



# CERTIFICATE OF LIABILITY INSURANCE

KEYLA-1

OP ID: MR

DATE (MM/DD/YYYY)

09/20/2021

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).

|  |  |                                    |
|--|--|------------------------------------|
| <b>PRODUCER</b><br>Combined Underwriters of Miami<br>8240 N.W. 52 Terr, Suite 408<br>Miami, FL 33166<br>SUSAN SANCHEZ-ARMENGOL | <b>CONTACT NAME:</b> SUSAN SANCHEZ-ARMENGOL<br><b>PHONE (A/C, No, Ext):</b> 305-477-0444<br><b>E-MAIL ADDRESS:</b> susan@combinedmiami.com | <b>FAX (A/C, No):</b> 305-599-2343 |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                    |
| <b>INSURED</b><br>KEY LARGO OCEAN RESORT<br>CONDO ASSOCIATION, INC<br>12301 SW 132ND COURT<br>MIAMI, FL 33186                  | <b>INSURER A :</b> WESTERN WORLD INSURANCE CO.   |                                    |
|  | <b>INSURER B :</b> PHILADELPHIA INDEMNITY INS CO.  | <b>003616</b>                      |
|  | <b>INSURER C :</b> AXIS SURPLUS INSURANCE CO.  |                                    |
|  | <b>INSURER D :</b> GREAT AMERICAN INSURANCE CO.  | <b>16691</b>                       |
|  | <b>INSURER E :</b> WRIGHT NATIONAL FLOOD   | <b>11523</b>                       |
| <b>INSURER F :</b>   |  |                                    |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

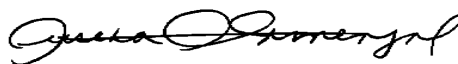
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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  |
|----------|--|-----------|----------|--------------------|-------------------------|-------------------------|---|
| <b>A</b> | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  |           |          | TBA                | 09/23/2021              | 09/23/2022              | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b><br>MED EXP (Any one person) \$ <b>5,000</b>                              |
| <b>B</b> | <input checked="" type="checkbox"/> <b>D&amp;O POLICY</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:                            |           |          | PCAP013099-0418    | 09/23/2021              | 09/23/2022              | PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>INCLUDED</b><br><b>D&amp;O LIMIT</b> \$ <b>1,000,000</b> |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS |           |          |                    |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                       |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          |                    |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      |                    |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$            |
| <b>C</b> | <b>PROPERTY</b>  |           |          | TBA                | 09/23/2021              | 09/23/2022              | <b>BUILDING</b> \$ <b>4,176,720</b>   |
| <b>D</b> | <b>FIDELITY BOND</b>   |           |          | SSA392567407954-03 | 09/23/2021              | 09/23/2022              | <b>LIMIT</b> \$ <b>4,000,000</b>  |

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

**C) SPECIAL FORM -INCLUDING WIND COVERAGE 10% WIND DEDUCTIBLE - \$10,000 ALL OTHER PERILS DEDUCTIBLE REPLACEMENT COST VALUATION.- 285 UNITS. ADDRESS:94825 OVERSEAS HIGHWAY KEY LARGO,FL 33037**

**CERTIFICATE HOLDER****CANCELLATION**

|                              |                |  |
|------------------------------|----------------|--|
| <b>EVIDENCE OF INSURANCE</b> | <b>EVIDENC</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<br>  |

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INSURED'S NAME

## SCHEDULE OF ITEMS COVERED UNDER PROPERTY POLICY:

|                   |             |
|-------------------|-------------|
| GUARD HOUSE:      | \$30,000    |
| LIGHTS:           | \$300,000   |
| OFFICE BUILDING:  | \$70,000    |
| BOAT DOCKS/SLIPS: | \$2,000,000 |
| CLUBHOUSE:        | \$1,014,720 |
| SWIMMING POOL:    | \$250,000   |
| PLAY AREA:        | \$182,000   |
| TENNIS COURTS     | \$300,000   |
| GYM EQUIPMENT:    | \$30,000    |

NOTES: THE ASSOCIATION POLICY DOES NOT PROVIDE PROPERTY COVERAGE FOR UNIT OWNERS RESIDENTIAL HOMES.

E) FLOOD POLICY #091151772920 02 - POLICY PERIOD: 2/28/2021 - 2/28/2022  
OFFICE BUILDING LIMIT: \$500,000 - DEDUCTIBLE: \$1,250

E) POLICY POLICY #091151920163 01 - POLICY PERIOD: 2/28/2021 - 2/28/2022  
CLUBHOUSE BUILDING LIMIT: \$500,000 - DEDUCTIBLE: \$1,250