



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/02/2018

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: Philip Joseph Knapp, AAI, AIAM PHONE (A/C, No, Ext): 954-776-2222 FAX (A/C, No): 954-776-4446 E-MAIL ADDRESS:																						
INSURED Watergarden Condominium Association Inc. Attn: Alessandra Hale-Florez 347 North New River Drive East Fort Lauderdale, FL 33301			<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Lloyd's of London+</td> <td>15792</td> </tr> <tr> <td>INSURER B:</td> <td>*QBE Insurance Corporation+</td> <td>39217</td> </tr> <tr> <td>INSURER C:</td> <td>Great Amer Alliance Ins. Co.+</td> <td>26832</td> </tr> <tr> <td>INSURER D:</td> <td>*Zenith Insurance Company+</td> <td>13269</td> </tr> <tr> <td>INSURER E:</td> <td>*Hanover Insurance Co.+</td> <td>22292</td> </tr> <tr> <td>INSURER F:</td> <td>*Ace American Insurance Co+</td> <td>22667</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Lloyd's of London+	15792	INSURER B:	*QBE Insurance Corporation+	39217	INSURER C:	Great Amer Alliance Ins. Co.+	26832	INSURER D:	*Zenith Insurance Company+	13269	INSURER E:	*Hanover Insurance Co.+	22292	INSURER F:	*Ace American Insurance Co+	22667
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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:			MPL168737918	03/01/2018	03/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 BI/PD Ded \$ 2,000
A	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			MPL168737918	03/01/2018	03/01/2019	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 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			UM30118389	03/01/2018	03/01/2019	EACH OCCURRENCE \$ 50,000,000 AGGREGATE \$ 50,000,000 \$
E	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			Z127042804	03/01/2018	03/01/2019	<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
F	D&O/\$2,500			ADDFL138053502	03/01/2018	03/01/2019	Limit 1,000,000
D	Crime/\$30k Ded			BDJD18521400	03/01/2018	03/01/2019	Fidelity 3,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
315 Condominium Units + One Commercial Unit - 316 Total Units

CERTIFICATE HOLDER

CANCELLATION

INFORMA Watergarden Condo Assn., Inc. 347 North New River Drive East Fort Lauderdale, FL 33301	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 **Watergarden Condominium****WATERGA**
OP ID: MPPAGE 2
Date **03/02/2018**

B) WINDSTORM/PROPERTY: QBE Insurance Co. - Policy #: QFW6037
Effective: 03/01/2018 to 03/01/2019
TOTAL INSURED VALUE: \$83,547,300
Building: \$71,902,600
Contents: \$1,000,000
Sculpture: \$1158,000
Garage: \$10,529,700
\$5,000 Per Occurrence All Other Perils Deductible
2% Calendar Year Hurricane Deductible
Ordinance or Law: Coverage A- Full, Coverage B & C- \$2,000,000 combined
Building is Replacement Cost
Coinsurance: Waived, Agreed Value
Special Form Hazard
Sinkhole Included (\$5,000 Ded/PO)

D) Flood - Carrier: Wright National Flood Insurance Co.
Policy #: 091151215004 - Effective Date: 03/01/2018 to 03/01/2019
Flood Zone: AHB, Grandfathered: No
315 Residential Condo Units + One (1) Commercial Unit - 316 Total Units
Building Limit: \$ 79,000,000 / \$5,000 Deductible
Contents Limit: \$ 100,000 / \$5,000 Deductible

Equipment Breakdown - Carrier: Hartford Steam Boiler Inspection
Policy #: FBP043464100
Limit: \$83,432,300/ Deductible: \$2,500
Effective: 03/01/2018 to 03/01/2019



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
 3/12/18

FLOOD DECLARATIONS PAGE
RENEWAL

2000 11523 FLD RCBP

Policy Number	NFIP Policy Number	Product Type: Standard Policy
09 1151215004 03	1151215004	Residential Condominium Building Association Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 3/01/18 To: 3/01/19 12:01 am Standard Time	03/12/2018	0702834	09 1151215004 02

Agent (954)776-2222
 BROWN & BROWN OF FLORIDA INC
 PO BOX 5727
 FT LAUDERDALE FL 33310-5727

WATERGARDEN CONDO ASSN
 347 N NEW RIVER DR E
 FORT LAUDERDALE FL 33301-3131

Property Location (if other than above) Address may have been changed in accordance with USPS standards.
 347 N NEW RIVER DR E, FORT LAUDERDALE FL 33301

Rating Information

Original New Business Effective Date: 3/01/2014
 Building Occupancy: Other Residential Community Name: FORT LAUDERDALE, CITY OF
 Primary Residence: N Community #: 125105 Map Panel/Suffix: 0557 H
 Number of Floors: 3 or more Community Rating: 06 / 20%
 Building Indicator: Elevated Program Status: Regular Grandfathered: No
 Basement/Enclosure/Crawlspace: Flood Risk/Rated Zone: AHB
 Enclosure without Proper Openings
 Condo Type: High Rise Number of Units: 316
 Replacement Cost Value: 100,627,221 Elevation Difference: 2

Coverage	Deductible	Premium
BUILDING \$79,000,000	\$5,000	\$43,669.00
CONTENTS \$100,000	\$5,000	\$216.00

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

ANNUAL SUBTOTAL: \$43,885.00
 DEDUCTIBLE DISCOUNT/SURCHARGE: \$221.00
 ICC PREMIUM: \$9.00
 COMMUNITY RATING DISCOUNT: \$8,735.00
 SUB-TOTAL: \$34,938.00
 RESERVE FUND ASSESSMENT: \$5,241.00
 PROBATION SURCHARGE: \$.00
 FEDERAL POLICY SERVICE FEE: \$2,000.00
 HFIAA SURCHARGE: \$250.00
 TOTAL OF PREMIUMS AND FEES: \$42,429.00

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

070283409115121500418071

00006

Company



09 1151215004 03

Agent (954)776-2222

BROWN & BROWN OF FLORIDA INC

PO BOX 5727

FT LAUDERDALE FL 33310-5727

The Residential Condominium Building Association Policy will not list a mortgagee for any individual unit owner on the declaration page due to National Flood Insurance Program guidelines. The *Mandatory Purchase of Flood Insurance Guidelines*, pages 45-51 provides additional information on this subject.

A mortgagee may be listed on the declaration page if the condominium association is required to obtain flood insurance as part of the security for a loan under the name of the condominium association. Please contact the agent for additional information.

Claims Information:

Please contact your agent or go to www.wrightflood.com to enter your claim as well as receive important information to mitigate the damage to your property. If you need to reach the insurance company the number is 1-800-725-9472.

