



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/28/2016

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER CBIZ Weekes & Callaway 3945 West Atlantic Avenue Delray Beach FL 33445-3902		CONTACT NAME: Rebecca St. Pierre PHONE (A/C, No, Ext): (561) 278-0448 FAX (A/C, No): (561) 278-2391 E-MAIL ADDRESS: rstpierre@cbizwc.com PRODUCER CUSTOMER ID: 00019018															
INSURED Hillsboro Cove Condominium Association Inc. 1365 E. Hillsboro Blvd. Deerfield Beach FL 33441		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Heritage Property & Casualty Ins.</td> <td></td> </tr> <tr> <td>INSURER B: Travelers Casualty & Surety Co. of</td> <td>31194</td> </tr> <tr> <td>INSURER C: Travelers Property Casualty Co of</td> <td>25674</td> </tr> <tr> <td>INSURER D: USPlate Glass/Mass Plate</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Heritage Property & Casualty Ins.		INSURER B: Travelers Casualty & Surety Co. of	31194	INSURER C: Travelers Property Casualty Co of	25674	INSURER D: USPlate Glass/Mass Plate		INSURER E:		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: 2016-17 Property REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Blanket Premise

See Attached Overflow Pages

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY				<input checked="" type="checkbox"/> BUILDING	\$ See Attached	
	CAUSES OF LOSS	DEDUCTIBLES			<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$	
	BASIC	BUILDING			BUSINESS INCOME	\$	
	BROAD	5,000			EXTRA EXPENSE	\$	
	<input checked="" type="checkbox"/> SPECIAL	CONTENT'S	HCP003626	1/1/2016	1/1/2017	RENTAL VALUE	\$
	EARTHQUAKE	5,000	Agreed Amount			BLANKET BUILDING	\$
<input checked="" type="checkbox"/> WIND	5% Deduct.				BLANKET PERS PROP	\$	
<input checked="" type="checkbox"/> FLOOD					BLANKET BLDG & PP	\$	
		318 Units				\$	
	INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	NAMED PERILS	POLICY NUMBER				\$	
B	<input checked="" type="checkbox"/> CRIME	105528630	1/1/2016	1/1/2017	<input checked="" type="checkbox"/> Employee Theft	\$ 1,200,000	
	TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 10,000	
C	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	BAJBME1370X4740TIL16	1/1/2016	1/1/2017	<input checked="" type="checkbox"/> Equipment Breakdown	\$ See Attached	
D	Glass	USPFL7003203	1/1/2016	1/1/2017	<input checked="" type="checkbox"/> Blanket	\$ 154 Plates	
					<input checked="" type="checkbox"/> Deductible	\$ 100	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Borrower: Location: Loan #:

Florida statute requires 10 day notice of cancellation for non-payment of premium and 45 day notice for non-renewal.

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE OF INSURANCE PURPOSES

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

Kimila Silvia/JGLAUG

Kimila R. Silvia



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/28/2016

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 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 CBIZ Weekes & Callaway 3945 West Atlantic Avenue Delray Beach FL 33445-3902	CONTACT NAME: Rebecca St. Pierre PHONE (A/C, No. Ext): (561) 278-0448 E-MAIL ADDRESS: rstpierre@cbizwc.com	FAX (A/C, No.): (561) 278-2391
	INSURER(S) AFFORDING COVERAGE	
INSURED Hillsboro Cove Condominium Association Inc. 1365 E. Hillsboro Blvd. Deerfield Beach FL 33441	INSURER A: Philadelphia Indemnity	
	INSURER B: Travelers Property Casualty Co	
	INSURER C: Zenith Insurance Company	
	INSURER D: Liberty Insurance Underwriters,	
	INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2016-17 Liability **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PHPK1437178	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			PHPK1437178	1/1/2016	1/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			ZUP91M4306A15NF40841	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 15,000,000
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 15,000,000
	<input type="checkbox"/> DEQ <input checked="" type="checkbox"/> RETENTION \$ 0						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Z071834405	1/1/2016	1/1/2017	WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N				E L EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E L DISEASE - EA EMPLOYEE \$ 500,000
							E L DISEASE - POLICY LIMIT \$ 500,000
D	Directors & Officers			CAP0295330116	1/1/2016	1/1/2017	General Aggregate Limit \$1,000,000
							Deductible \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Borrower: Location: Loan #:
 Florida statute requires 10 day notice of cancellation for non-payment of premium and 45 day notice for non-renewal.

CERTIFICATE HOLDER **CANCELLATION**

EVIDENCE OF INSURANCE PURPOSES	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 Kimila Silvia/JGLAUG <i>Kimila R. Silvia</i>

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Equipment Breakdown ,Include			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
	Ordinance or Law Sub,1,000,000			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
1	00001,1523-1537 E Hillsboro Blvd, Building, \$23,781,339	SPC		
23,781,339			5,000	Flat
				Premium
2	00001,1423-1427 E Hillsboro Blvd, Building, \$10,895,252	SPC		
10,895,252			5,000	Flat
				Premium
2	00001,1423-1427 E Hillsboro Blvd, BPP, \$28,000	SPC		
28,000				Premium
3	00001,1301-1319 E Hillsboro Blvd, Building,\$10,895,252	SPC		
10,895,252			5,000	Flat
				Premium
3	00001,1301-1319 E Hillsboro Blvd, BPP, \$28,000	SPC		
28,000				Premium
4	1365 E Hillsboro Blvd Clubhouse Bldg, \$574,013	SPC		
574,013			5,000	Flat
				Premium
4	1365 E Hillsboro Blvd Clubhouse BPP, \$40,000	SPC		
40,000				Premium
4	1365 E Hillsboro Blvd Swimming Pool, \$101,410	SPC		
101,410			5,000	Flat
				Premium
4	1365 E Hillsboro Blvd Carport 1 (8,732 SF \$275,950)	SPC		
275,950			5,000	Flat
				Premium

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
4	1365 E Hillsboro Blvd Carport 2 (8,543 SF \$271,280)	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
271,280			5,000	Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
4	1365 E Hillsboro Blvd Carport 3 (7,794 SF \$244,990)	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
244,990			5,000	Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
4	1365 E Hillsboro Blvd Carport 4 (9,080 SF \$277,520)	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
277,520			5,000	Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
4	1365 E Hillsboro Blvd Carport 5 (6,148 SF \$195,990)	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
195,990			5,000	Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
4	1365 E Hillsboro Blvd Carport 6 (6,016 SF \$191,840)	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
191,840			5,000	Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
4	1365 E Hillsboro Blvd Carport 7 (9,686 SF \$296,030)	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
296,030			5,000	Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
4	1365 E Hillsboro Blvd Carport 8 (8,492 SF \$286,360)	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
286,360			5,000	Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
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Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				