



CERTIFICATE OF PROPERTY INSURANCE

2935720

DATE (MM/DD/YYYY)
08/28/2023

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER HUB International Florida, SWP 10368 West State Road, Suite 201 Davie, FL 33324 (954) 925-2590	CONTACT NAME: EOI Direct (www.EOIDIRECT.com)	
	PHONE (A/C, No. Ext): 877-456-3643	FAX (A/C, No):
	E-MAIL ADDRESS: HELP@EOIDIRECT.COM	
	PRODUCER CUSTOMER ID:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Omega Condominium No. 11, Inc c/o USA Management 9000 Sheridan Street #166 Pembroke Pines, FL 33024	INSURER A: American Coastal Insurance Co	12968
	INSURER B: CUMIS Specialty Ins Co	12758
	INSURER C: Wright National Flood Ins	11523
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

NA NA, Unit Number: NA

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	AMC-34003-05 REPLACEMENT COST 100% COINSURANCE Ord/Law Cov A-Full Limit Ord/Law Cov B&C 2.5%	6/5/2023	6/5/2024	<input checked="" type="checkbox"/> BUILDING	\$ 6,741,700	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING 10,000	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				CONTENTS	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL					<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND				5% Hurr Ded	<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
				<input type="checkbox"/>	\$		
				<input checked="" type="checkbox"/> Equip Brkdwn	\$ 6,741,700		
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
B	<input type="checkbox"/> CRIME	CIUCAP401865-01	6/5/2023	6/5/2024	<input checked="" type="checkbox"/> EMPLOYEE THEFT	\$ 50,000	
	TYPE OF POLICY					\$	
						\$	
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
						\$	
						\$	
B	GENERAL LIABILITY	CIUCAP401865-01	6/5/2023	6/5/2024	<input checked="" type="checkbox"/> OCCURENCE	\$ 1,000,000	
					<input checked="" type="checkbox"/> AGGREGATE	\$ 2,000,000	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Total # of Units in Assoc: 42
 Coverage is provided only for the attached schedule of common elements as their interests may appear in the common elements. COMPANY C- FLOOD SEE SCHEDULE

CERTIFICATE HOLDER

USA Management
 1st Mortgagee
 9000 Sheridan Street #166
 9000 Sheridan Street #166
 Pembroke Pines, FL 33024
 Loan Number: NA

CANCELLATION

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

Elizabeth Fiegehen

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ACORD 24 (2009/09)

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ADDITIONAL REMARKS SCHEDULE

AGENCY Hub International Florida		NAMED INSURED Omega Condo #11 USA Management	
POLICY NUMBER SEE PAGE 1		9000 Sheridan St, Ste 166 Pembroke Pines, FL 33024 Broward	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance

Special Conditions:

Total # of Units in Assoc: 42

Coverage is provided only for the attached schedule of common element properties as their interests may appear in the common elements. Flood see Declaration attached.

SCHEDULE OF PROPERTIES COVERED - OMEGA CONDO #11

1801 NW 75th AVE PLANTATION, FL 33313



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
0088360
8/23/23
2000 11523 FLD RCBP

FLOOD DECLARATIONS PAGE
RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1150047894 14	1150047894	Residential Condominium Building Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 8/22/23 To:8/22/24 12:01 am Standard Time	08/23/2023	0088360	1150047894

Insured
OMEGA CONDOMINIUM 11
USA MANAGEMENT
9000 SHERIDAN ST STE 166
PEMBROKE PINES FL 33024-8801

HUB INTERNATIONAL MIDWEST LMTD
CL
10368 W STATE ROAD 84 STE 201
DAVIE FL 33324-4243
flaftlmail@hubinternational.com

Property Location (if other than above)
1801 NW 75TH AVE, PLANTATION FL 33313

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: A02
First Floor Height: 1.1 ft
Method Used to Determine First Floor Height: FEMA Determined
Date of Construction: 01/01/1981
Prior NFIP Claims: 0
Number of Units: 42
Replacement Cost Value: 7,968,800

Property Description: Slab on Grade, 3 floors

Coverage	Deductible	Annual Premium	
BUILDING	\$5,989,000	\$5,000	\$2,937.00
CONTENTS NO CONTENTS COVERAGE	INSURED DECLINED CONTENTS COVERAGE		\$0.00

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

ICC Premium: \$56.00
Community Rating Discount: \$419.00
FULL RISK PREMIUM: \$2,574.00
DISCOUNTED PREMIUM: \$2,574.00
Reserve Fund Assessment: \$463.00
Federal Policy Service Fee: \$1,360.00
HFIAA Surcharge: \$250.00
TOTAL WRITTEN PREMIUM AND FEES: \$4,647.00

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

FFL 99.310 0120 0120 WFL 99.ARN 1021 1021 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

008836009115004789423235

00008

Agent

