THEGOLD-01 EMATA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/29/2026

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	CONTACT NAME: Peter Romeo	
Business Risk Advisors	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: promeo@bra-llc.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Dellwood Specialty Insurance Company	17332
INSURED	INSURER B : Midvale Indemnity Company	27138
The Golden Isles Condominium Apts., Inc. 700 Layne Blvd, # Office Hallandale Beach, FL 33009	INSURER C : Zenith Insurance Company	
	INSURER D : Berkley Regional Insurance Company	29580
	INSURER E : Accredited Surety And Casualty Company, Inc.	26379
	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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			TBD	5/26/2026	5/26/2027	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X $5,000 Deductible						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:						HNOA	$ 1,000,000
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			TBD	5/26/2026	5/26/2027	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE			PRP-229824000-02-1852297	5/26/2026	5/26/2027	AGGREGATE	$
	DED X RETENTION $ 0						Aggregate	$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N / A		Z141191504	5/26/2026	5/26/2027	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
D	Crime			BMP-1096947-01	5/26/2026	5/26/2027	$1,000 Deductible	200,000
E	Directors & Officers			1-SKN-FL-17-01576833-01	5/26/2026	5/26/2027	$2,500	1,000,000

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

LOCATIONS SCHEDULE:
-- 700 Layne Blvd, Hallandale Beach, FL 33009 - Building A (units # 101-311) - 33 units
-- 700 Layne Blvd, Hallandale Beach, FL 33009 - Building B (units # 112-322) - 33 units
-- 700 Layne Blvd, Hallandale Beach, FL 33009 - Building C (units # 123-126) - 4 units
-- 700 Layne Blvd, Hallandale Beach, FL 33009 - Clubhouse

GENERAL LIABILITY COVERAGE:
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

Proof of Insurance

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

AGENCY CUSTOMER ID: THEGOLD-01 EMATA

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Business Risk Advisors		The Golden Isles Condominium Apts., Inc. 700 Layne Blvd, # Office Hallandale Beach, FL 33009
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	EFFECTIVE DATE: SEE PAGE 1
SEE PAGE 1	SEE P 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:
-- Unit owners included as additional insureds CG20041185.
-- $5,000 Deductible Per Occurrence Applies to Bodily Injury Liability and/or Property Damage Liability Combined
-- Separation Of Insureds applies under CG00010413.
-- Exclusion Of Certified Acts Of Terrorism CG21730115
-- Florida Changes - Cancellation And Nonrenewal CG02200324.
-- Improvements & Betterments Not Included.
-- Assault & Battery Coverage Limits: $250,000 Each Occurrence/ $500,000 Aggregate
-- Animal-Related Limited Liability Coverage: $100,000 Each Occurrence/ $200,000 Aggregate

CRIME COVERAGE: (Discovery Form)
-- Employee Theft Coverage $200,000
-- Computer Fraud Coverage $200,000
-- Funds Transfer Fraud Coverage $200,000
-- $1,000 Retention/Deductible applies for above listed.
-- Premises Coverage $25,000
-- In Transit Coverage $25,000
-- Forgery Coverage $25,000
-- Money Orders and Counterfeit Currency Fraud Coverage $25,000
-- $250 Retention/Deductible applies for above listed.
-- Covered Employees: Management Company, Directors and Trustees and Non-Compensated Officers.

DIRECTORS & OFFICERS COVERAGE:
-- $1,000,000 Limit Each Claim & Aggregate
-- $2,500 Deductible Per Claim
-- Property management employees included as insureds.

WORKERS COMPENSATION:
-- Applies: State of Florida
-- Includes Voluntary Compensation (Volunteers) Coverage Endorsement.

UMBRELLA COVERAGE:
-- Underlying policies: General Liability, HNOA, Directors & Officer and Workers Compensation.