



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/02/2025

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.

PRODUCER Utecht Insurance Underwriters LLC 12555 Orange Drive Unit 4219 Davie FL 33330		CONTACT NAME: Kristin Utecht PHONE (A/C. No. Ext): (954) 391-7333 FAX (A/C. No): (954) 367-5913 E-MAIL ADDRESS: kristin@utechtins.com PRODUCER CUSTOMER ID:	
INSURED Countryside Condominium Association C/O USA Management 19925 NE 10th Place Way Miami FL 33179		INSURER(S) AFFORDING COVERAGE INSURER A: First Protective Insurance Company INSURER B: Philadelphia INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC #	

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

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

7610 Stirling Rd Hollywood FL, 33024 Buildings A - G

Bldg A: 16 Units, Bldg B: 16, Bldg C: 14 Units, Bldg D: 14 Units, Bldg E: 14 Units, Bldg F: 14 Units, Bldg G: 16 Units

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	8913270884	09/13/2025	09/13/2026	<input checked="" type="checkbox"/> BUILDING	\$ 2,045,300	
		CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
		BASIC				BUILDING 10,000	<input type="checkbox"/> BUSINESS INCOME	\$
		BROAD				CONTENTS	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL					<input type="checkbox"/> RENTAL VALUE	\$
		EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/>	WIND				5%	<input type="checkbox"/> BLANKET PERS PROP	\$
		FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
	All other Wi	\$10,000	<input checked="" type="checkbox"/> Bldg B	\$ 2,045,300				
	NO O&L	REPL COS IN	<input checked="" type="checkbox"/> Bldg C	\$ 1,807,200				
A	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY	09/13/2025	09/13/2026	<input checked="" type="checkbox"/> Bldg D	\$ 1,807,200	
		CAUSES OF LOSS				<input checked="" type="checkbox"/> Bldg E	\$ 1,807,200	
		NAMED PERILS	POLICY NUMBER			<input checked="" type="checkbox"/> Bldg F	\$ 1,807,200	
	<input checked="" type="checkbox"/>	Cont' Property Pol	8913270884			<input checked="" type="checkbox"/> Bldg G	\$ 2,045,300	
B	<input checked="" type="checkbox"/>	CRIME	PCAC021106-0224	04/24/2025	04/24/2026	<input checked="" type="checkbox"/> Empl Theft Client	\$ 250,000	
		TYPE OF POLICY				<input checked="" type="checkbox"/> Forgery/Alteration	\$ 250,000	
						<input checked="" type="checkbox"/> Inside Premises	\$ 250,000	
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN				<input checked="" type="checkbox"/> Deductible	\$ 1,000	
							\$	
							\$	
							\$	

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

CERTIFICATE HOLDER**CANCELLATION**

MASTER CERTIFICATE

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

Kristin Utecht

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/02/2025

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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 Utecht Insurance Underwriters LLC 12555 Orange Drive Unit 4219 Davie FL 33330		CONTACT NAME: Kristin Utecht PHONE (A/C, No. Ext): (954) 391-7333 E-MAIL ADDRESS: kristin@utechtins.com FAX (A/C, No): (954) 367-5913	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: WESTCHESTER INS CO	
		INSURER B: PHILADELPHIA	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Countryside Condominium Association c/o USA Management 19925 NE 10th Place Way Miami FL 33179			

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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:			GLWF17545231 002	03/21/2025	03/21/2026	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	\$ Included
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Directors and Officers			PCAP043530-0224	04/24/2025	04/24/2026	Limit	1,000,000
							Deductible	1,000

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

CERTIFICATE HOLDER**CANCELLATION**

Master Certificate

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AUTHORIZED REPRESENTATIVE

Kristin Utecht

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