second Mortgagee / Lender Name:

Premium Payor: INSURED

Property Location:

121 GOLDEN ISLES DR
HALLANDALE BCH, FL 33009

Loan Number:

Other / Loss Payee:

For Service Please Contact:

AJ GALLAGHER
2255 GLADES RD STE 240W
BOCA RATON, FL 33431-7391
800-488-3003

Loan Number:

LOCATION AND PROPERTY INFORMATION

Date of Construction: 01/01/1973

Building Occupancy: Residential Condo Building

Method Used to Determine First Floor Height: Elevation Certificate

Building Description: Entire Residential Condo Building

Property Description: ELEVATED WITH ENCLOSURE ON POSTS, PILES OR PIERS, THREE OR MORE FLOORS

Number Of Units: 94

Primary Residence: No

Prior NFIP Claims: 0 claim(s)

First Floor Height: 1.00 ft

Replacement Cost: \$ 26,797,100

Your property's NFIP flood claims history can affect your premium.

COVERAGE AND PREMIUM INFORMATION

Rate Category: FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 23,500,000	\$ 2,000	\$ 9,939.00
Contents	\$ 0	\$ 0	\$ 0.00
Increased Cost of Compliance:			\$ 75.00
Community Rating System Discount:			\$ -1,964.00
Full Risk Premium Excluding Fees and Surcharges:			\$ 8,050.00

STATUTORY DISCOUNTS

Discounted Premium: \$ 8,050.00

FEES AND SURCHARGES

Reserve Fund Assessment: \$ 1,449.00
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00
Federal Policy Fee: \$ 1,880.00

TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID \$ 11,629.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.
Refer to www.FloodSmart.gov/floodcosts for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 7800847381