



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/03/2023

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).

PRODUCER Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309		CONTACT NAME: PHONE (A/C, No, Ext): (877) 456-3643 FAX (A/C, No): (208) 694-3848 E-MAIL ADDRESS: help@eoidirect.com																						
INSURED The Tides at Bridgeside Square Condominium Association, Inc 3020 NE 32nd Avenue Ft. Lauderdale FL 33308		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Philadelphia Indemnity Insurance Company</td> <td></td> <td>18058</td> </tr> <tr> <td>INSURER B: Homesite Insurance Company of Florida</td> <td></td> <td>11156</td> </tr> <tr> <td>INSURER C: Zenith Insurance Company</td> <td></td> <td>13269</td> </tr> <tr> <td>INSURER D: The Hanover Insurance Company</td> <td></td> <td>22292</td> </tr> <tr> <td>INSURER E: Greenwich Insurance Company</td> <td></td> <td>22322</td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Philadelphia Indemnity Insurance Company		18058	INSURER B: Homesite Insurance Company of Florida		11156	INSURER C: Zenith Insurance Company		13269	INSURER D: The Hanover Insurance Company		22292	INSURER E: Greenwich Insurance Company		22322	INSURER F:		
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COVERAGES

CERTIFICATE NUMBER: COI 23-24

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"/> COMMERCIAL GENERAL LIABILITY <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:			PHPK2619089	11/01/2023	11/01/2024	EACH OCCURRENCE	\$ 1,000,000
							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	\$ 2,000,000
							Employee Benefits	\$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2619089	11/01/2023	11/01/2024	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			PRP25328800001958534	11/01/2023	11/01/2024	EACH OCCURRENCE	\$ 25,000,000
							AGGREGATE	\$ 25,000,000
								\$
C	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		N / A	Z126512610	03/02/2023	03/02/2024	PER STATUTE <input type="checkbox"/> OTH-ER <input checked="" type="checkbox"/>	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
E	Directors' & Officers			PDO7499562	11/01/2023	11/01/2024	Aggregate	\$1,000,000

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

Residential Condominium Association located at: 3020 NE 32nd Ave Fort Lauderdale, FL 33308 331 Units - 246 Residential 85 Commercial See attached for Property and Flood Information

CERTIFICATE HOLDER**CANCELLATION**

The Tides at Bridgeside Square Condominium Association Inc. 3020 NE 32nd Avenue Ft. Lauderdale FL 33308	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 Brown & Brown of Florida, Inc.		NAMED INSURED The Tides at Bridgeside Square Condominium Association, Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

PROPERTY/HAZARD

Effective 5/1/2023 to 5/1/2024
 Valuation: Replacement Cost Cause of Loss: Special
 Coinsurance: None
 Ordinance or Law:
 Coverage A - Included
 Coverage B&C - \$1,000,000 Combined
 Deductibles:
 All Other Perils - \$25,000 Per Occurrence
 Water Damage - \$50,000 Per Occurrence

TOTAL INSURABLE VALUE: \$73,986,831

Building & Garage: \$71,714,631
 Contents: \$1,000,000
 Misc Property: \$1,272,200

CARRIERS & POLICY #'s

Primary Layer - \$10,000,000
 QBE Specialty Insurance Company - AHAR1477500
 Princeton Excess & Surplus Lines Ins Co -3DA3CM000234900
 General Security & Indemnity Co of AZ
 TR00202231605763
 Transverse Specialty Ins Co - TSHPR000237801
 Accredited Specialty Ins Co - 2ARM05S011794900

2nd Layer - \$63,986,831 Excess of \$10,000,000
 QBE Specialty Insurance Company
 AHAR1477600
 Princeton Excess & Surplus Lines Insurance Co
 3DA3CM000109401
 General Security Indemnity Company of Arizona
 TR00202231605764
 Transverse Specialty Insurance Company
 TSAHPR000237901
 Accredited Specialty Insurance Company
 2ARM05S011795000

WINDSTORM - Citizens Property Insurance Corporation

Effective 5/1/2023 to 5/1/2024
 Policy #: 0955710801
 Valuation: Replacement Cost Cause of Loss: Wind/Hail
 Coinsurance: None
 Deductibles:
 Hurricane - 5% Calendar Year
 All Other Wind - 5% Per Occurrence

TOTAL INSURABLE VALUE: \$73,936,000

Building & Garage - \$72,873,000
 Contents - \$1,000,000
 Pool Fencing - \$23,000
 Tennis Courts Fencing - \$40,000

FLOOD - Wright National Flood Insurance Company

Effective 10/08/23 to 10/08/24
 Policy # 091151181952
 Valuation - Replacement Cost
 Rated Zone: AE
 Units - 331
 Building - \$82,750,000 Deductible: \$1,250
 Contents - \$100,000 Deductible: \$1,250

BOILER & MACHINERY - Liberty Mutual Fire Insurance Co



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

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POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

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FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

Effective 5/1/2023 to 5/1/204
 Policy # - YB2L9L476049013
 Limit: \$73,986,831
 Deductible: \$5,000 Per Occurrence

CRIME/FIDELITY - The Hanover Insurance Company
 Effective 11/1/23 to 11/1/24
 Policy # - BDJH08847204
 Employee Theft \$1,000,000



A Stock Company
 P.O. Box 33003
 St. Petersburg, FL 33733-8003
 Customer Service: 1-800-820-3242
 Claims: 1-800-725-9472

FFL99.001 1021
 0702834
 9/26/23
 2000 11523 FLD RCBP

FLOOD DECLARATIONS PAGE
 RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1151181952 09	1151181952	Residential Condominium Building Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 10/08/23 To:10/08/24 12:01 am Standard Time	09/26/2023	0702834	1151181952

Insured
 TIDES AT BRIDGESIDE SQUARE CONDO ASSN
 3020 NE 32ND AVE
 FORT LAUDERDALE FL 33308-7221

BROWN & BROWN OF FLORIDA INC
 CL
 PO BOX 5727
 FT LAUDERDALE FL 33310-5727
 EDOCS@BBFTLAUD.COM

Property Location (if other than above)
 3020 NE 32ND AVE, FORT LAUDERDALE FL 33308

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine
 Primary Residence: N
 Building Occupancy: Residential Condominium Building
 Building Description: Entire Residential Condo Building

Flood Risk: AE
 First Floor Height: 16.0 ft
 Method Used to Determine First Floor Height: Elevation Certificate
 Date of Construction: 01/01/2001
 Prior NFIP Claims: 0
 Number of Units: 331
 Replacement Cost Value: 83,395,000

Property Description: Elevated with enclosure on posts/piles/piers, 15 floors

Coverage	Deductible	Annual Premium
BUILDING	\$82,750,000	\$1,250
CONTENTS	\$100,000	\$1,250
		\$21,559.00
		\$247.00

Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.

ICC Premium: \$75.00
 Mitigation Discount: \$1,760.00
 Community Rating Discount: \$2,989.00
 FULL RISK PREMIUM: \$17,132.00
 DISCOUNTED PREMIUM: \$17,132.00
 Reserve Fund Assessment: \$3,084.00
 Federal Policy Service Fee: \$2,402.00
 HFIAA Surcharge: \$250.00

Coverage limitations may apply. See your Policy Form for details.

TOTAL WRITTEN PREMIUM AND FEES \$22,868.00

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

FFL 99.310 0120 0120 WFL 99.416 1021 1021 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523
 Wright National Flood Insurance Company A stock company
 Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones
 Patricia Templeton-Jones, President

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Agent



FFL99.001 1021
0702834
9/26/23

09 1151181952 09

Agent (954)776-2222
BROWN & BROWN OF FLORIDA INC
CL
PO BOX 5727
FT LAUDERDALE FL 33310-5727

Dear Mortgagee: The Reform Act of 1994 require you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgagee on the insured location.

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at www.wrightflood.com/policyforms.html. The form which applies to your policy coverage is: Residential Condominium Building Policy Form

For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit FloodSmart.gov/floodcosts.

Claims Information:

Please contact your agent or go to www.wrightflood.com to enter your claim as well as receive important information to mitigate the damage to your property. If you need to reach the insurance company the number is 1-800-725-9472.

070283409115118195223269

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Agent

