

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/02/2023

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.

						s and conditions of the pol cate holder in lieu of such			may require	an endorsement. A state	ement o	on
PRODUCER						CONTACT Cindy Cuellar						
RSC Insurance Brokerage, Inc.							PHONE (054) 062 6666 FAX					
3250 N. 29th Avenue							(A/C, No E-MAIL	ocueller@	advancedins.c	(A/C, No):		
5255							ADDRESS:					
Hollywood FL 33020							INSURER(S) AFFORDING COVERAGE INSURER A . Berkley Regional Specialty Insurance Co					NAIC #
		ou				FL 33020	INSURE		•			
INSU	IRED						INSURE	ND.	ch Insurance C			
		· ·	•		um As	ssociation Section 3, Inc.	INSURE	ко.	surance Comp	<u> </u>		13269
			Property Managen	nent			INSURER D: Travelers Property Casualty Company of America					25674
		1215 East Hills	sboro Blvd				INSURE	RE: Philadelp	hia Indemnity			
		Deerfield Bead	ch			FL 33441	INSURE	RF: Heritage	Property Insur	rance		
CO	VER/	AGES	CER	TIFIC	ATE	NUMBER: CL221219160	87			REVISION NUMBER:		
						LISTED BELOW HAVE BEEN						
						ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE						
						IITS SHOWN MAY HAVE BEEN				OBOLOT TO ALL THE TERMO	,	
INSR LTR		TYPE OF INSUF	RANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	×	COMMERCIAL GENERA	AL LIABILITY	III	1110			(MINITED TITTE	(MINI/DD/1111)	EACH OCCURRENCE	s 1,000	0,000
		CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	000
A		CLAIMS-MADE OCCUR								,	\$ 5,000	
		-				CGL015509421		12/13/2022	12/13/2023	MED EXP (Any one person)	\$ 1,000,000	
		<u></u>				002010003421		12,10,2022	12/10/2020	PERSONAL & ADV INJURY	2 000 000	
		N'L AGGREGATE LIMIT AP								GENERAL AGGREGATE	0.000.000	
		POLICY FRO-								PRODUCTS - COMP/OP AGG Hired & Non-Owned Auto	Ψ	
		OTHER:								GOMBINED SINGLE LIMIT	\$ 1,000	5,000
	AUTOMOBILE LIABILITY								12/13/2023	(Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED									BODILY INJURY (Per person)		
Α						CGL015509421	12/13/2022	BODILY INJURY (Per accident) PROPERTY DAMAGE		\$		
		HIRED NON-OWNED AUTOS ONLY								(Per accident)	\$	
										\$		
	\times	WIMBRELLA LIAB COCCUR							EACH OCCURRENCE	\$ 25,000,000		
В		EXCESS LIAB	ESS LIAB CLAIMS-MADE PPP7476939L22A-02		12/13/2022	12/13/2023	AGGREGATE	\$ 25,00	00,000			
		DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							12/13/2022	12/13/2023	PER OTH- STATUTE ER		
С	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE				Z138127302				E.L. EACH ACCIDENT	\$ 500,0	000
	(Man	ICER/MEMBER EXCLUDE Indatory in NH)	:D?	N/A		2100127002		12/10/2022	12/10/2020	E.L. DISEASE - EA EMPLOYEE	\$ 500,0	000
	If yes	s, describe under CRIPTION OF OPERATIO	NS below							E.L. DISEASE - POLICY LIMIT	\$ 500,0	000
	Ear	Equipment Breakdown							2 12/13/2023	Total Limit	\$43,0	040,030
D	Equ	Equipment Breakdown			BME1-0T021912-TIL22		12/13/2022	Deductible		\$5,00	00	
DES	CRIPT	ION OF OPERATIONS / L	OCATIONS / VEHICLI	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)			
<u>~-</u> -	OFFICIATE HALDED											
CEI	KIIF	ICATE HOLDER					CANC	ELLATION				
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
1		Euidenee et la					I ACC	ORDANCE WIT	TH THE POLICY	Y PROVISIONS.		

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Evidence of Insurance

AUTHORIZED REPRESENTATIVE

AGENCY	CUSTOMER ID:	00258543
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OC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED
RSC Insurance Brokerage, Inc.		High Point of Delray West Condominium Association Section 3, Inc.
Insurance brokerage, inc.		Ingrit one of Denay West Condominant Association Section 5, inc.
POLICY NUMBER		
		-
CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORI		
FORM NUMBER: 25 FORM TITLE: Certificate of Liability	y Insurance: No	otes
388 units located Nesting Way Delray Beach, FL 33445		
INCLIDED E. Philadalahia ladassaitulas Co. (A., VVV Disastasa and Offi		
INSURER E: Philadelphia Indemnity Ins. Co. (A++ XV): Directors and Offi	cers	
Policy # PCAP031463-0221 / Effective: 12/13/2022-12/13/2023 Limit of Liability: \$1,000,000 / Retention: \$15,000 Per Claim		
Limit of Liability. \$1,000,000 / Retention. \$15,000 Fer Claim		
INSURER E: Philadelphia Indemnity Ins. Co. (A++ XV): Crime		
Policy # PCAC015122-0221 / Effective: December 13, 2022 - December 1	13, 2023	
Limit of Insurance: \$2,000,000 / Deductible: \$25,000	.0, 2020	
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	other Perils dec	ductible; Ordinance or Law Included; AB and C Combined sublimit:
\$1,000,000		
Locations:		
5021 Nesting Way Building 470,800		
5031 Nesting Way Building 470,800 5041 Nesting Way Building 470,800		
5050 Nesting WayBuilding 464,500		
5051 Nesting WayBuilding 470,800		
5060 Nesting Way Building 470,800		
5061 Nesting Way Building 470,800		
5070 Nesting Way Building 470,800		
5071 Nesting Way Building 470,800		
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5240 Nesting Way Building 464,500 5250 Nesting Way Building 464,500		
5260 Nesting Way Building 464,500		
5270 Nesting Way Building 464,500		
5280 Nesting Way Building 464,500		
5290 Nesting Way Building 464,500		
5300 Nesting Way Building 464,500		
13923 Nesting Way Building 464,500		
13929 Nesting Way Building 470,800		
13930 Nesting Way Building 470,800		
13935 Nesting Way Building 464,500		
13940 Nesting Way Building 470,800		
13941 Nesting Way Building 464,500		
13947 Nesting Way Building 470,800 13950 Nesting Way Building 470,800		
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13959 Nesting Way Building 470,800		
13960 Nesting Way Building 464,500		
13965 Nesting Way Building 464,500		
13970 Nesting Way Building 470,800		
13971 Nesting Way Building 464,500		
13977 Nesting Way Building 470 800		

AGENCY CUSTOMER ID:	00258543
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LOC #:



ADDITIONAL REMARKS SCHEDULE

NAMED INSURED	
High Point of Delray West Condominium Association Section 3, Inc.	

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of

RSC Insurance Brokerage, Inc.		High Point of Delray West Condominium Association Section 3, Inc.	
POLICY NUMBER		7	
CARRIER NAIC CODE			
		EFFECTIVE DATE:	
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO	ACORD FORM.		
FORM NUMBER: 25 FORM TITLE: Certificate of		Notes	
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			
14040 Nesting Way Building 464,500			
14049 Nesting Way Building 464,500			
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14061 Nesting Way Building 464,500			
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14073 Nesting Way Building 464,500			
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14121 Nesting Way Building 464,500			
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