

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/19/2023

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 liqu of such endorsement(s).

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			CONTACT Cindy Cue	ellar		
RSC Insurance Brokerage, Inc.			PHONE (A/C, No, Ext): (954) 96	3-6666	FAX (A/C, No):	
3250 N. 29th Avenue				risk-strategies.c	om	
			INS	SURER(S) AFFORD	ING COVERAGE	NAIC #
Hollywood	FL	33020	INSURER A: Berkley F	Regional Specia	Ity Insurance Co	
INSURED			INSURER B: Greenwic	ch Insurance Co		
High Point of Del	ray West Condominium Association Sec	ction 3, Inc.	INSURER C: Zenith Ins	surance Compa	ny	13269
C/O Cambell Pro	perty Management		INSURER D: Travelers	Property Casu	alty Company of America	25674
1215 East Hillsbo	oro Blvd		INSURER E: The Cinc	innati Insurance	Co & Philadelphia Insurance	
Deerfield Beach	FL	33441	INSURER F: Heritage	Property Insura	nce	
COVERAGES	CERTIFICATE NUMBER:	CL2312130447	7 2	R	EVISION NUMBER:	
THIS IS TO CERTIFY THAT THE	POLICIES OF INSURANCE LISTED BELO	OW HAVE BEEN I	ISSUED TO THE INSUR	RED NAMED ABO	OVE FOR THE POLICY PERIOD	
INDICATED. NOTWITHSTANDII	NG ANY REQUIREMENT, TERM OR CONI	DITION OF ANY C	CONTRACT OR OTHER	DOCUMENT W	ITH RESPECT TO WHICH THIS	
CERTIFICATE MAY BE ISSUED	OR MAY PERTAIN, THE INSURANCE AFF	FORDED BY THE	POLICIES DESCRIBED	HEREIN IS SU	BJECT TO ALL THE TERMS,	
EXCLUSIONS AND CONDITION	S OF SUCH POLICIES. LIMITS SHOWN IN	MAY HAVE BEEN I	REDUCED BY PAID CL	AIMS.		
INSR TYPE OF INCUPAN	ADDL SUBR		POLICY EFF	POLICY EXP	LIMITO	

INSR LTR	INSR LTR TYPE OF INSURANCE		ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	×	COMMERCIAL GENE	ERA	L LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE		OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
										MED EXP (Any one person)	\$ 5,000
Α							CGL015509421	12/13/2023	12/13/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	LAGGRE <u>GATE</u> LIMIT		PLIES PER:							\$ 2,000,000
	×	POLICY PRO)- T	LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:								Hired & Non-Owned Auto	\$ 1,000,000
	AUT	OMOBILE LIABILITY								GOMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO								BODILY INJURY (Per person)	\$
		OWNED AUTOS ONLY		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
											\$
	×	UMBRELLA LIAB	2	∠ occur						EACH OCCURRENCE	\$ 25,000,000
В		EXCESS LIAB		CLAIMS-MADE			PPP7476939	12/13/2023	12/13/2024	AGGREGATE	\$ 25,000,000
		DED RETEN	_	N \$							\$
		KERS COMPENSATION EMPLOYERS' LIABIL								PER OTH- STATUTE ER	
	C ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A		Z138127303	12/13/2023	12/13/2024	E.L. EACH ACCIDENT	\$ 500,000		
			1,7,7		2100127000	12/10/2020	12/10/2021	E.L. DISEASE - EA EMPLOYEE	\$ 500,000		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,000			
	Fai	uipment Breakdow	'n								
D	-4	apinoni Broandon					BME1-0T021912-TIL22	12/13/2023	12/13/2024	Limit	\$43,040,030
								Deductible	\$5,000		
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

CERTIFICATE HOLDER	CANCELLATION
For Informational Purposes only	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
	RSC Imm Brokenge Ire.

AGENCY CUSTOMER ID:	00258543		
LOC #:			

ADDITIONAL REMARKS SCHEDULE

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ACENCY		NAMED INSURED
AGENCY		
RSC Insurance Brokerage, Inc.		High Point of Delray West Condominium Association Section 3, Inc.
		-
POLICY NUMBER		
		4
CARRIER	NAIC CODE	
		EFFECTIVE DATE:
		EFFECTIVE DATE:
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOR		
FORM NUMBER: 25 FORM TITLE: Certificate of Liability	v Insurance: N	otes
FORM NUMBER: 25 FORM TITLE: 25 THE SALE OF EASIER	.,	
13977 Nesting Way Building 470,800		
13980 Nesting Way Building 470,800		
13990 Nesting Way Building 464,500		
14000 Nesting Way Building 464,500		
14010 Nesting Way Building 464,500		
14020 Nesting Way Building 464,500		
14030 Nesting Way Building 464,500		
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14049 Nesting Way Building 464,500		
14050 Nesting Way Building 470,800		· · · · · · · · · · · · · · · · · · ·
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14175 Nesting Way Building 470,800		
14180 Nesting Way Building 470,800		
14181 Nesting WayBuilding 470,800		
14190 Nesting Way Building 470,800		
14200 Nesting Way Building 470,800		
Clubhouse; Pool Patio Deck, Pool, Pump House, Guardhouse- 5185 Nes	ting Way Delra	y Beach, FL 33445
Clubhouse: \$624,500		
Contents: \$10,000		
Swimming Pool: \$148,000		
Pool Patio Deck: \$43,000		
Pump Building: 17,885		
Guardhouse: \$18,001		
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AGENCY CUSTOMER ID:	00258543
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LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED
RSC Insurance Brokerage, Inc.		High Point of Delray West Condominium Association Section 3, Inc.
TOO IIISarance Diokeraye, IIIo.		- Ingiri ont of Bendy West Condominant/tascoldion Coulon 6, inc.
POLICY NUMBER		
CARRIER	NAIC CODE	-
CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORI	D EOPM	
FORM NUMBER: 25 FORM TITLE: Certificate of Liability	y insurance: No	JIES
388 units located Nesting Way Delray Beach, FL 33445		
Tool units located Nesting Way Benay Beach, 1 E 30445		
INSURER E: The Cincinnati Insurance Co. Directors and Officers		
Policy # 2265678 V1 / Effective: 12/13/2023-12/13/2024		
Limit of Liability: \$1,000,000 / Retention: \$15,000 Per Claim		
MOUDED E BUILLIAN A COMMON		
INSURER E: Philadelphia Indemnity Ins. Co. (A++ Crime	10. 0004	
Policy # PCAC015122-0321 / Effective: December 13, 2023 - December 1 Limit of Insurance: \$2,000,000 / Deductible: \$25,000	3, 2024	
Limit of insurance. \$2,000,000 / Deductible. \$25,000		
Insurer F: Heritage Insurance Co Property Policy#HCP009407 EFF: 4/15/	2023-4/15/202	4
Special form, Replacement Cost, 5% Hurricane Deductibles; \$10,000 All of		
\$1,000,000		
Locations:		
5021 Nesting Way Building 470,800		
5031 Nesting Way Building 470,800 5041 Nesting Way Building 470,800		
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