



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/02/2025

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 Insurance Services, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	CONTACT NAME: EOIDirect.com PHONE (A/C, No, Ext): (954) 776-2222 FAX (A/C, No): (954) 776-4446 E-MAIL ADDRESS: help@eoidirect.com																					
INSURED Pine Island Ridge Condominium G Association, Inc. 9301 Lagoon Place Davie FL 33324	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Kinsale Insurance Company</td><td></td><td>38920</td></tr><tr><td>INSURER B: Greenwich Insurance Company</td><td></td><td>22322</td></tr><tr><td>INSURER C: Technology Insurance Company, Inc.</td><td></td><td>42376</td></tr><tr><td>INSURER D: Travelers Casualty and Surety Company of America</td><td></td><td>31194</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Kinsale Insurance Company		38920	INSURER B: Greenwich Insurance Company		22322	INSURER C: Technology Insurance Company, Inc.		42376	INSURER D: Travelers Casualty and Surety Company of America		31194	INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** 25-26 Master COI w/ Prop**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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			01003601100	04/01/2025	04/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☐ RETENTION \$			PPP7495214	04/01/2025	04/01/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☐	N / A	TWC4593807	03/07/2025	03/07/2026	PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Crime/Fidelity			106913071	04/01/2025	04/01/2026	Employee Theft \$3,000,000

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

Residential Condominium consisting of 728 units located at 9301 Lagoon Place et al, Davie, Florida 33324

CERTIFICATE HOLDER**CANCELLATION**Pine Island Ridge Condominium G Association, Inc.
9301 Lagoon Place

Davie

FL 33324

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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ADDITIONAL REMARKS SCHEDULE

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED Pine Island Ridge Condominium G Assoc., 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 WITH WIND

Policy Term: 06/01/2024 - 06/01/2025

Carriers & Policy #'s:

Wilshire Insurance Company, IMP400265900 & IMP400266000

Axis Surplus Insurance Company, P00100137478701

Mt. Hawley Insurance Company, MWC0601956

Certain Underwriters at Lloyds London, MWC0601956

Endurance American Specialty Insurance Company, ESP30061444800

Arch Specialty Insurance Company, ESP105233400

Kinsale Insurance Company, 01003040210

Cause of Loss: Special | Coinsurance: 100%, Agreed Amount Applies | Valuation: Replacement Cost

Equipment Breakdown Included

Ordinance or Law Coverage Full A, B&C \$500,000 Combined Limit

Deductibles:

Named Storm - 5% of the value, subject to \$100,000 minimum

All Other Wind - \$100,000 Per Occurrence

All Other Perils - \$25,000 Per Occurrence

Water Damage - \$25,000 Per Occurrence

Equipment Breakdown - \$5,000 Per Occurrence

Wind Limit: \$50,000,000

All Other Perils Limit: \$104,426,300

Total Insured Value: \$104,426,300

Building Limits

9301 Lagoon Place (Swimming Pool w/Deck & Heater) - \$121,800

9445 Poinciana Place (Swimming Pool w/Deck & Heater) - \$121,800

9311 Orange Grove Drive (Swimming Pool w/Deck & Heater) - \$132,100

9311 Orange Grove Drive - \$8,848,000

9450 Poinciana Place - \$8,848,000

9430 Poinciana Place - \$8,848,000

9480 Poinciana Place - \$6,016,400

9235 Lagoon Place - \$8,848,000

9230 Lagoon Place - \$8,848,000

9470 Poinciana Place - \$6,016,400

9460 Poinciana Place - \$6,016,400

9410 Poinciana Place - \$6,016,400

9420 Poinciana Place - \$8,848,000

9340 Lagoon Place - \$6,016,400

9330 Lagoon Place - \$6,016,400

9440 Poinciana Place - \$8,848,000

9325 Lagoon Place - \$6,016,400

EQUIPMENT BREAKDOWN

Policy Term: 04/01/2025 - 04/01/2026

Policy #: 76444895

Carrier: Federal Insurance Company

Blanket Property Damage Limit: \$76,043,491

Deductible: \$5,000

DIRECTORS & OFFICERS

Policy Term: 04/01/2025 - 04/01/2026

Policy #: PDO749515802

Carrier: Greenwich Insurance Company

Limit: \$1,000,000 / Retention: \$15,000