**EISENBERGB** 



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/12/2017

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).

|                                 |   | · cacif citaci continui (c).            |                     |            |  |  |
|---------------------------------|---|---|---------------------|------------|--|--|
|                                 | nse # 0E67768   | CONTACT<br>NAME:                        |                     |            |  |  |
| Insurance Offi<br>500 W. Cypres | ce of America, Inc.<br>s Creek Road   | PHONE<br>(A/C, No. Ext): (954) 318-1379 | 318-1383            |            |  |  |
| 500 W. Cypres<br>Suite 320      |   | E-MAIL<br>ADDRESS:                      |                     |            |  |  |
| Fort Lauderdale, FL 33309       |   | INSURER(S) AFFORDING COVI               | NAIC#               |            |  |  |
|                                 |   | INSURER A: Mt Hawley Insurance Com      | 37974               |            |  |  |
| INSURED                         |   | INSURER B : Great American Alliance Ir  | 26832               |            |  |  |
|                                 | illage at Swinton Square Condominium Association, Inc. O GRS Management Associates. Inc | INSURER C: Great American Insurance     | 16691               |            |  |  |
|                                 | 900 Woodlake Blvd Suite 309   | INSURER D:                              |                     |            |  |  |
| Li                              | ake Worth, FL 33463   | INSURER E :                             | -                   |            |  |  |
|                                 |   | INSURER F :                             |                     | į          |  |  |
| COVERAGES CERTIFICATE NUMBER:   |   | REVISIO                                 | N NUMBER:           |            |  |  |
| THIS IS TO (                    | FRTIEY THAT THE POLICIES OF INSURANCE LISTED BELO                                       | MULAVE REEN ISSUED TO THE INCURED NAME  | D ABOVE FOR THE BOL | ICY PEDIOD |  |  |

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.

|  |  |   | IIIS SHUWN MAY HAVE BE   |  |  |   |  |  |
|--|--|---|--|--|--|---|--|--|
| INSR<br>LTR TYPE OF INSURANCE  |  | SUBR  | POLICY NUMBER  | PÓLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP   | LIMITS  |  |  |
| X COMMERCIAL GENERAL LIABILITY   |  |   | 21 0402464   |  |  | EACH OCCURRENCE   | \$   | 1,000,00   |
| CLAINS-WADE X OCCUR  |  | MIG   | MGLU182161   | 11/1//2016   | 11/17/2017   |   |  | 1,00   |
|  |  |   |  | İ  |  |   | _  | 1,000,000  |
|  |  |   |  |  |  | PERSONAL & ADV INJURY   | \$   | 2,000,000  |
|  |  |   |  |  |  | GENERAL AGGREGATE   | \$   |  |
| POLICY JECT LOC  | į  | İ   |  |  |  | PRODUCTS - COMP/OP AGG  | \$   | 1,000,000  |
| OTHER:   |  |   |  |  |  |   | \$   |  |
| AUTOMOBILE LIABILITY   |  | İ   |  |  |  | COMBINED SINGLE LIMIT<br>(Ea accident)  | \$   | 1,000,000  |
| ANY AUTO   |  | MGL0182161  | 11/17/2016   | 11/17/2017   | BODILY INJURY (Per person)   | \$  |  |  |
| X HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY                               |  |   |  | İ  |  |   | \$   |  |
|  |  |   |  |  | į  | PROPERTY DAMAGE<br>(Per accident)   | \$   |  |
|  | 1  |   |  |  |  |   | \$   |  |
| X UMBRELLA LIAB X OCCUR  |  |   |  | 11/17/2017   | EACH OCCURRENCE  | \$  | 5,000,000  |  |
| EXCESS LIAB CLAIMS-MADE  |  | UM30084947  |  |  | 11/17/2016   | AGGREGATE   | \$   |  |
| DED X RETENTION\$ 0  |  |   |  |  |  |   |  |  |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY |  |   |  |  |  |   |  |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE N/A                                   |  |   |  |  |  | E.L. EACH ACCIDENT  | \$   |  |
|  |  |   |  |  |  | E.L. DISEASE - EA EMPLOYEE  | \$   |  |
|  |  |   |  |  | i  | E.L. DISEASE - POLICY LIMIT   | s  |  |
| C Directors & Officers   |  |   | 253241908  | 11/17/2016   | 11/17/2017   | imit of liability   |  | 1,000,000  |
|  |  |   |  |  |  |   |  |  |
|  |  |   |  |  | İ  | İ   |  |  |
|  | TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCT LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY AUTOS  X HIRED AUTOS ONLY AUTOS ONLY  X HIRED AUTOS ONLY AUTOS ONLY  X UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DED X RETENTION 0  FORKERS COMPENSATION 1  ND EMPLOYERS' LIABILITY Y/N  NP PROPRIETOR/PARTNER/EXECUTIVE OF INTERPRET INT | TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCE OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AUTOS ONLY  X HIRED AUTOS ONLY X AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE DED X RETENTION S  OVER COMPENSATION IND EMPLOYERS LIABILITY  PERCENTION S POPERATIONS DELOW  N/A  MY PROPRIETOR/PARTNER/EXECUTIVE PERCENTION OF OPERATIONS DELOW | TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X MO  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY  X HIRED AUTOS ONLY  X HIRED AUTOS ONLY  X HON-OWNED AUTOS ONLY  X UMBRELLA LIAB  CLAIMS-MADE  DED X RETENTION \$  OVER COMPENSATION IND EMPLOYERS LIABILITY  N/A  WORKERS COMPENSATION IND EMPLOYERS LIABILITY  N/PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED? MISSION OF OPERATIONS below | TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X MGL0182161   GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  CWNED AUTOS ONLY  X HIRED AUTOS ONLY  X NON-OWNED AUTOS ONLY  X UMBRELLA LIAB  X OCCUR EXCESS LIAB  CLAIMS-MADE  UM30084947  UM30084947  UM30084947  VORKERS COMPENSATION IND EMPLOYERS' LIABILITY  NY PROPRIETOR/PARTINER/EXECUTIVE PFICER/MEMBER EXCLUDED?  Wandsdoory in NH) PROPRIETOR/PARTINER/EXECUTIVE PFICER/MEMBER EXCLUDED?  Wandsdoory in NH) PROPRIETOR/PARTINER/EXECUTIVE PFICER/MEMBER EXCLUDED?  Wandsdoory in NH) PROPRIETOR/PARTINER/EXECUTIVE PFICER/MEMBER EXCLUDED? | TYPE OF INSURANCE  ADDL SUBR NSD WYD  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X MGL0182161  11/17/2016  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCED LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY AUTOS  X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY  X UMBRELLA LIAB X OCCUR  EXCESS LIAB X OCCUR | TYPE OF INSURANCE INSD WYD POLICY NUMBER (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR X  MGL0182161  11/17/2016  11/17/2017  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO JECT LOC  OTHER: AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE UM30084947  11/17/2016  11/17/2017  11/17/2017  11/17/2017  11/17/2017  11/17/2017  11/17/2017 | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  MGL0182161  11/17/2016  1 | TYPE OF INSURANCE ADDI. SUBR NWD POLICY NUMBER (NM/DD/YYYY) (MM/DD/YYYY) (MM/DM/YYYY) (MM/DD/YYYY) MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 100 UNIT Condominium Association

Certificate Holder is added as Additional Insured

| CERTIFICATE HOLDER   | CANCELLATION  |
|--|---|
| City of Delray Beach Florida<br>City Attorney's Office<br>300 W. Atlantic Avenue<br>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.  AUTHORIZED REPRESENTATION |

ACORD 25 (2016/03)

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