



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
6/8/2026

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.

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 2255 Glades Rd Ste 240W Boca Raton FL 33431 License#: 0D69293		CONTACT NAME: Certificates Department PHONE (A/C, No, Ext): 561-922-6924 FAX (A/C, No): E-MAIL ADDRESS: CertRequests@ajg.com PRODUCER CUSTOMER ID: 121GOLD-01													
INSURED 121 Golden Condo Assoc. Inc. Robby Libuse (Sec) 121 Golden Isles Dr Hallandale Beach FL 33009		INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: Underwriters at Lloyd's London</td><td>NAIC # 15792</td></tr><tr><td>INSURER B: Philadelphia Insurance Company</td><td>18667</td></tr><tr><td>INSURER C: USPlate Glass Insurance Company</td><td>28497</td></tr><tr><td>INSURER D: American Bankers Insurance Company of FL</td><td>10111</td></tr><tr><td>INSURER E: AXIS Surplus Insurance Company</td><td>26620</td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER A: Underwriters at Lloyd's London	NAIC # 15792	INSURER B: Philadelphia Insurance Company	18667	INSURER C: USPlate Glass Insurance Company	28497	INSURER D: American Bankers Insurance Company of FL	10111	INSURER E: AXIS Surplus Insurance Company	26620	INSURER F:	
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INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** 1842492870 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
See Remarks

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS
A E A	X	PROPERTY	DEDUCTIBLES	AXS-000612 P-001-001540973-02 TX260501KJF5	5/31/2026 5/31/2026 5/31/2026	5/31/2027 5/31/2027 5/31/2027	X	BUILDING	\$ See Remarks
	CAUSES OF LOSS						PERSONAL PROPERTY	\$	
		BASIC					BUSINESS INCOME	\$	
		BROAD					EXTRA EXPENSE	\$	
		SPECIAL					RENTAL VALUE	\$	
		EARTHQUAKE					BLANKET BUILDING	\$	
		WIND					BLANKET PERS PROP	\$	
		FLOOD					BLANKET BLDG & PP	\$	
								\$	
								\$	
								\$	
								\$	
		INLAND MARINE	TYPE OF POLICY					\$	
	CAUSES OF LOSS						\$		
		NAMED PERILS	POLICY NUMBER				\$		
							\$		
B	X	CRIME	PCAC013819-0621	4/20/2026	5/31/2027	X	See Remarks	\$ See Remarks	
	TYPE OF POLICY Crime						\$		
							\$		
		BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$	
							\$		
C D	Glass & Sign Flood		USP FL 68998-15 7800847381	4/20/2026 7/30/2025	5/31/2027 7/30/2026	X	See Remarks	\$ See Remarks	
						X	See Remarks	\$ See Remarks	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Important Notes for Lenders:
1. A checklist of coverage will not be provided as we are unable to provide anything other than a Certificate of Liability and Certificate of Property.
2. Replacement Cost Value/Replacement Cost Estimate or Appraisal will not be provided to third parties as we are unable to provide anything other than a Certificate of Liability and Certificate of Property.
3. Values are based upon most recent appraisal on file.
See Attached...

CERTIFICATE HOLDER Proof of Insurance	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 Arthur J. Gallagher Risk Management Services, LLC

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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:** 24 **FORM TITLE:** CERTIFICATE OF PROPERTY INSURANCE**SPECIAL CONDITIONS:**

4. Coverage for the interior of the unit is NOT included. The Unit Owners are responsible for purchasing their own H06 policy.
5. 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.).
6. Lenders of unit owners cannot be added as a loss payee to the association policies as the policy covers common areas.
7. Property Manager is considered an Employee by definition of Crime Policy. Therefore, covered under this policy while conducting business for the insured association.
8. 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.

PROPERTY / HAZARD SCHEDULE

Insurance Carrier: Multiple
Policy Number: Multiple
Policy Period: Effective Date: 05/31/26 Expiration Date: 05/31/2027

☐ 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
Inflation guard is not obtainable

Carrier	Policy Number	Limits
AXIS Surplus Insurance Company	P-001-001540973-02	\$7,500,000 Part of \$10,000,000 Primary
Certain Underwriters at Lloyd's, London	AXS-000612	\$2,500,000 Part of \$10,000,000 Primary
Certain Underwriters at Lloyd's, London	TX260501KJF5	\$10,838,677 Excess of \$10,000,000

GLASS

Insurance Carrier: USPlate Glass Insurance Company
Policy Number: USP FL 68998-13
Policy Period: Effective Date: 4/20/2026 Expiration Date: 05/31/2027

☒ 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

CRIME

Insurance Carrier: Philadelphia Indemnity Insurance Company
Policy Number: PCAC013819-0621
Policy Period: Effective Date: 4/20/2026 Expiration Date: 05/31/2027

Insuring Agreements	Limits	Deductible
Employee Theft And Client Property	\$750,000	\$250
ERISA Fidelity	\$750,000	NIL
Forgery Or Alteration	\$25,000	\$250
Inside The Premise	\$25,000	\$250
Outside The Premises	\$25,000	\$250
Computer Fraud & Funds Transfer Fraud	\$750,000	\$250
Fraudulent Inducement	\$25,000	\$1,000
Money Orders & Counterfeit Paper Currency	\$25,000	\$250

FLOOD

Insurance Carrier: American Bankers Insurance Company of Florida
Policy Number: 7800847381
Policy Period: Effective Date: 7/30/2025 Expiration Date: 7/30/2026

☒ Replacement Cost ☒ RCBAP

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

Building	Location	Limits		# Units	Deductible
		Building	Contents		
1	121 GOLDEN ISLES DR, HALLANDALE BEACH, FL 33009	\$23,500,000	\$0	94	\$2,000

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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



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DATE (MM/DD/YYYY)

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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 Arthur J. Gallagher Risk Management Services, LLC 2255 Glades Rd Ste 240W Boca Raton FL 33431		CONTACT NAME: Certificates Department PHONE (A/C, No, Ext): 561-922-6924 FAX (A/C, No): E-MAIL ADDRESS: certrequests@ajg.com	
License#: 0D69293 121GOLD-01		INSURER(S) AFFORDING COVERAGE	
INSURED 121 Golden Condo Assoc. Inc. Robby Libuse (Sec) 121 Golden Isles Dr Hallandale Beach FL 33009		NAIC #	
		INSURER A: StarStone Specialty Insurance Company INSURER B: United States Liability Insurance Company INSURER C: Spinnaker Specialty Insurance Company INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 2051058430**REVISION NUMBER:**

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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 ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			GLX00108833P-02	4/20/2026	5/31/2027	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 \$ \$
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			GLX00108833P-02	4/20/2026	5/31/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ \$ 0			PPP3002934	4/20/2026	5/31/2027	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Directors & Officers			CAP1569311B	4/20/2026	5/31/2027	D&O Aggregate 1,000,000

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

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- 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 Arthur J. Gallagher Risk Management Services, LLC

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

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POLICY NUMBER		
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ADDITIONAL REMARKS

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

6. Lenders of unit owners cannot be added as a loss payee to the association policies as the policy covers common areas.
7. Property Manager is considered an Employee by definition of Crime Policy. Therefore, covered under this policy while conducting business for the insured association.
8. 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.