



PIEREAS-01

SMENDEZ

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/19/2022

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 <b>C &amp; C Insurance, Inc.</b> 1921 NW 150 Ave, Suite 101 Pembroke Pines, FL 33028	CONTACT NAME: PHONE (A/C, No, Ext): <b>(954) 431-2008</b> FAX (A/C, No): <b>(954) 704-0507</b> E-MAIL ADDRESS: <b>info@candcinsurance.com</b>
INSURER(S) AFFORDING COVERAGE	
INSURER A : <b>PHILADELPHIA INDEMNITY</b>	NAIC # <b>18058</b>
INSURED <b>Pierpointe East Association, Inc.</b> <b>C/O USA Management</b> <b>9000 Sheridan Street #166</b> <b>Pembroke Pines, FL 33024</b>	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

## 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
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"/> PROJECT <input type="checkbox"/> LOC OTHER:			PHPK2405662	6/2/2022	6/2/2023	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> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2405662	6/2/2022	6/2/2023	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime			CAC001729-0418	6/2/2022	6/2/2023	Limit <b>125,000</b>
A	Directors & Officers			PCAP017397-0418	6/2/2022	6/2/2023	Limit <b>1,000,000</b>

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

Residential Condominium Association, 11 Buildings, 95 total units with Pool and Playground.

See Remarks for Property Schedule of Limits per building

Niurka C. Caballero Lugo  
1166 N. Hiatus Rd., #1166, Hollywood, FL 33026  
0677454365

## CERTIFICATE HOLDER

## CANCELLATION

Shellpoint Mortgage Servicing ISAOA/ATIMA  
PO BOX 7050  
Troy, MI 48007

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



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>C &amp; C Insurance, Inc.</b>		NAMED INSURED <b>Pierpointe East Association, Inc. C/O USA Management 9000 Sheridan Street #166 Pembroke Pines, FL 33024</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Property Coverage**  
**American Coastal Insurance Company - Policy #AMC-29948-08**  
**BUILDING & CONTENTS COVERAGE FOR THE 6/02/22 - 6/02/2023 TERM**  
**11 buildings - 96 units total**

**Building coverage is special form, no coinsurance, replacement cost, 5% Hurricane Deductible, \$5,000 All Other Perils, Sinkhole Ded 5,000, Coverage Includes Ordinance & Law A, B & C Combined \$1,000,000, Equipment Breakdown Sublimit \$8,667,628,**

**Locations:**

1.) 1218 - 1240 N Hiatus Rd - 12 units	\$1,059,019
2.) 1202-1216 N Hiatus Rd - 8 Units	\$ 730,780
3.) 1170 - 1184 N Hiatus Rd - 8 units	\$ 697,000
4.) 1186 - 1200 N Hiatus Rd - 8 units	\$ 697,000
5.) 1146 - 1168 N Hiatus Rd - 12 units	\$1,059,019
6.) 1050 - 1064 N Hiatus Rd - 8 units	\$ 649,461
7.) 1066 - 1080 N Hiatus Rd - 8 units	\$ 738,262
8.) 1082 - 1096 N Hiatus Rd - 8 units	\$ 738,262
9.) 1098 - 1112 N Hiatus Rd - 8 units	\$ 738,262
10.) 1130 - 1144 N Hiatus Rd - 8 units	\$ 649,461
11.) 1114 - 1128 N Hiatus Rd - 8 units	\$ 738,262

<b>Cabana Building</b>	<b>\$ 68,950</b>
<b>Pool/Spa Equipment</b>	<b>\$ 76,610</b>