

Equipment Breakdown

Renewal Declaration

POLICY NUMBER	COVERAGE PROVIDED BY	FROM - POLICY PERIOD - TO
R 6016418887	CONTINENTAL CASUALTY COMPANY 333 S. WABASH CHICAGO, IL. 60604	06/01/2017 06/01/2018

INSURED NAME AND ADDRESS
 CONDOMINIUM ASSOCIATION OF PARKER PLAZA ESTATES INCC
 2030 SOUTH OCEAN DRIVE
 HALLANDALE, FL 33009-6649

AGENCY NUMBER	AGENCY NAME AND ADDRESS
022008	WELLS FARGO INS SERVICES USA, INC. 2601 S BAYSHORE DR, STE 1600 COCONUT GROVE, FL 33133 Phone Number: (305)443-4886

BRANCH NUMBER	BRANCH NAME AND ADDRESS
770	FLORIDA BRANCH 2405 LUCIEN WAY P.O. BOX 946500 MAITLAND, FL 32794 Phone Number: (407)919-3000

This policy becomes effective and expires at 12:01 A.M. standard time at your mailing address on the dates shown above.

The Named Insured is a Corporation.

Your policy is composed of this Declarations, with the attached Common Policy Conditions, Coverage Forms, and Endorsements, if any. The Policy Forms and Endorsement Schedule shows all forms applicable to this policy at the time of policy issuance.

The Policy Premium Is	\$3,465.00
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Terrorism Risk Insurance Extension Act Premium	\$.00
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In return for the payment of the premium, and subject to all the terms and conditions contained here-in, we agree to provide the insurance as stated.



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EQUIPMENT BREAKDOWN SCHEDULE**COVERED PREMISES**

2030 S OCEAN DRIVE
 HALLANDALE BEACH, FL 33009

COVERAGE

Insurance applies only to a coverage for which a Limit of Insurance, a number of Days/Hours or the word INCLUDED is shown. If INCLUDED is shown, then the limit for that coverage is part of the Limit Per Breakdown or Property Damage Limit, whichever is shown.

Limit Per Breakdown	LIMIT OF INSURANCE or DAYS/HOURS
	\$83,079,000
1 Property Damage	INCLUDED
2 Expediting Expense	\$500,000
3 Business Income/Extra Expense	INCLUDED
a Extra Expense Only	
b Extended Period of Restoration	30 Days
c Data or Media	\$100,000
4 Spoilage Damage	\$100,000
5 Utility Interruption Damage	
a Spoilage Damage	\$100,000
b Business Income and/or Extra Expense	\$100,000
c Coverage applies if the interruption of services lasts at Least:	
	24 Hours
6 Newly Acquired Premises	INCLUDED
a (Number of days of coverage)	90 Days
7 Ordinance of Law	\$500,000
8 Errors and Omissions	INCLUDED
9 Brands and Labels	INCLUDED
10 Contingent Business Income/Extra Expense	
a Covered Premises:	
b Sales, Services or Materials:	
11 Limited Coverage For Fungus, Wet Rot and Dry Rot-Revised Limit	\$15,000
a Business Income and Extra Expense or Extra Expense Only	
-Revised Number of Days	30 Days
b Separate Premises Option	No
12 Green Upgrades Increased Cost of Loss Limit	\$100,000
a Business Income and Extra Expense	
-Revised Number of Days	30 Days

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EQUIPMENT BREAKDOWN SCHEDULE**COVERAGE LIMITATIONS**

Unless a higher limit or INCLUDED is shown, the most we will pay for direct damage to covered property is \$25,000 for each of the following. These limits are part of, not in addition to, the Property Damage or Limit Per Breakdown.

	LIMIT OF INSURANCE
Ammonia Contamination	\$100,000
Consequential Loss	\$100,000
Data and Media - Covered Equipment	\$100,000
Hazardous Substance	\$100,000
Water Damage	\$100,000

CONDITIONS and OPTIONAL COVERAGES

Business Income Report Date	
Business Income Annual Value	\$100,000
Business Income Coinsurance Percentage	Waived
Diagnostic Equipment (INCLUDED OR EXCLUDED)	EXCLUDED

DEDUCTIBLES

The deductible applies only to a coverage for which an amount, hours, days, times daily value or the word INCLUDED is shown. If INCLUDED is shown, then the deductible for that coverage is part of the Combined Deductible.

	AMOUNTS, HOURS or DAYS
Combined Deductible	
Property Damage	\$5,000
Business Income and Extra Expense	24 HOURS
Extra Expense	
Contingent Business Income/Extra Expense	
Spoilage Damage	\$5,000
Utility Interruption	
-Spoilage Damage	\$5,000
-Business Income and/or Extra Expense	24 HOURS

The deductible for the following coverages are INCLUDED with the Property Damage Deductible unless a different amount is shown.

Ammonia Contamination
 Consequential Loss
 Data and Media - Covered Equipment
 Hazardous Substance
 Water Damage
 Expediting Expense



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FORMS AND ENDORSEMENTS SCHEDULE**FORM NUMBER****FORM TITLE**

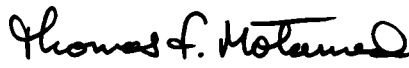
EBR001	10/2007	Report of Total Insurable Value
EBR002	10/2007	Business Income - Report of Values
EB0020	09/2011	Equipment Breakdown Protection Coverage Form
EB9963	09/2010	Off Premises Equipment Coverage
G124588B	08/2004	BM DEDUCTIBLES - SPECIFIED EQUIPMENT
G144291A	03/2003	Economic And Trade Sanctions Condition
G147179C	06/2009	Breakdown Covered Cause of Loss Revision
G147180B	02/2005	Business Income Coinsurance Revision
G300947A	09/2010	Covered Equipment Deductible Waiver
IL0003	09/2007	Calculation of Premium
IL0017	11/1998	Common Policy Conditions
IL0175	09/2007	Florida Changes - Legal Action Against Us
IL0255	01/2010	Florida Changes - Cancellation and Nonrenewal
IL0952	01/2015	Cap on Losses From Certified Acts of Terrorism

***** PLEASE READ THE ENCLOSED IMPORTANT NOTICES CONCERNING YOUR POLICY *****

FORM NUMBER**FORM TITLE**

CNA62823XX	06/2015	Notice To Policyholders Jurisdictional Inspections
CNA81758XX	03/2015	Notice - Offer of Terrorism Disclosure of Premium
G145041A	05/2003	IMP INF Economic And Trade Sanctions Condition
LPCR001	08/2010	Equipment Breakdown Loss Notification

 Countersignature


 Chairman of the Board


 Secretary