



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

3/8/2016

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER CBIZ Weekes & Callaway 3945 West Atlantic Avenue Delray Beach FL 33445-3902		CONTACT NAME: Rebecca St. Pierre PHONE (A/C, No. Ext): (561)278-0448 FAX (A/C, No): (561)278-2391 E-MAIL ADDRESS: rstpierre@cbizwc.com PRODUCER CUSTOMER ID: 00013402	
INSURED Garden-Aire Village Sea Haven, Inc. 2731 NE 14th Street Causeway Pompano Beach FL 33062		INSURER(S) AFFORDING COVERAGE INSURER A: Heritage Property & Casualty Ins. INSURER B: Liberty Mutual Insurance Co INSURER C: Hartford Steam Boiler INSURER D: Wright National Flood Insurance Svcs INSURER E: INSURER F:	
		NAIC # 23043	

COVERAGES **CERTIFICATE NUMBER:** Master Prop 16-17 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 00001: 2731 NE 14th Street Pompano Beach FL 33062

See Attached Overflow Pages

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS		
A	<input checked="" type="checkbox"/> PROPERTY	Total # of Units: 338 HCP0040740 Agreed Amount Replacement Cost Valuation Building Ordinance: Full A B&C Combined: 2.5%	3/5/2016	3/5/2017	<input checked="" type="checkbox"/> BUILDING	\$ See Attached		
	CAUSES OF LOSS				DEDUCTIBLES	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ See Attached	
	BASIC				BUILDING	BUSINESS INCOME	\$	
	BROAD				5,000	EXTRA EXPENSE	\$	
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	5,000	RENTAL VALUE	\$
	EARTHQUAKE					BLANKET BUILDING	\$	
	WIND					BLANKET PERS PROP	\$	
	FLOOD					BLANKET BLDG & PP	\$	
	<input checked="" type="checkbox"/> Hurricane Ded				5%		\$	
	<input checked="" type="checkbox"/> Sinkhole Ded				3%		\$	
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$		
	CAUSES OF LOSS					\$		
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$		
B	<input checked="" type="checkbox"/> CRIME	CAC001343-0611	3/5/2016	3/5/2017	<input checked="" type="checkbox"/> Employee Theft	\$ 1,500,000		
	TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 5,000		
C	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	FBP 2338791	3/5/2016	3/5/2017	<input checked="" type="checkbox"/> Property Damage	\$ 45,362,219		
					<input checked="" type="checkbox"/> Deductible	\$ 5,000		
D	Flood - East Building	09115052529905	6/5/2015	6/5/2016	<input checked="" type="checkbox"/> Building	\$ 26,413,000		
D	Flood - West Building	09115052530405	6/5/2015	6/5/2016	<input checked="" type="checkbox"/> Building	\$ 22,635,200		

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Borrower:

Property Address:

Loan #:

Florida statute requires Ten (10) Days Notice of Cancellation for Non Payment of Premium.

CERTIFICATE HOLDER

CANCELLATION

** File Copy

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

Kimila Silvia/JGLAUG

Kimila R. Silvia

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	00005,2731 NE 14th Street,19 Vehicle Carport,78,374	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
78,374			5,000	
1	00005,2731 NE 14th Street,23 Vehicle Carport,94,874	SPC		
94,874			5,000	
1	00005,2731 NE 14th Street,24 Vehicle Carport,98,999	SPC		
98,999			5,000	
1	00005,2731 NE 14th Street,56 Vehicle Carport,230,997	SPC		
230,997			5,000	
1	00005,2731 NE 14th Street,62 Vehicle Carport,255,747	SPC		
255,747			5,000	
1	00005,2731 NE 14th Street,80 Vehicle Carport,329,996	SPC		
329,996			5,000	
1	00006,2731 NE 14th Street,East Maintenance Bld,16,768	SPC		
16,768			5,000	
1	00007,2731 NE 14th Street,West Maintenance Bld,13,193	SPC		
13,193			5,000	
1	00012,2731 NE 14th Street,East Pump Building,12,717	SPC		
12,717			5,000	
1	00013,2731 NE 14th Street,Cooling Towers,200,000	SPC		
200,000			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	00002,2731 NE 14th Street,East (B) Building - ,22,706,362	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
22,706,362			5,000	
Premium				
1	00003,2731 NE 14th Street,Clubhouse/Recreation,996,352	SPC		
996,352			5,000	
Premium				
1	00003,2731 NE 14th Street,Personal Property ,150,000	SPC		
150,000			5,000	
Premium				
1	00004,2731 NE 14th Street,Pool & Equipment,171,745	SPC		
171,745			5,000	
Premium				
1	00005,2731 NE 14th Street,4 Vehicle Carport,16,500	SPC		
16,500			5,000	
Premium				
1	00005,2731 NE 14th Street,6 Vehicle Carport,24,750	SPC		
24,750			5,000	
Premium				
1	00005,2731 NE 14th Street,8 Vehicle Carport,33,000	SPC		
33,000			5,000	
Premium				
1	00005,2731 NE 14th Street,9 Vehicle Carport,37,125	SPC		
37,125			5,000	
Premium				
1	00005,2731 NE 14th Street,11 Vehicle Carports(,90,748	SPC		
90,748			5,000	
Premium				
1	00005,2731 NE 14th Street,12 Vehicle Carport,49,499	SPC		
49,499			5,000	
Premium				
1	00005,2731 NE 14th Street,16 Vehicle Carport,65,999	SPC		
65,999			5,000	
Premium				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/8/2016

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 CBIZ Weekes & Callaway 3945 West Atlantic Avenue Delray Beach FL 33445-3902	CONTACT NAME: Rebecca St. Pierre PHONE (A/C No. Ext): (561)278-0448 E-MAIL ADDRESS: rstpierre@cbizwc.com		FAX (A/C, No): (561)278-2391
	INSURER(S) AFFORDING COVERAGE INSURER A: Mt. Hawley Insurance Co		NAIC #
INSURED Garden-Aire Village Sea Haven, Inc. 2731 NE 14th Street Causeway Pompano Beach FL 33062	INSURER B: Great American Ins Co		16691
	INSURER C: FCCI		
	INSURER D: Liberty Insurance Underwriters,		19917
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER: MASTER LIABILITY 16-17** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			MGL0181882	3/5/2016	3/5/2017	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	AUTOMOBILE LIABILITY			MGL0181882	3/5/2016	3/5/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person)
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		S00008800702-UM30059646	3/5/2016	3/5/2017	EACH OCCURRENCE	\$ 15,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED <input checked="" type="checkbox"/>	RETENTION \$ 0						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			001-WC15A-64869	8/3/2015	8/3/2016	WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
D	Directors & Officers			CAP025054-0215	3/5/2016	3/5/2017	Each Occurrence	1,000,000

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

Borrower:
Property Address:
Loan #:

CERTIFICATE HOLDER

CANCELLATION

** File Copy	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 Kimila Silvia/JGLAUG <i>Kimila R. Silvia</i>

Additional Named Insureds

Other Named Insureds

Sea Haven Yacht Club, Inc

Corporation, Insured Multiple Names

ADDITIONAL COVERAGES

Ref #	Description Hired/Non-Owned Auto	Coverage Code	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Employee Benefits	Coverage Code EBLIA	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount 1,000	Deductible Type Flat	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1 15,000,000	Limit 2 15,000,000	Limit 3	Deductible Amount 0	Deductible Type	Premium
Ref #	Description Commercial Umbrella Aggregate	Coverage Code	Form No.	Edition Date	
Limit 1 15,000,000	Limit 2	Limit 3	Deductible Amount 0	Deductible Type	Premium
Ref #	Description Domestic Terrorism Coverage	Coverage Code DTERR	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$41.00
Ref #	Description Expense constant	Coverage Code EXCNT	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$200.00
Ref #	Description Increased employer's liability	Coverage Code INEL	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Employer's liability	Coverage Code EL	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$90.00
Ref #	Description Experience Mod Factor 1	Coverage Code EXP01	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium -\$1,409.00
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium