2		CERTIFICATE OF PI					DATE (MM/DD//// 05/08/2024		
CE	ERTIFICATE DOES NOT AFFIRM	S A MATTER OF INFORMATION O MATIVELY OR NEGATIVELY AMEN INSURANCE DOES NOT CONSTIT , AND THE CERTIFICATE HOLDER.	D, EXTEND OR A	ALTER THE CO	/ER	AGE AFFORDED	BY THE POLICIE		
PROD Insui 1877	DUCER rance Office of America 7 South Federal Highway	CONTACT NAME: Michelle Naughton PHONE (NO, No, Ext): (863) 327-1552 22608 E-MAIL ADDRESS: Michelle.Naughton@ioausa.com							
Suite 200 Boca Raton, FL 33432			PRODUCER CUSTOMER ID. BARCGAR-01						
INSU	RED	······································	INSURER A ; LIOYd'S NAFFORDING COVERAGE NAIC # INSURER A ; LIOYd'S NA INSURER B : Federal Insurance Company 20281						
	Barcelona Gardens Cor 101 E McNab Rd Pompano Beach, FL 33	INSURER C: Travelers Excess and Surplus Lines Company 29696							
	1 1 N 1 1 1 1		INSURER E :	and the police of		e de composition and	· · · ·		
COV	VERAGES	CERTIFICATE NUMBER:		ýt. –	REV	ISION NUMBER:			
TH	HIS IS TO CERTIFY THAT THE POLIC DICATED. NOTWITHSTANDING AN ERTIFICATE MAY BE ISSUED OR MU	33060 - 128 Total Units (4 Bldgs value CIES OF INSURANCE LISTED BELOW HA Y REQUIREMENT, TERM OR CONDITION AY PERTAIN, THE INSURANCE AFFORDE SUCH POLICIES. LIMITS SHOWN MAY HA	VE BEEN ISSUED T I OF ANY CONTRAC ED BY THE POLICIE	O THE INSURED N T OR OTHER DOC S DESCRIBED HER		D ABOVE FOR THE F	O WHICH THIS		
INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS		
A	X PROPERTY		Colonia a settera	the owner of the second	X	BUILDING	s 10,83		
	CAUSES OF LOSS DEDUCTIBLES	AQS241008	05/01/2024	05/01/2025	X	PERSONAL PROPERTY	s 1		
	BASIC BUILDING \$5,000					BUSINESS INCOME	5		
1	CONTENTS			i da la caractería de la c	• •	EXTRA EXPENSE	S		
	X SPECIAL \$5,000 EARTHQUAKE				•	BLANKET BUILDING	5		
	X WND \$50,000	D				BLANKET PERS PROP	5		
	FLOOD					BLANKET BLDG & PP	\$		
	X NamedStorm 5.0000%	6			X	Clubhouse & Pool	s 37		
		113			X	Misc Property	s 13		
	INLAND MARINE CAUSES OF LOSS	TYPE OF POLICY				•	`S 		
	CAUSES OF LOSS	POLICY NUMBER	9	* ÷			s		
, P					î '-	- 1. C	s		
в	X CRIME	1	- 19		X	Limit	s 55		
	TYPE OF POLICY		1.1.1.1.1		X	Deductible	s		
_	Employee Theft	99927771	05/01/2024	05/01/2025		Limit	\$		
С	X BOILER & MACHINERY / EQUIPMENT BREAKDOWN	3X45118A	05/01/2024	05/01/2025	X	Limit Deductible	s 11,35 s		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1				S		
							<u>s</u>		
(Pro Cove	perty Carriers: Lloyds #AQS2410	(ACORD 101, Additional Remarks Schedule, may 008/Kinsale #01002970250)*Replaceme **This certificate regarding coverag	ent Cost Valuation,	No Coinsurance;	Ordi um /	inance or Law: Cove Apartments is issued	s rage A include		
CEI	RTIFICATE HOLDER	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
2									
, L	For Information Purpo 101 E. McNab Road		AUTHORIZED REPRESENTATIVE						
		© 1995-2015 ACORD CORPORATION. All rights re							

		B	ARCGAR-01	DEVINE				
CERTIFICATE OF	LIABILITY I	ISURAN	CE	DATE (MM/DD/YYYY) 5/7/2024				
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATIC CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY A BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CO REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLD	MEND, EXTEND OR A	LTER THE C	OVERAGE AFFORDED	D BY THE POLICIES				
IMPORTANT: If the certificate holder is an ADDITIONAL INSUR If SUBROGATION IS WAIVED, subject to the terms and condit this certificate does not confer rights to the certificate holder in like	ions of the policy, certa	in policies may						
PRODUCER Insurance Office of America 1877 South Federal Highway Suite 200	CONTACT Miche NAME: PHONE (A/C, No, Ext): (86 E-MAILess Miche	3) 327-1552 2	2608 FAX	o):(863) 683-5560				
Boca Raton, FL 33432		E-MAIL ADDRESS: Michelle.Naughton@ioausa.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Universal Fire & Casualty Insurance Company 32867						
INSURED	INSURER B : Mid	ale Indemnit	y Company	27138				
Barcelona Gardens Condominium Apartments, Inc. 101 E McNab Rd Pompano Beach, FL 33060		INSURER C : Transportation Insurance Company 20494 INSURER D : Great Divide Insurance Company 25224 INSURER E :						
· · · · · · · · · · · · · · · · · · ·	INSURER F :	- 2						
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR C CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN M.	ONDITION OF ANY CON AFFORDED BY THE PO AY HAVE BEEN REDUCED	RACT OR OTHE LICIES DESCRI BY PAID CLAIM	R DOCUMENT WITH RES BED HEREIN IS SUBJEC S.	R THE POLICY PERIOD				
INSR TYPE OF INSURANCE ADDL SUBR POLICY N	UMBER POLICY		<u>ן בין א</u>	MITS				
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X 128 Units	5/1/20	24 5/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	s 1,000,00 s 50,00 s 5,00				
GENL AGGREGATE LIMIT APPLIES PER:			PERSONAL & ADV INJURY GENERAL AGGREGATE	s include s 2,000,00 c 2,000,00				
X POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY			PRODUCTS - COMP/OP AC HIRED NON OWNED COMBINED SINGLE LIMIT (Ea accident)					
ANY AUTO OWNED AUTOS ONLY HIPED AUTOS ONLY AUTOS ONLY			BODILY INJURY (Per person BODILY INJURY (Per accide PROPERTY DAMAGE (Per accident)	1) <u>5</u> .nt) <u>5</u>				
B X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE PRP2298240000 DED X RETENTION S 0	001852389 5/1/20	24 5/1/2025	AGGREGATE	s 5,000,00 5 5,000,00				
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) WC423025841	5/1/2	24 5/1/2025	X PER OT STATUTE ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLO	s 500,00 ree s 500,00				
If yes, describe under DESCRIPTION OF OPERATIONS below D Directors & Officers CM0000035860	3 5/1/2	24 5/1/2025	E.L. DISEASE - POLICY LIN Limit	IIT s 500,00 1,000,00				
그는 것이 모양을 하는 것을 가지 한 것 없어?				al a trainight				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Ren Location: 101 E McNab Rd, Pompano Beach, FL 33060 This certificate regarding coverage for Barcelona Gardens Condomin	arks Schedule, may be attache ium Apartments, Inc., is	if more space is reasoned to the cel	quired) rtificate holder in regard	to:				
CERTIFICATE HOLDER	CANCELLA	NON						
	THE EXPI	ATION DATE	E DESCRIBED POLICIES B THEREOF, NOTICE WI DLICY PROVISIONS.					
Barcelona Gardens Condominium Apartments, Inc. For Information Purposes Only 101 E. McNab Road Barbara Bacab El 22060	AUTHORIZED R	PRESENTATIVE						
Pompano Beach, FL 33060 ACORD 25 (2016/03) The ACORD name and		© 1988-2015	ACORD CORPORATIO	N All rights reserved				