



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/03/2019

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).

<b>PRODUCER</b> Brown & Brown of FL Inc -Condo Condominium Division P.O. Box 5727 Fort Lauderdale, FL 33310 Philip Joseph Knapp, AAI, AIAM	954-776-2222	<b>CONTACT NAME:</b> Philip Joseph Knapp, AAI, AIAM <b>PHONE (A/C, No, Ext):</b> 954-776-2222 <b>FAX (A/C, No):</b> 954-776-4446 <b>E-MAIL ADDRESS:</b>													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : <b>Wilshire Insurance Company+</b></td> <td>13234</td> </tr> <tr> <td>INSURER B : <b>Great Amer Alliance Ins. Co.+</b></td> <td>26832</td> </tr> <tr> <td>INSURER C : <b>*Hanover Insurance Co.+</b></td> <td>22292</td> </tr> <tr> <td>INSURER D : <b>*Zenith Insurance Company+</b></td> <td>13269</td> </tr> <tr> <td>INSURER E : <b>Philadelphia Indemnity Ins Co+</b></td> <td>18058</td> </tr> <tr> <td>INSURER F : <b>*Wright National Flood Ins Co+</b></td> <td>11523</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Wilshire Insurance Company+</b>	13234	INSURER B : <b>Great Amer Alliance Ins. Co.+</b>	26832	INSURER C : <b>*Hanover Insurance Co.+</b>	22292	INSURER D : <b>*Zenith Insurance Company+</b>	13269	INSURER E : <b>Philadelphia Indemnity Ins Co+</b>	18058	INSURER F : <b>*Wright National Flood Ins Co+</b>
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<b>INSURED</b> Sunrise Tower Association (Ft Lauderdale), Inc. Attn: Judy Storck 888 Intracoastal Drive Fort Lauderdale, FL 33304															

**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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CL00266548	05/23/2019	05/23/2020	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 \$
A	<b>AUTOMOBILE LIABILITY</b> <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			CL00266548	05/23/2019	05/23/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			UM30162771	05/23/2019	05/23/2020	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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			Z127197005	05/23/2019	05/23/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Crime/\$500 Ded			BDJD29634902	05/23/2019	05/23/2020	Fidelity 200,000
E	D&O/\$2,500 Ded			PCAP0071250218	05/23/2019	05/23/2020	Limit 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**

**CANCELLATION**

Sunrise Tower Association (Ft Lauderdale), Inc. Attn: Kevin Burke 888 Intracoastal Drive Fort Lauderdale, FL 33304	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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## PROPERTY INCLUDING WIND:

Effective Date: 05/23/2019 - 05/23/2020

Carrier: Lexington Insurance Co.

Policy #: 41LX0679878004

Valuation: Replacement Cost / Special Form

Coinsurance: NIL, Agreed Value

Equipment Breakdown Included

Ordinance or Law: Cov A Full / Cov B &amp; 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: 05/23/2019 - 05/23/2020

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

## CYBER LIABILITY:

Effective Date: 07/13/2019 - 05/23/2020

Carrier: Lloyds of London

Policy #: ESH011162119