

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/09/2024

| CERTIFICATE BELOW. THIS | DOES NOT AFFIRMATIVE | LY O | r ne Doe | GATIVELY AMEND, EXTEI | ND OR | ALTER THE C | OVERAGE A | IE CERTIFICATE HOLDER. TH AFFORDED BY THE POLICIES NG INSURER(S), AUTHORIZE | 5 |
|------------------------------------------------------------------|-------------------------------|------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------|-------------|
| If SUBROGAT | ION IS WAIVED, subject to | the t | terms | and conditions of the po | licy, ce | rtain policies | | ISURED provisions or be end an endorsement. A stateme | |
| | e does not confer rights to | the c | ertin | cate holder in lieu of such | CONTA | | | | |
| PRODUCER | . | | | | NAME: | LOIDIEC | - | FAX (30 | |
| | surance Services, Inc. | | | | PHONE (A/C, No | o, Ext): ⁽⁸⁷⁷⁾ 4 | 56-3643 | (A/C, No): (30 | 5) 714-4401 |
| 8825 NW 21st Ter | race | | | | E-MAIL ADDRE | ss: www.eoid | irect.com | | |
| | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | NAIC # |
| Doral | | | | FL 33172 | INSURER A: Richmond National Insurance Co | | | | 17103 |
| INSURED | | | | INSURER B : Travelers Casualty Insurance Company of America | | | | 19046 | |
| Ro | oyal Park Condominium Apart | ments | Inc. | | INSURER C: Citizens Property Insurance Corporation | | | | 10064 |
| 11 | 9 Royal Park Dr. | | | | INSURE | 1461 1 3 | Insurance Con | npany | 13234 |
| Ur | nit 1A | | | | INSURE | Tuesselen | s Excess & Su | rplus Lines Company | 29696 |
| O: | akland Park | | | FL 33309 | | Dhiledala | | Insurance Company | 18058 |
| COVERAGES | | TIFIC | | NUMBER: CL245951076 | INSURE | RF: Made | | REVISION NUMBER: | 10000 |
| THIS IS TO CER INDICATED. NO CERTIFICATE M EXCLUSIONS A | TIFY THAT THE POLICIES OF | INSUR REME AIN, TI DLICIE | RANCE NT, TI HE IN | E LISTED BELOW HAVE BEEN ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN | ISSUED CONTR/ E POLIC | ACT OR OTHEF IES DESCRIBE CED BY PAID CI | RED NAMED AI R DOCUMENT \ D HEREIN IS S | BOVE FOR THE POLICY PERIOD WITH RESPECT TO WHICH THIS | |
| NSR LTR T | YPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | |
| | CIAL GENERAL LIABILITY | | | | | | | | ,000,000 |
| CLA | IMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5 | 0,000 |
| | | | | | | | | MED EXP (Any one person) \$ | xcluded |
| A | | | | RN70502414 | | 11/08/2023 | 11/08/2024 | PERSONAL & ADV INJURY \$ 1,000,000 | |
| GEN'L AGGREO | GATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ 2,000,000 | |
| POLICY | PRO- JECT LOC | | | | | | | | ,000,000 |
| OTHER: | | | | | | | | | ,000,000 |
| AUTOMOBILE | LIABILITY | | | | | | | COMBINED SINGLE LIMIT | |
| | | | | | | | | (Ea accident) BODILY INJURY (Per person) \$ | |
| A OWNED | | | RN70502414 | | | 11/08/2023 | 11/08/2024 | BODILY INJURY (Per accident) \$ | |
| A AUTOS O HIRED | | | | 1(11/0502414 | | 11/00/2023 | 11/00/2024 | | |
| AUTOS O | | | | | | | | (Per accident) | |
| | | | | | | | | \$ | |
| | OCCOR | | | | | | | | ,000,000 |
| A EXCESS | LIAB CLAIMS-MADE | _ | | RN70502423 | | 11/08/2023 | 11/08/2024 | AGGREGATE \$ 5 | ,000,000 |
| DED | RETENTION \$ | | | | | | | \$ | |
| WORKERS COM AND EMPLOYE | DC'LIADILITY | | | | | | | PER OTH- STATUTE ER | |
| ANY PROPRIET | OR/PARTNER/EXECUTIVE | N/A | | | | | | E.L. EACH ACCIDENT \$ | |
| OFFICER/MEME (Mandatory in N | BER EXCLUDED? | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | |
| If yes, describe u | | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | |
| | | 1 | | | | | | | 1,000,000 |
| B Directors and | d Officers | | | 107731342 | | 11/08/2023 | 11/08/2024 | Retention \$ | 5,000 |
| | | | | | | | | | |
| ESCRIPTION OF OP | ERATIONS / LOCATIONS / VEHICL | ES (AC | ORD 1 | 01, Additional Remarks Schedule, | may be a | ttached if more s | bace is required) | | |
| CERTIFICATE HOLDER | | | | | CANCELLATION | | | | |
| Master COI | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | |
| | | | | | AUTHO | RIZED REPRESEI | NTATIVE | | |
| i i | | | | | | | | | |

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AGENCY CUSTOMER ID: ______

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| ADDITIONA | | ARKS SCHEDULE | Page | of |
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| AGENCY | | NAMED INSURED | | |
| Brown & Brown Insurance Services, Inc. | | Royal Park Condominium Apartments Inc. | | |
| POLICY NUMBER | | | | |
| CARRIER | NAIC CODE | - | | |
| | | EFFECTIVE DATE: | | |
| ADDITIONAL REMARKS | | | | |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACO | , | | | |
| FORM NUMBER: 25 FORM TITLE: Certificate of Liab | | NOTES | | |
| Residential Condominium Association (671 Total Units) Schedule of Locations: LOC#1. 101 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#2. 102 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#3. 103 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#5. 105 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#6. 106-107 Royal Park Dr. Oakland Park, FL 33309 (64 Units) LOC#6. 106-107 Royal Park Dr. Oakland Park, FL 33309 (64 Units) LOC#6. 106-107 Royal Park Dr. Oakland Park, FL 33309 (64 Units) LOC#8. 110-111 Royal Park Dr. Oakland Park, FL 33309 (64 Units) LOC#9. 112 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#10. 113 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#11. 114 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#12. 115 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#13. 116 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#14. 117 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#15. 118 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#15. 118 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#16. 119 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#17. 120 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#17. 120 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#18. 121 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#18. 121 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#18. 121 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#18. 121 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#18. 121 Royal Park Dr. Oakland Park, FL 33309 (32 Units) LOC#18. Building Limit: \$4,351,000 LOC#2. Building Limit: \$4,351,000 LOC#3. Building Limit: \$4,351,000 LOC#4. Building Limit: \$4,351,000 LOC#4. Building Limit: \$4,351,00 LOC#17. Building Limit: \$4,351,00 LOC#18. Building Limit: \$4,351,00 LOC#14. Building Limit: \$4,351,00 LOC#15. Building Limit: \$4,351,00 LOC#16. Building Limit: \$4,351,00 LOC#17. Building Limit | łar Year Hurrica | 1 | | |
| Effective: 5/08/2024 - 5/08/2025 Carrier: Wilshire Insurance Company Policy #QIMP0007746 Policy Limits: | | | | |
| LOC#1. Building Limit: \$4,351,000 LOC#2. Building Limit: \$4,351,000 LOC#3. Building Limit: \$4,361,600 | | | | |
| LOC#4. Building Limit: \$4,361,600 LOC#5. Building Limit: \$4,351,000 | | | | |
| LOC#6. Building Limit: \$8,309,100 LOC#7. Building Limit: \$8,309,100 | | | | |
| LOC#8. Building Limit: \$8,309,100 LOC#9. Building Limit: \$4,351,00 | | | | |
| LOC#10. Building Limit: \$4,351,00 LOC#11. Building Limit: \$4,351,00 | | | | |
| LOC#12. Building Limit: \$4,351,00 LOC#12. Building Limit: \$4,351,00 | | | | |

ACORD 101 (2008/01)

AGENCY CUSTOMER ID:

| | | | LOC #: | | |
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| ACORD | ADDITIONA | L REMA | RKS SCHEDULE | Page | of |
| AGENCY | | | NAMED INSURED | | |
| Brown & Brown Insurance Services | s, Inc. | | Royal Park Condominium Apartments Inc. | | |
| POLICY NUMBER | | | | | |
| CARRIER | | NAIC CODE | EFFECTIVE DATE: | | |
| ADDITIONAL REMARKS | | | EFFECTIVE DATE: | | |
| | FORM IS A SCHEDULE TO ACOR | | | | |
| FORM NUMBER: ²⁵ | FORM TITLE: Certificate of Liabili | | otes | | |
| Ordinance or Law: Coverage A Incl E) BOILER & MACHINERY Effective: 11/8/2023 - 11/8/2024 Carrier: Travelers Excess & Surplus Policy #: 7T167092 Limit: \$65,626,630 Deductible: \$5,000 F) CRIME Effective: 11/8/2023 - 11/8/2024 Carrier: Philadelphia Indemnity Insu Policy #: PCAC0198780123 Limit: \$1,500,000 Deductible: \$10,000 | placement Cost, Coinsurance NIL ils; \$25,000 Water Damage; \$10,000 S luded / Coverage B&C Combined \$1,0 s Lines Company urance Company designated employee with respects to nce, Inc. | 000,000. | | | |
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