



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/02/2023

**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 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).**

<b>PRODUCER</b> Statewide Insurance Partners 16853 NE 2nd Ave Suite 304 North Miami, FL 33162 (305) 842-2140	<b>CONTACT NAME:</b> Customer Service <b>PHONE (A/C No. Ext):</b> 305-842-2140 <b>FAX (A/C, No):</b> 954-291-9444 <b>E-MAIL ADDRESS:</b> customerservice@sipfla.com		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> The Wave Condominium Association, Inc. c/o Atlantic & Pacific Management 2501 S Ocean Drive Hollywood, FL 33019	<b>INSURER A:</b> Citizens Insurance Co.		n/a
	<b>INSURER B:</b> Mt. Hawley Ins Co.		37974
	<b>INSURER C:</b> Greenwich Ins Co.		22322
	<b>INSURER D:</b> PMA Insurance Co.		12262
	<b>INSURER E:</b> Philadelphia Indemnity Co.		18058
	<b>INSURER F:</b> Great Divide Ins Co.		25224

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
B	<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	X		MGL0194764	01/10/2023	01/10/2024	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 50,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 1,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 1,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	MED EXP (Any one person)	\$ 1,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 1,000,000		\$
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B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		X	MGL0194764	01/10/2023	01/10/2024	<table border="1"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0		X	PPP744000307	01/10/2023	01/10/2025	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$ 15,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$ 15,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 15,000,000	AGGREGATE	\$ 15,000,000		\$								
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D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	2023010846501Y	01/10/2023	01/10/2024	<table border="1"> <tr><td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td><td><input type="checkbox"/> OTHER</td><td>If Any</td></tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$ 500,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$ 500,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$ 500,000</td></tr> </table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	If Any	E.L. EACH ACCIDENT		\$ 500,000	E.L. DISEASE - EA EMPLOYEE		\$ 500,000	E.L. DISEASE - POLICY LIMIT		\$ 500,000		
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A	Property Wind Only	X		07145487-2	05/31/2023	05/31/2024	\$90,093,000 Limit RCV														
E	Crime	X		PCAC002480-0519	01/10/2023	01/10/2024	\$4,000,000 "Fidelity"														
F	Directors & Officers	X		CM000003700-01	01/10/2023	01/10/2024	\$1,000,000 Limit/\$5,000 Ded.														

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

Management Office, 2501 S Ocean Drive, Hollywood, FL 33019  
 2501 S Ocean Drive, Hollywood, FL 33019  
 \*10 Day Notice of Cancellation for Non-payment of premium applies, 30 days otherwise.  
 551 Residential Units - 574 Units including commercial.  
 Residential Building & Garage with Common Elements. Built in 1978, RCV Stands for "Replacement Cost Value"

**CERTIFICATE HOLDER****CANCELLATION**

N/A No Certificate Holder N/A 2501 S Ocean Drive Hollywood, FL 33019 Loan Number: N/A	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: 1 \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Statewide Insurance Partners, LLC.		NAMED INSURED The Wave Condominium Association, Inc. 2501 South Ocean Drive, Hollywood, FL 33019	
POLICY NUMBER (See Descriptions)		EFFECTIVE DATE: 05/31/2023-05/31/2024	
CARRIER	NAIC CODE		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

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

A) Property :Effective Date of 05/31/2023 - 05/31/2024,  
Hurricane Deductible- 5% Per Occurrence of the Real and Personal Property, Personal Property of Others an Business Interruption total insured values at the time of loss or damage at the locations where the physical damage occurred.  
All Other Wind 5% Per Occurrence , All Other Perils \$10,000 .Property coverage provides special form, "RC" Valuation: Replacement Cost Value.  
Wind/Hail, "RCV" Valuation: Replacement Cost Value. "All Risk, excluding Flood & Earth Movement".  
Ordinance or Law- Full A, 10% B&C Combined.

Crime/Fidelity coverage includes property manager covered as an insured for employee dishonesty coverage.

Flood- Carrier- Wright National Flood Ins. Co., Effective Date 03/03/2023-03/03/2024. Pol# 09 1152145234 01

Flood- Deductible, Limit \$71,600,000/\$1,250 Deductible, Contents Limit -\$100,000/\$1,250 Deductible, Flood Risk - VE, Replacement Cost \$71,578,656.

Boiler & Machinery- Carrier- Travelers Property Casualty Company of America., Effective Date 01/10/2023-01/10/2024, Pol#BME13P112941TCT23.  
Limit - \$74,676,777/\$2,500 Deductible.



A Stock Company  
 P.O. Box 33003  
 St. Petersburg, FL 33733-8003  
 Customer Service: 1-800-820-3242  
 Claims: 1-800-725-9472

FFL99.001 1021  
 0733878  
 2/27/23  
 2000 11523 FLD RCBP

**FLOOD DECLARATIONS PAGE**  
 RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1152145234 01	1152145234	Residential Condominium Building Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 3/03/23 To: 3/03/24 12:01 am Standard Time	02/27/2023	0733878	1150241809

Insured  
 THE WAVE CONDOMINIUMASSOCIATION INC  
 ATLANTIC PACIFIC M ANAGEMENT  
 2501 S OCEAN DR  
 HOLLYWOOD FL 33019-2633

STATEWIDE INSURANCE PARTNERS  
 LLC  
 20200 W DIXIE HWY STE 904  
 AVENTURA FL 33180-1926  
 customerservice@sipfla.com

Property Location (if other than above)  
 2501 S OCEAN DR, HOLLYWOOD FL 33019

Address may have been changed in accordance with USPS standards.

**Rating Information**

Rate Category: Rating Engine  
 Primary Residence: N  
 Building Occupancy: Residential Condominium Building  
 Building Description: Entire Residential Condo Building

Flood Risk: VE  
 First Floor Height: .4 ft  
 Method Used to Determine First Floor Height: Elevation Certificate  
 Date of Construction: 07/01/1968  
 Prior NFIP Claims: 2  
 Number of Units: 574  
 Replacement Cost Value: 71,578,656

Property Description: Elevated with enclosure on posts/piles/piers, 16 floors

Coverage	Deductible	Annual Premium
BUILDING	\$71,600,000	\$1,250
CONTENTS	\$100,000	\$1,250
		\$115,717.00
		\$1,296.00

Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.

ICC Premium: \$75.00  
 Community Rating Discount: \$23,379.00  
 FULL RISK PREMIUM: \$93,709.00  
 DISCOUNTED PREMIUM: \$93,709.00  
 Reserve Fund Assessment: \$16,868.00  
 Federal Policy Service Fee: \$2,888.00  
 HFIAA Surcharge: \$250.00

**Coverage limitations may apply. See your Policy Form for details.**

TOTAL WRITTEN PREMIUM AND FEES: \$113,715.00

**THIS IS NOT A BILL**

Premium Paid by: Insured

**Forms and Endorsements:**

FFL 99.310 0120 0120 WFL 99.416 1021 1021 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523  
 Wright National Flood Insurance Company A stock company  
 Copy Sent To: As indicated on back or additional pages, if any.

*Patricia Templeton-Jones*  
 Patricia Templeton-Jones, President

073387809115214523423058

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Agent



FFL99.001 1021  
0733878  
2/27/23

09 1152145234 01

Agent (305)842-2140  
STATEWIDE INSURANCE PARTNERS  
LLC  
20200 W DIXIE HWY STE 904  
AVENTURA FL 33180-1926

**Dear Mortgagee:** The Reform Act of 1994 require you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

**The above message applies only when there is a mortgagee on the insured location.**

**Special Provisions:**

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at [www.wrightflood.com/policyforms.html](http://www.wrightflood.com/policyforms.html). The form which applies to your policy coverage is: Residential Condominium Building Policy Form

For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit [FloodSmart.gov/floodcosts](http://FloodSmart.gov/floodcosts).

**Claims Information:**

Please contact your agent or go to [www.wrightflood.com](http://www.wrightflood.com) to enter your claim as well as receive important information to mitigate the damage to your property. If you need to reach the insurance company the number is 1-800-725-9472.

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Agent

