



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/17/2026

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.

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
INSURED 121 Golden Condo Assoc. Inc. Robby Libuse (Sec) 121 Golden Isles Dr Hallandale Beach FL 33009	INSURER(S) AFFORDING COVERAGE 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:

License#: 0D69293
121GOLD-01**COVERAGES****CERTIFICATE NUMBER:** 1985761621**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 ☐ 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	☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ 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 ☐ EXCESS LIAB DED ☒ RETENTION \$ \$ 0	☒ OCCUR ☐ CLAIMS-MADE		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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☐ Y ☒ N	N/A				PER STATUTE 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)

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.
 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.).
- 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

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

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.