



# CERTIFICATE OF LIABILITY INSURANCE

KEYLA-1

OP ID: DL

DATE (MM/DD/YYYY)

12/06/2021

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

**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> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			<b>NPP8774252</b>	<b>09/23/2021</b>	<b>09/23/2022</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b>
<b>B</b>	<input checked="" type="checkbox"/> <b>D&amp;O POLICY</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>PCAP013099-0418</b>	<b>09/23/2021</b>	<b>09/23/2022</b>	PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>INCLUDED</b> <b>D&amp;O LIMIT</b> \$ <b>1,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>C</b>	<b>PROPERTY</b>			<b>EAF641099-21</b>	<b>09/23/2021</b>	<b>09/23/2022</b>	<b>BUILDING</b> <b>4,176,720</b>
<b>D</b>	<b>FIDELITY BOND</b>			<b>SSA392567407954-03</b>	<b>09/23/2021</b>	<b>09/23/2022</b>	<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>	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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# NOTEPAD

INSURED'S NAME KEY LARGO OCEAN RESORT

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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