

PMONNE2

DATE (MM/DD/YYYY) 12/2/2024

CERTIFICATE OF LIABILITY INSURANCE

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 SUBR	ANT: If the certificate holder is an ADDITIONAL IN COGATION IS WAIVED, subject to the terms and cr ificate does not confer rights to the certificate holder	onditions of the policy, certain policies may require				
PRODUCER		CONTACT NAME:				
Alliant Insurance Services, Inc. 909 Poydras St #2650 New Orleans, LA 70112		PHONE (A/C, No, Ext): (844) 764-9200) 397-3374			
		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING CO	INSURER(S) AFFORDING COVERAGE			
		INSURER A : Lexington Insurance Con	19437			
INSURED		INSURER B : HDI Specialty Insurance	INSURER B : HDI Specialty Insurance Company			
	Smith & Henzy Affordable Group, Inc. 1100 NW 4th Avenue	INSURER C : Everspan Indemnity Insu	INSURER C: Everspan Indemnity Insurance Company			
		INSURER D :	INSURER D :			
	Delray Beach, FL 33444	INSURER E :				
		INSURER F :				

COVERAGES CERTIFICATE NUMBER:			E 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		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	s	1,000,000
		CLAIMS-MADE X OCCUR	x		066320811	5/31/2024	5/31/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000
								MED EXP (Any one person)	s	0
								PERSONAL & ADV INJURY	s	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	S	2,000,000
		POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	s	2,000,000
_		OTHER:							S	
A	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
			X		066320811	5/31/2024	5/31/2025	BODILY INJURY (Per person)	s	
		AUTOS ONLY						BODILY INJURY (Per accident)	S	
	X	AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	s	
-			<u> </u>						S	
В	X	UMBRELLA LIAB X OCCUR		x xi	XLXD6534900S	5/31/2024	5/31/2025	EACH OCCURRENCE	s	2,000,000
		EXCESS LIAB CLAIMS-MADE X						AGGREGATE	s	
_		DED X RETENTION \$ 10,000						Aggregate	s	2,000,000
	WOR	EXAMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	N/A				E.L. EACH ACCIDENT	S		
							E.L. DISEASE - EA EMPLOYEE	s		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s		
С	Uml	brella	X		AU1EII-000782-00	5/31/2024	5/31/2025	Umbrella		3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 30 days notice of cancellation except 10 days notice for non payment of premium

Terrorism Included.

Certificate Holder is listed as additional insured Lake Delray Apartments, LLLP

700 Lindell Blvd Delray Beach, FL 33444

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
City of Delray Beach 100 NW 1st Avenue Delray Beach, FL 33444	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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ACORD

LOC #: 16

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ADDITIONAL REMARKS SCHEDULE

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AGENCY Alliant Insurance Services, Inc.		NAMED INSURED Smith & Henzy Affordable Group, Inc. 1100 NW 4th Avenue		
POLICY NUMBER		Delray Beach, FL 33444		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL REMARKS				

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Lake Delray Apartments LLLP

- 700 Lindell Blvd, Delray Beach, FL - 600 Lindell Blvd Delray Beach, FL

- 1010 Dotterel Rd Delray Beach, FL - 1050 Dotterel Rd Delray Beach, FL