

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

6/9/2017

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 Commercial Lines - (305) 443-4886 Wells Fargo Insurance Services USA, Inc. 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133	CONTACT NAME: Wells Fargo Insurance Services USA, Inc. PHONE (A/C. No. Ext): 305-443-4886 E-MAIL ADDRESS: miag_certs@wellsfargo.com	FAX (A/C. No): 305-443-0154
	INSURER(S) AFFORDING COVERAGE	
INSURED Condominium Association of Parker Plaza Estates 2030 S. Ocean Drive Hallandale Beach, FL 33009	INSURER A: James River Insurance Company	NAIC # 12203
	INSURER B: See attached	
	INSURER C: Great American Insurance Company	16691
	INSURER D: Continental Casualty Company	20443
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 484303**REVISION NUMBER:** See below

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:			CBC20000504400	6/1/2017	6/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CBC20000504400	6/1/2017	6/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UM30095306	6/1/2017	6/1/2018	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Boiler & Machinery			R6016418887	6/1/2017	6/1/2018	\$83,079,000 Deductible \$5,000

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

Unit Owner Name: Condominium Association of Parker Plaza Estates
 Address: 2030 S. Ocean Drive, Hallandale Beach, Florida 33009

CERTIFICATE HOLDER**CANCELLATION**

Condominium Association of Parker Plaza Estates
 2030 S. Ocean Drive
 Hallandale Beach, Florida 33009

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

Jeann Braden

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ACORD 25 (2016/03)

Other Liability

Remark(s):

Equipment Breakdown Deductible \$5,000

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Liberty Mutual Insurance Co.

POLICY NUMBER: CAC0122080315

POLICY PERIOD: Effective Date: 5/28/2017 Expiration Date: 5/28/2018

Limit: \$ 2,000,000

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Liberty Insurance Underwriters, Inc.

POLICY NUMBER: CAP0266760116

POLICY PERIOD: Effective Date: 6/1/2017 Expiration Date: 6/1/2018

Limit: \$ 2,000,000



EVIDENCE OF PROPERTY INSURANCE

 DATE (MM/DD/YYYY)
 6/9/2017

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Commercial Lines - (305) 443-4886 Wells Fargo Insurance Services USA, Inc. 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133		PHONE (A/C, No, Ext):		COMPANY QBE Insurance Corporation	
FAX (A/C, No):		E-MAIL ADDRESS:			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:		INSURED Condominium Association of Parker Plaza Estates 2030 S. Ocean Drive Hallandale Beach, FL 33009		LOAN NUMBER	
				POLICY NUMBER QFW5984	
				EFFECTIVE DATE 6/1/2017	
				EXPIRATION DATE 6/1/2018	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION

Bldg: 1
 Location: 2030 S. Ocean Drive, Hallandale Beach, FL 33009
 Total # Units: 520

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COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
see attached for coverage information.		


REMARKS (Including Special Conditions)

Unit Owner Name: Condominium Association of Parker Plaza Estates
 Address: 2030 S. Ocean Drive, Hallandale Beach, Florida 33009

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.

ADDITIONAL INTEREST

NAME AND ADDRESS Condominium Association of Parker Plaza Estates 2030 S. Ocean Drive Hallandale Beach, Florida 33009	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE 		

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: QBE Insurance Corporation
POLICY NUMBER: QFW5984
POLICY PERIOD: Effective Date: 6/1/2017 Expiration Date: 6/1/2018
Business Income: Extra Expense:
[X] Blanket Limit Applies
[X] Replacement Cost [X] Special [] Basic
Remark(s):
Agreed Value
Ordinance or Law Coverage - Full A, \$1,000,000 B&C

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	2030 S. Ocean Drive, Hallandale Beach, FL 33009	\$ 83,179,800	520	2%	\$ 2,500	Nil

FLOOD

INSURANCE CARRIER: National Flood Insurance Program, [X] Replacement Cost, Flood Zone: AO

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
1	2030 S. Ocean Drive, Hallandale Beach, FL 33009	\$ 98,896,600	520	RL00057603	\$ 2,000	6/20/2017-6/20/2018

EXCESS FLOOD

Not Covered
