



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/07/2018

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).

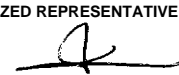
PRODUCER Brown & Brown of FL Inc -Condo Condominium Division P.O. Box 5727 Fort Lauderdale, FL 33310 Philip Joseph Knapp, AAI, AIAM		954-776-2222		CONTACT NAME: PHONE (A/C, No, Ext): 954-776-2222		FAX (A/C, No): 954-776-4446			
INSURED Sunrise Tower Association (Ft Lauderdale) Inc Attn: Kevin Burke 888 Intracoastal Drive Fort Lauderdale, FL 33304		INSURER A: Lexington Insurance Company+		NAIC # 19437		INSURER B: Wilshire Insurance Company+		NAIC # 13234	
		INSURER C: Great Amer Alliance Ins. Co.+		NAIC # 26832		INSURER D: *Hanover Insurance Co.+		NAIC # 22292	
		INSURER E: Philadelphia Indemnity Ins Co+		NAIC # 18058		INSURER F: *Zenith Insurance Company+		NAIC # 13269	

COVERAGES CERTIFICATE NUMBER: 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
B	<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 OTHER:			CL00266237	05/23/2018	05/23/2019	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
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CL00266237	05/23/2018	05/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UM30124510	05/23/2018	05/23/2019	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
F	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			Z127197004	05/23/2018	05/23/2019	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Crime/Fidelity			BDJD29634901	05/23/2018	05/23/2019	200,000
E	Directors&Officers			PCAP0071250118	05/23/2018	05/23/2019	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Residential Condominium Association, 100 Units
888 Intracoastal Drive Fort Lauderdale, FL 33304
SEE NOTEPAD FOR PROPERTY & FLOOD COVERAGE

CERTIFICATE HOLDER Sunrise Tower Association (Ft Lauderdale), Inc. Attn: Kevin Burke 888 Intracoastal Drive Fort Lauderdale, FL 33304	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 
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NOTEPADINSURED'S NAME **Sunrise Tower Association****SUNRI11**
OP ID: DJPAGE 2
Date **06/07/2018****PROPERTY INCLUDING WIND:**

Effective Date: 05/23/2018 - 05/23/2019

Carrier: Lexington Insurance Co.

Policy #: 41LX0679878003

Valuation: Replacement Cost / Special Form

Coinsurance: NIL, Agreed Value

Equipment Breakdown Included

Ordinance or Law: Cov A Full / Cov B & C \$1,000,000

Deductibles: \$5,000 All Other Perils

5% Hurricane Annual Aggregate/\$50,000 Minimum Per Occurrence

\$25,000 All other Wind/Hail

3% Sinkhole

Limits: Building \$14,500,300 / Contents \$50,000
Swimming Pool \$78,000 / Patio/Pool Deck \$24,000
Pool Heater \$20,500 / Patio Walls \$13,000
Chain Link Fence \$4,000 / Flagpole \$1,500
Entrance Sign \$2,200 / Walkway \$6,200

FLOOD:

Form: RCBAP

Effective Date: 05/23/2018 - 05/23/2019

Carrier: Wright National Flood

Policy #: 091151478463

Valuation: Replacement Cost

Flood Zone: Rated AE / Current X

Grandfathered: Yes

Deductibles: \$1,250

Limits: \$17,291,900 Building / \$45,300 Contents



A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003
Customer Service: 1-800-820-3242
Claims: 1-800-725-9472

FFL 99.001 0717
0702834
5/29/18

FLOOD DECLARATIONS PAGE
RENEWAL

2000 11523 FLD RCBP

Policy Number	NFIP Policy Number	Product Type: Standard Policy
09 1151478463 01	1151478463	Residential Condominium Building Association Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 5/23/18 To: 5/23/19 12:01 am Standard Time	05/29/2018	0702834	09 1151478463 00

Insured
SUNRISE TOWER ASSOCIATION
FT LAUDERDALE INC
888 INTRACOASTAL DR
FORT LAUDERDALE FL 33304-3638

BROWN & BROWN OF FLORIDA INC
PO BOX 5727
FT LAUDERDALE FL 33310-5727

Property Location (if other than above) Address may have been changed in accordance with USPS standards.
888 INTRACOASTAL DR, FORT LAUDERDALE FL 33304

Rating Information

Original New Business Effective Date: 5/23/2012
Building Occupancy: Other Residential Community Name: FORT LAUDERDALE, CITY OF
Primary Residence: N Community #: 125105 Map Panel/Suffix: 0217 F
Number of Floors: 3 or more Community Rating: 06 / 20%
Building Indicator: Non-Elevated Program Status: Regular Grandfathered: Yes
Basement/Enclosure/Crawlspace: Flood Risk/Rated Zone: AE Current Flood Zone: X
No Basement
Condo Type: High Rise Number of Units: 100
Replacement Cost Value: 17,291,900

Coverage	Deductible	Premium
BUILDING \$17,291,900	\$1,250	\$8,837.00
CONTENTS \$45,300	\$1,250	\$119.00

ANNUAL SUBTOTAL: \$8,956.00
DEDUCTIBLE DISCOUNT/SURCHARGE: \$14.00
ICC PREMIUM: \$6.00
COMMUNITY RATING DISCOUNT: \$1,790.00
SUB-TOTAL: \$7,158.00
RESERVE FUND ASSESSMENT: \$1,074.00
PROBATION SURCHARGE: \$.00
FEDERAL POLICY SERVICE FEE: \$2,000.00
HFIAA SURCHARGE: \$250.00
TOTAL OF PREMIUMS AND FEES: \$10,482.00

THIS IS NOT A BILL

DEAR MORTGAGEE

The Reform Act of 1994 requires you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgage on the insured location.

Premium Paid by: Insured

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at www.wrightflood.com/policyforms.html. The form which applies to your policy coverage is: Residential Condominium Building Association Policy Form

Forms and Endorsements:

FFL 99.310 1012 1010 WFL 99.416 1117 1117 WFL 99.116 0614 0614

This policy is issued by NAIC company 11523
Wright National Flood Insurance Company A stock company
Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones
Patricia Templeton-Jones, President

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Agent

