

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/06/2025

PRODUCER AssuredPartners of FL dba Mack, Mack & Waltz Ins. 1211 S. Military Trail, Ste. 100 Deerfield Beach, FL 33442 (954) 640-6225	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Island Club Four, Inc. c/o * 777 S Federal HWY, Nectarine Bldg.; 4th FL Office Pompano Beach, FL 33062	INSURERA: Berkley Specialty Insurance Company	
	INSURERB: American Coastal Insurance Company	
	INSURERC: Travelers Cas & Surety Co. of America	
	INSURERD:	
	INSURERE:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> 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"/> PRO-JECT <input type="checkbox"/> LOC	CGL 0191191-22	05/14/2025	05/14/2026	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 \$ Included BI/PD Ded. 10,000								
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS _____				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
B C	OTHER Property * Crime **	AMC-36452-06 105601056	05/14/2025 05/14/2025	05/14/2026 05/14/2026	Residential TIV: \$22,354,253 Employee Dishonesty: \$251,000								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Information Only information only, Information Only, Information Only, FL 33062
 5 Building Condominium with 121 Units.
 * Special Form; Replacement Cost; Agreed Amount Coinsurance; Deductibles: \$10,000 AOP & 5% Hurricane CY; Ordinance or Law A, B & C Included; Equipment Breakdown Included \$10,000,000 Limit; Inflation Guard not available.
 ** Property Management Included.
 General Liability: Separation of Insureds Included.

CERTIFICATE HOLDER Information Only Information Only Information Only, FL 33062 Loan Number: N/A	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
---	---

STOP AND READ!!

FREQUENTLY ASKED QUESTIONS RELATING TO PROOF OF INSURANCE

QUESTION	RESPONSE
Is Building Ordinance & Law Coverage Included (Part A, B, C)?	See Evidence of Insurance
Is the Hazard Insurance written on a Replacement Cost Basis?	See Evidence of Insurance
Is There a Coinsurance Clause or An Agreed Amount Endorsement?	See Evidence of Insurance
What is the Wind/Hurricane, All Other Wind, and/or All Other Peril Deductible?	See Evidence of Insurance
How many units does the policy cover?	See Evidence of Insurance
Is Equipment Breakdown Included?	See Evidence of Insurance
Will you provide a copy of the Commercial Building Valuation Report (Insurance Appraisal)?	No, due to privacy reasons. Please contact the Association
Does the property policy include walls-in coverage?	Condominium coverage provided as per Florida Condominium Statute 718; For all other Associations, Coverage is provided per the By-Laws of the Association
Is Separation of Insureds/Severability of Interest Included?	See Certificate of Insurance
What is the cancellation clause?	Applies per Florida Law
Is the Property Manager covered under the Association's Crime Policy?	See Certificate of Insurance
	FREQUENTLY ASKED QUESTIONS RELATING TO PROOF OF INSURANCE

Master Addendum

Named Insured: Island Club Four, Inc
City, State, Zip: Pompano Beach, FL 33062

Carrier: American Coastal Insurance Company
Policy Number: AMC-36452-06
Effective Date: 5/14/2025 TO 5/14/2026
Coverage: Property
Valuation: Replacement Cost
Perils: Special Form
Inflation Guard: not offered

Location	Building Limit	Number of Units	Hurricane Ded Per Occurrence	All Other Ded Per Occurrence
777 South Federal Highway - Bldg K	\$2,639,625	15	5%	\$10,000
777 South Federal Highway -Bldg L	\$2,474,306	12	5%	\$10,000
777 South Federal Highway Bldg M	\$3,860,503	19	5%	\$10,000
777 South Federal Highway Bldg N	\$7,723,287	43	5%	\$10,000
777 South Federal Highway -Bldg O	\$5,656,532	32	5%	\$10,000
Total TIV	\$22,354,253			