



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/04/2020

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 Florida, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309		CONTACT NAME: Monika Bedyk PHONE (A/C, No, Ext): (954) 776-2222 E-MAIL ADDRESS: mbedyk@bbflaud.com		FAX (A/C, No): (954) 776-4446	
INSURED Watergarden Condo Assn., Inc. 347 North New River Drive East Ft. Lauderdale FL 33301		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: Mt. Hawley Insurance Company			
		INSURER B: Greenwich Insurance Company			
		INSURER C: Zenith Insurance Company			13269
		INSURER D: The Hanover Insurance Company			22292
		INSURER E:			
		INSURER F:			

COVERAGES**CERTIFICATE NUMBER:** CL203482916**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:			GLWATER	03/01/2020	03/01/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
							BI/PD Ded	\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			GLWATER	03/01/2020	03/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			UMWATER	03/01/2020	03/01/2021	EACH OCCURRENCE	\$ 50,000,000
							AGGREGATE	\$ 50,000,000
								\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Z127042806	03/01/2020	03/01/2021	<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
D	Crime/\$30,000 Ded			BDJD18521403	03/01/2020	03/01/2021	Fidelity	\$4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Residential Condominium Association - 32 Stories, 316 Units, 315 Residential and 1 Commercial.

CERTIFICATE HOLDER**CANCELLATION**

Watergarden Condominium Association, 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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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Brown & Brown of Florida, Inc.		NAMED INSURED Watergarden Condo Assn., Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

PROPERTY

Effective Date: 03/01/2019 to 03/01/2021
Carrier: QBE Insurance Corporation
Policy # QFW6037
Total Insured Value: 83,547,300
Building: 71,902,600 (315 Residential Units, 1 Commercial Unit)= 316 Total
Contents: 1,000,000
Garage: 10,529,700
Sculpture: 115,000
Valuation: Replacement Cost / Special Forms
Coinsurance- Agreed Value
Deductibles: 5,000 All Other Perils, 1,670,946 per CY (2%) Hurricane,
Bailees Coverage 500 per item
Ordinance or Law: Coverage A Full / Coverage B/C 2,000,000 Combined

EQUIPMENT BREAKDOWN

Effective: 3/1/2020 to 3/1/2021
Carrier: Travelers
Policy # TBD
Limit: 83,547,300 / 2,500

CYBER LIABILITY

Effective: 3/1/2020 to 3/1/2021
Carrier: Underwriters at Lloyd's
Policy # ESI011452237
Limit: \$1,000,000 Per Claim / \$2,500 Deductible

FLOOD COVERAGE

Form: RCBAP
Effective: 3/1/2020 to 3/1/2021
Carrier: Wright National Flood Insurance Company
Policy # 09115121500404
Valuation: Replacement Cost / Limits: \$79,000,000 Bldg/ \$100,000 Contents
Deductibles: \$5,000 / \$5,000 Flood Zone AHB