OP ID: BB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/04/2024

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.

PRODUCER The John Galt Insurance Agency 3303 W Commercial Blvd, #200 Ft. Lauderdale, FL 33309 Alan P. Adams Insurer Agency State State	MBER: VE FOR THE TH RESPECT JBJECT TO A LIMITS NCE \$ TED currence) \$ e person) \$	1,000,000
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Alan P. Adams INSURER A: Kinsale Insurance Company INSURER B: Zenith Insurance Company INSURER C: Travelers Casualty & Surety INSURER C: Travelers Casualty & Surety INSURER C: Travelers Casualty & Surety INSURER C: INSURE	VE FOR THE TH RESPECT JBJECT TO / LIMITS NCE \$ TED currence) \$ e person) \$	28920 10647 E POLICY PERIOD TO WHICH THIS ALL THE TERMS, 1,000,000
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B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE	OTH- ER	
	ENT \$	
(Mandatory in NH)	EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - PC	LICY LIMIT \$	
C DIRECTORS&OFFICERS 107968495 01/01/2024 01/01/2025 D&O AGGR.		1,000,000
D&O CLAIMS MADE		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		
Residential Condominium Association with 152 Units.		
CERTIFICATE HOLDER		
CERTIFICATE HOLDER CANCELLATION		
SHOULD ANY OF THE ABOVE DESCRIBED POLITIES THE EXPIRATION DATE THE POLICY PROVIDENCE		
ACCORDANCE WITH THE POLICY PROVISIONS.		
ACCORDANCE WITH THE POLICY PROVISIONS.		
AUTHORIZED REPRESENTATIVE (Dan A. Adams)		

ACORD

NOTEPAD

INSURED'S NAME Granada House Association, Inc.

GRANA-4 OP ID: BB

PAGE 2 Date 01/04/2024

Coverage for the interior of the unit is NOT included. The Unit Owner's are responsible for purchasing their own ${\tt H06}$ policy.

Any cancellation notices would be sent to the association as they are the insured. The amount of time would be based upon the reason for cancellation (i.e. 10 days non-payment; 45 days non-renewal, etc.).

Lenders of unit owners cannot be added as loss payee to the association policies as the policy covers common areas.

Property Manger is considered an Employee by definition of Crime Policy. Therefore, covered under this policy while conducting business for the insured association.

Please carefully read all pages to this Certificate of Insurance, specifically, the additional wording sections. If there are additional questions, please email your questions to commercial@john-galt.com or fax to 954-440-2833 as we are unable to provide any verbal coverage details.

Policy limits are written at an Agreed Valued chosen by the insured; therefore, the coinsurance is NIL.

Granada House Association, Inc.

Property / Hazard Schedule

Insurance Carrier: Citizens Property Insurance

Policy Number: 09053422-2

Policy Period: Effective Date: 1/20/2024 Expiration Date: 1/1/2025

[] Blanket Limit Applies

[X] Replacement Cost Special [X] BASIC EXCLUDING WIND/HAI.

Additional Wording: Citizens Property Insurance policies do not reference a Coinsurance; therefore, the Coinsurance is NIL.

Citizens Property Insurance does NOT offer Ordinance or Law Coverages A, B or C.

AOP Building Location # Units Limit Building Contents Deductible 201 N. Ocean Blvd., Pompano Beach, FL 33062 \$23,395,200 \$15,000 152 \$5,000 \$258,000 \$5,000 **Swimming Pool & Equipment**

Windstorm

Windstorm Insurance is written with a different agency, please contact Earl Fuller of Stahl & Associates, Insurance. Below is his contact information and email/fax numbers to request Certificates of Insurance for the Windstorm coverage:

Stahl & Associates

Telephone: 727-489-0562 Fax: 727-393-5623

Certificatesstpete@stahlinsurance.com

Crime

Insurance Carrier: Philadelphia Indemnity Insurance Co.

Policy Number: PCAC020279-0124
Policy Period: Effective Date: 1/1/2024

Additional Wording: Crime Limits Change Effective 1-18-2024

Coverages:	Limit	Deductible	
Employee Theft	\$1,500,000	\$10,000	
ERISA Fidelity	\$1,500,000	\$0	
Forgery or Alteration	\$25,000	\$250	
Inside the Premises	\$25,000	\$250	
Outside the Premises	\$25,000	\$250	
Computer Fraud and Funds Transfer Fraud	\$1,500,000	\$10,000	
Money Orders and Counterfeit Paper Currency	\$25,000	\$250	

Flood

Insurance Carrier: Wright National Flood

Policy Period: Effective Date: 07/21/2023 Expiration Date: 7/21/2024

Flood Zone: AE

[] Blanket Limit Applies [] Grandfathered

[X] Replacement Cost [X] RCBAP [] General Form [] Dwelling Form

Additional Wording: This Flood policy cover the master condominium association, it's structures and common areas.

\$5,000 Per Occurrence Building Deductible Per Occurrence

\$5,000 Per Occurrence Contents/BPP Deductible.

Policy # Location Limit # Units

Building Contents

Expiration Date: 1/1/2025

09115071653112 201 N. Ocean Blvd., Pompano Beach, FL \$31,008,000 \$17,000 152

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A Stock Company P.O. Box 33003 St. Petersburg, FL 33733-8003 Customer Service: 1-800-820-3242 Claims: 1-800-725-9472

FFL99.001 1021 0082212 1/23/24 2000 11523 FLD RCBP

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1150716531 12	1150716531	Residential Condominium Building Policy Form

FLOOD DECLARATIONS PAGE

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 7/21/23 To:7/21/24 12:01 am Standard Time	01/23/2024	0082212	1150716531

Insured
GRANADA HOUSE ASSOCIATION INC
PO BOX 4579
HOUSTON TX 77210-4579

THE JOHN GALT INSURANCE AGENCY CORP 3303 W COMMERCIAL BLVD STE 200 FORT LAUDERDALE FL 33309-3436

Property Location (if other than above) 201 N OCEAN BLVD, POMPANO BEACH FL 33062 Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine

Primary Residence: N

Building Occupancy: Residential Condominium Building

Building Description: Entire Residential Condo Building

Property Description: Slab on Grade, 13 floors

Flood Risk: AE

First Floor Height: 1.0 ft

Method Used to Determine First Floor Height: FEMA Determined

Date of Construction: 07/01/1966

Prior NFIP Claims: 0 Number of Units: 152

Replacement Cost Value: 31,007,800

Coverage		Deductible	Annual Premium
BUILDING CONTENTS	\$31,008,000 \$17,000	\$5,000 \$5,000	\$31,051.00 \$209.00
Your property's NFIP	flood claims history ium. For more information	ICC Premium: Mitigation Discount: Community Rating Discount: FULL RISK PREMIUM: DISCOUNTED PREMIUM: Reserve Fund Assessment: Federal Policy Service Fee: HFIAA Surcharge:	\$75.00 \$1,553.00 \$5,918.00 \$23,864.00 \$23,864.00 \$4,296.00 \$2,044.00 \$250.00
		TOTAL WRITTEN PREMIUM AND FEES	\$30,454.00

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

FFL 99.310 0120 0120 WFL 99.416 1021 1021 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523 Wright National Flood Insurance Company A stock company Copy Sent To: As indicated on back or additional pages, if any.



