



CERTIFICATE OF LIABILITY INSURANCE

2697141

DATE (MM/DD/YYYY)
01/06/2022

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 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 Statewide Insurance Partners 16853 NE 2nd Ave Suite 304 North Miami, FL 33162 (305) 842-2140 | CONTACT NAME: Customer Service PHONE (A/C, No, Ext): 305-842-2140 E-MAIL ADDRESS: customerservice@sipfla.com | FAX (A/C, No): 954-291-9444 | | | | | | | | | | | | | |
|--|--|------------------------------------|-------------------------------|--------|------------------------------------|-----|-------------------------------|-------|------------------------------|-------|------------------------------|-------|---------------------------------------|-------|-----------------------------|
| | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Underwriters at Lloyd's</td> <td>n/a</td> </tr> <tr> <td>INSURER B: Mt. Hawley Ins Co.</td> <td>37974</td> </tr> <tr> <td>INSURER C: Greenwich Ins Co.</td> <td>22322</td> </tr> <tr> <td>INSURER D: PMA Insurance Co.</td> <td>12262</td> </tr> <tr> <td>INSURER E: Philadelphia Indemnity Co.</td> <td>18058</td> </tr> <tr> <td>INSURER F: CNA Casualty Co.</td> <td>20443</td> </tr> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Underwriters at Lloyd's | n/a | INSURER B: Mt. Hawley Ins Co. | 37974 | INSURER C: Greenwich Ins Co. | 22322 | INSURER D: PMA Insurance Co. | 12262 | INSURER E: Philadelphia Indemnity Co. | 18058 | INSURER F: CNA Casualty Co. |
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| INSURED The Wave Condominium Association, Inc. c/o Atlantic & Pacific Management 2501 S Ocean Drive Hollywood, FL 33019 | | | | | | | | | | | | | | | |

COVERAGES**CERTIFICATE NUMBER:****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 VVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|-----------------|-------------------------|-------------------------|---|
| B | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | X | | MGL0194763 | 01/10/2022 | 01/10/2023 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input 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 | | X | MGL0194763 | 01/10/2022 | 01/10/2023 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | X | PPP744000307 | 01/10/2022 | 01/10/2023 | EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | 2022010846501Y | 01/10/2022 | 01/10/2023 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER If Any E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| A | Property with Wind | X | | 3DA3CM000048301 | 04/30/2021 | 05/31/2022 | \$71,997,456 Limit RCV |
| E | Crime | X | | PCAC002480-0419 | 01/10/2022 | 01/10/2023 | \$4,000,000 "Fidelity" |
| F | Directors & Officers | X | | 618838405 | 01/10/2022 | 01/10/2023 | \$1,000,000 Limit/\$5,000 Ded. |

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

The Wave Condominium Association, Inc. & Atlantic & Pacific Management, 2501 S Ocean Drive, Hollywood, FL 33019
 2501 S Ocean Drive, Hollywood, FL 33019
 *10 Day Notice of Cancellation for Non-payment of premium applies, 30 days otherwise.
 551 Residential Units - 574 Units including commercial.
 Residential Building & Garage with Common Elements. Built in 1978, RCV Stands for "Replacement Cost Value"

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| N/A No Certificate Holder N/A 2501 S Ocean Drive Hollywood, FL 33019 Loan Number: N/A | 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  |
|--|--|

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ADDITIONAL REMARKS SCHEDULE

| | | | |
|--|-----------|---|--|
| AGENCY Statewide Insurance Partners, LLC. | | NAMED INSURED The Wave Condominium Association, Inc. 2501 South Ocean Drive, Hollywood, FL 33019 | |
| POLICY NUMBER (See Descriptions) | | EFFECTIVE DATE: 01/10/2022-01/10/2023 | |
| CARRIER | NAIC CODE | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE: Certificate of Liability Insurance**

A) Property :Effective Date of 04/30/2021 - 05/31/2022,
 Calendar Year Deductible- Other 3% of the Real and Personal Property, Personal Property of Others an Business Interruption total insured values at the time of loss or damage at the locations where the physical damage occurred subject to a minimum of \$25,000 in any one occurrence, \$25,000 All Other Wind, All Other Perils \$5,000 Property coverage provides special form, "RC" Valuation: Replacement Cost Value, 90% Coinsurance. Wind/Hail, "RCV" Valuation: Replacement Cost Value. "All Risk, excluding Flood & Earth Movement".
 Ordinance or Law- Full A, 10% B&C Combined.
 Special Form Hazard.

Crime/Fidelity coverage includes property manager covered as an insured for employee dishonesty coverage.

Flood- Carrier- Wright National Flood Ins. Co., Effective Date 03/03/2021-03/03/2022. Pol# 09115024180911
 Flood- Deductible, Limit \$66,513,800/\$2,000 Deductible, Contents Limit - \$65,000/\$2,000 Deductible, Current Flood Zone- VE, Rating Flood Zone AE (Grandfathered)

Boiler & Machinery- Carrier- Travelers Property Casualty Company of America., Effective Date 01/10/2022-01/10/2023, Pol#BME13P112941TIL22.
 Limit - \$67,038,118/\$1,000 Deductible, \$25.00 Per Horsepower.