

# LIBERTY INSURANCE UNDERWRITERS INC.

55 Water Street, 18<sup>th</sup> Floor • New York, New York 10041  
(a member of the Liberty Mutual Group and hereinafter "the Insurer")  
Liberty Insurance Underwriters Inc.'s toll free number is: 800-677-9163

## COMMUNITY ASSOCIATION EXECUTIVE ADVANTAGE POLICY

### DECLARATIONS

NOTICE: THIS IS A CLAIMS-MADE POLICY. THIS POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF APPLICABLE, AND REPORTED TO THE INSURER AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN 90 DAYS AFTER THE END OF THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

UNLESS AMENDED BY ENDORSEMENT, AMOUNTS INCURRED AS DEFENSE COSTS SHALL BE IN ADDITION TO THE LIMIT OF LIABILITY AND SHALL NOT BE APPLIED AGAINST THE APPLICABLE RETENTION.

THE INSURER HAS THE DUTY TO DEFEND.

POLICY NUMBER: CAP026676-0315

PRODUCER: GIG Insurance Group, Inc.

RENEWAL OF: CAP026676-0215

#### ITEM I. NAME AND ADDRESS OF PARENT ORGANIZATION:

Physical:

Condo. Assoc., of Parker Plaza Estates Inc.  
2030 S. Ocean Drive  
Hallandale Beach, FL 33009

Mailing: Condo. Assoc., of Parker Plaza Estates Inc.  
Condo. Assoc., of Parker Plaza Estates Inc.  
2030 S. Ocean Drive  
Hallandale Beach, FL 33009

ITEM II. POLICY PERIOD: Inception Date: 06/01/17 Expiration Date: 06/01/2018  
(12:01 A.M. at the address set forth in Item I)

ITEM III. LIMIT OF LIABILITY: \$2,000,000 in the aggregate for the **Policy Year**

ITEM IV. RETENTION: \$10,000 in the aggregate each **Claim**

ITEM V. PRIOR LITIGATION DATE: 06/01/12

ITEM VI. PREMIUM: \$12,774.00 TRIA Premium: \$0.00

#### ITEM VII. ENDORSEMENTS FORMING PART OF THIS POLICY AT ISSUANCE:

FL.CAPAMEND.

FL.CAPCNR.

FL.CAPPHN.

FL.CAPWAGEHOUR.

FL.CAPCYBER.

FL.CAPENDORSEMENT.

ALLCAPOFAC.

ALLCAPTRIADISC.

ALLCAPTRIALLOSS.

This Declarations page, together with the **Application**, the attached Community Association Policy Form, and all endorsements thereto, shall constitute the contract between the Insurer and the **Insureds**. This Policy is valid only if signed below by a duly authorized representative of the Insurer.



Authorized Representative

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