



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/11/2022

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> <b>Acrisure, LLC d/b/a InSource</b> <b>9500 South Dadeland Boulevard</b> <b>4th Floor</b> <b>Miami, FL 33156-2867</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (305) 670-6111</b>		<b>FAX (A/C, No): (305) 670-9699</b>
	<b>E-MAIL ADDRESS: email@insource-inc.com</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A : Philadelphia Indemnity Ins. Co</b>			<b>18058</b>
<b>INSURER B : Greenwich Insurance Co.</b>			<b>22322</b>
<b>INSURER C : Arch Specialty Insurance Co.</b>			<b>21199</b>
<b>INSURER D :</b>			
<b>INSURER E :</b>			
<b>INSURER F :</b>			

<b>INSURED</b>  <b>The Berkeley Condominium Association, Inc.</b> <b>P.O. Box 165554</b> <b>Miami, FL 33116</b>
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### 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2352832	1/15/2022	1/15/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2352832	1/15/2022	1/15/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7483552	1/15/2022	1/15/2023	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$
							Aggregate	\$ 10,000,000
							PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	<input checked="" type="checkbox"/> <b>Commercial Property</b> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below			VETGF01725220	1/15/2022	1/15/2023	Building	9,648,600

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

Property Address: 10900 SW 104 Street, Miami, FL 33176

79 Unit Residential Condominium Association

Flood Zone: "X"

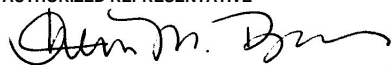
Property: Arch Specialty Insurance Company/United Specialty Insurance Company & Underwriter at Lloyds; Policy #: VETGF01725220

Effective 1/15/22-1/15/23: Building Limit \$9,648,600; All Other Perils Ded: \$5,000; 3% Named Storm Deductible per building; policy term aggregate; \$25,000 All Other Wind Deductible. Replacement Cost/No Inflation Guard - Agreed Amount (No Co-Insurance); Ordinance Or Law Included; Walls/Studs Out.

SEE ATTACHED ACORD 101

### CERTIFICATE HOLDER

### CANCELLATION

<b>Proof of Insurance</b>	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 



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Acrisure, LLC d/b/a InSource</b>		NAMED INSURED <b>The Berkeley Condominium Association, Inc. P.O. Box 165554 Miami, FL 33116</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

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

**Description of Operations/Locations/Vehicles:**

**Crime: Hartford Fire Insurance Co; Policy #21BDDHQ9563; Effective 1/15/22-1/15/23; \$200,000 Limit; \$500 Deductible; Policy Form: Discovery; Property Manager included.**

**Directors & Officers Liability: Philadelphia Indemnity Company; Policy #: PCAP004448-0518; Effective 4/9/22-1/15/23; \$1,000,000 Each Claim/Aggregate.**

**Boiler & Machinery: Liberty Insurance Company; Policy #: YB2-L9L-467187-012; Effective 1/15/22-1/15/23; Property Damage Limit \$ 9,422,300**