



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/31/2017

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).

<b>PRODUCER</b> Commercial Lines - (305) 443-4886 Wells Fargo Insurance Services USA, Inc. 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133	<b>CONTACT NAME:</b> Certificate Department <b>PHONE (A/C, No, Ext):</b> 305-428-0015 <b>FAX (A/C, No):</b> 305-443-0154 <b>E-MAIL ADDRESS:</b> miag_certs@wellsfargo.com														
<b>INSURED</b> Green Cay Village Town Home Assn, Inc c/o Campbell 12575 Green Cay Farms Blvd Boynton Beach FL 33437	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> Indian Harbor Insurance Company</td> <td>36940</td> </tr> <tr> <td><b>INSURER B:</b> See attached</td> <td></td> </tr> <tr> <td><b>INSURER C:</b> Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Indian Harbor Insurance Company	36940	<b>INSURER B:</b> See attached		<b>INSURER C:</b> Continental Casualty Company	20443	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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**COVERAGES****CERTIFICATE NUMBER:** 472612**REVISION NUMBER:** See below

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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 <input type="checkbox"/> OTHER:			UBP000158301	3/29/2017	3/29/2018	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 \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Boiler & Machinery			R6016421580	3/29/2017	3/29/2018	\$15,556,807 Limit of accident \$1,000 Deductible

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

Unit Owner Name: N/A  
 Address: n/a

Description:  
 Master certificate

**CERTIFICATE HOLDER****CANCELLATION**

Green Cay Village Town Home Association Inc  
 12575 Green Cay Farms Blvd  
 Boynton Beach, FL 33437

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

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ACORD 25 (2016/03)

**General Liability**

Remark(s):

Please note this insured's General Liability coverage is included on Green Cay Owners Association's policy.

**CRIME / EMPLOYEE DISHONESTY**

INSURANCE CARRIER: Liberty Mutual Insurance Co.  
POLICY NUMBER: CAC0059480513  
POLICY PERIOD: Effective Date: 3/29/2017 Expiration Date: 3/29/2018  
Limit: \$ 500,000

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**DIRECTORS & OFFICERS LIABILITY**

INSURANCE CARRIER: Liberty Insurance Underwriters, Inc.  
POLICY NUMBER: CAP0130560513  
POLICY PERIOD: Effective Date: 3/29/2017 Expiration Date: 3/29/2018  
Limit: \$ 1,000,000

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# EVIDENCE OF PROPERTY INSURANCE

 DATE (MM/DD/YYYY)  
 3/31/2017

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Commercial Lines - (305) 443-4886 Wells Fargo Insurance Services USA, Inc. 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133		PHONE (A/C, No, Ext):		COMPANY American Capital Assurance Corporation	
FAX (A/C, No):		E-MAIL ADDRESS:			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:		INSURED Green Cay Village Town Home Assn, Inc c/o Campbell 12575 Green Cay Farms Blvd Boynton Beach FL 33437		LOAN NUMBER POLICY NUMBER TBA	
		EFFECTIVE DATE 3/29/2017		EXPIRATION DATE 3/29/2018	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

see attached for location information.

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 EVIDENCE OF PROPERTY INSURANCE 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.

## COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
see attached for coverage information.		

## REMARKS (Including Special Conditions)


 Unit Owner Name: N/A  
 Address: n/a

 Description:  
 Master certificate

## 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.

## ADDITIONAL INTEREST

NAME AND ADDRESS Green Cay Village Town Home Association Inc 12575 Green Cay Farms Blvd Boynton Beach, FL 33437	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE 		

**PROPERTY/HAZARD SCHEDULE**

INSURANCE CARRIER: American Capital Assurance Corporation  
POLICY NUMBER: TBA  
POLICY PERIOD: Effective Date: 3/29/2017 Expiration Date: 3/29/2018  
Business Income: Extra Expense:  
[ ] Blanket Limit Applies  
[ X ] Replacement Cost [ X ] Special [ ] Basic

Remark(s):  
Coinsurance waived. Ordinance or Law / Full A, 5% B and C Combined. Building limits represents the 100% replacement cost values outlined in the association's insurable value appraisal dated 2/4/2017.

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	6744-6750 Old Farm Trail, Boynton Beach FL 33437	\$ 653,529	4	2%	\$ 5,000	Agreed value
2	6735-3741 Old Farm Trail, Boynton Beach FL 33437	\$ 653,529	4	2%	\$ 5,000	Agreed value
3	6719-6733 Old Farm Trail, Boynton Beach FL 33437	\$ 1,236,020	8	2%	\$ 5,000	Agreed value
4	6722-6736 Old Farm Trail, Boynton Beach FL 33437	\$ 1,236,020	8	2%	\$ 5,000	Agreed value
5	6704-6718 Old Farm Trail, Boynton Beach FL 33437	\$ 1,236,020	8	2%	\$ 5,000	Agreed value
6	6703-6717 Old Farm Trail, Boynton Beach FL 33437	\$ 1,236,020	8	2%	\$ 5,000	Agreed value
7	6685-6699 Old Farm Trail, Boynton Beach FL 33437	\$ 1,236,020	8	2%	\$ 5,000	Agreed value
8	6688-6702 Old Farm Trail, Boynton Beach FL 33437	\$ 1,236,020	8	2%	\$ 5,000	Agreed value
9	6669-6683 Old Farm Trail, Boynton Beach FL 33437	\$ 1,236,020	8	2%	\$ 5,000	Agreed value
10	6659-6665 Old Farm Trail, Boynton Beach FL 33437	\$ 653,529	4	2%	\$ 5,000	Agreed value
11	6643-6657 Old Farm Trail, Boynton Beach FL 33437	\$ 1,236,020	8	2%	\$ 5,000	Agreed value
12	6627-6641 Old Farm Trail, Boynton Beach FL 33437	\$ 1,236,020	8	2%	\$ 5,000	Agreed value
13	6611-6625 Old Farm Trail, Boynton Beach FL 33437	\$ 1,236,020	8	2%	\$ 5,000	Agreed value
14	6595-6609 Old Farm Trail, Boynton Beach FL 33437	\$ 1,236,020	8	2%	\$ 5,000	Agreed value

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**WINDSTORM**

INSURANCE CARRIER: American Capital Assurance Corporation  
POLICY NUMBER: TBA  
[ X ] Coverage Included in Property/Hazard Policy [ X ] See Property/Hazard Schedule for Locations & Limits [ X ] Replacement Cost

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**EXCESS FLOOD**

Not Covered

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