

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
3/6/2009

<b>PRODUCER</b> Wells Fargo Insurance Services Miami Division 3225 Aviation Ave., Suite 400 Coconut Grove, FL 33133	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> Admiralty Towers Condominium Assn.Inc. 750 N.Ocean Blvd  Pompano Beach FL 33062	INSURER A: Columbia Casualty Company	27812
	INSURER B: See attached	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	TBD	01/01/09	01/01/10	EACH OCCURRENCE	\$ 1,000,000
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				BODILY INJURY (Per accident)	\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				PROPERTY DAMAGE (Per accident)	\$
		<b>OTHER</b> Property/Hazard	See Attachment	01/01/09	01/01/09	AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC AGG	\$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
						WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

Informational Purposes Only

**CERTIFICATE HOLDER**

Informational Purposes Only

**CANCELLATION** Ten Day Notice for Non-Payment

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**PROPERTY/HAZARD SCHEDULE**

INSURANCE CARRIER: QBE Insurance Corporation  
 POLICY NUMBER: QFX2368-12  
 POLICY PERIOD: Effective Date: 1/1/2009 Expiration Date: 1/1/2010  
 Blanket Limit Applies  
 Replacement Cost  Special  Basic  
 Additional Wording:

Bldg	Location	Limit	# Units	Hurricane Ded	AOP Ded	Coins %
1	750 N.Ocean Blvd Pompano Beach FL 33062	\$ 27,931,509	175	Excluded	\$ 2,500	100

**WINDSTORM**

INSURANCE CARRIER: CITIZENS INSURANCE CO.  
 POLICY NUMBER: 1445000  
 Coverage Included in Property/Hazard Policy  See Property/Hazard Schedule for Locations & Limits  Replacement Cost

Bldg	Location	Limit	# Units	Hurricane Ded	Other Wind Ded	Coins %	Policy Period
1	750 N.Ocean Blvd Pompano Beach FL 33062	\$ 28,767,000	175	3%	\$ 1,000	100	1/2/2009-1/2/2010

**FLOOD-**

INSURANCE CARRIER: Fidelity National P&C Ins. Co,  Replacement Cost, Flood Zone:

Bldg	Location	Limit	# Units	Policy#	Deductible	Policy Period
1	750 N.Ocean Blvd Pompano Beach FL 33062	\$ 27,000,000	175	09-7701164549-01	\$ 500	6/10/2008-6/10/2009

**CRIME / EMPLOYEE DISHONESTY**

INSURANCE CARRIER: Old Republic Insurance Company  
 POLICY NUMBER: OCB-576822  
 POLICY PERIOD: Effective Date: 1/1/2009 Expiration Date: 1/1/2010  
 Limit: \$ 1,000,000

**DIRECTORS & OFFICERS LIABILITY**

INSURANCE CARRIER: Travelers Casualty & Surety Co. of America  
 POLICY NUMBER: 103993824  
 POLICY PERIOD: Effective Date: 1/1/2009 Expiration Date: 1/1/2010  
 Limit: \$ 2,000,000