



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/5/2026

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 Daphnee Dalexis-Louis	
	PHONE (A/C, No, Ext): (754) 202-0934	FAX (A/C, No):
INSURED	E-MAIL ADDRESS: dlouis@riemerinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Homesite Insurance Company of America		
INSURER B : Midvale Indemnity Company		
INSURER C : Associated Industries Insurance		23140
INSURER D : Philadelphia Ins Company		
INSURER E :		
INSURER F :		
Lakes of Jacaranda Condo, Inc 7932 Wiles Road Coral Springs, FL 33067		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		REVISION NUMBER:
							LIMITS		
A	COMMERCIAL GENERAL LIABILITY			BCGL009673-00	1/5/2026	1/5/2027	EACH OCCURRENCE	\$ 1,000,000	
	CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							Excluded		
							MED EXP (Any one person)	\$ 1,000,000	
							PERSONAL & ADV INJURY	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		GENERAL AGGREGATE	\$ 2,000,000					
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO- JECT	PRODUCTS - COMP/OP AGG	\$ 2,000,000					
		<input type="checkbox"/> LOC		\$					
	OTHER:								
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)	\$	
	Hired AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
B	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	PRP-229824000-01-2177106	1/5/2026	1/5/2027	EACH OCCURRENCE	\$ 25,000,000	
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$ 25,000,000	
	DED	RETENTION \$					Aggregate	\$ 25,000,000	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N / A	TWC4600388	5/2/2025	5/2/2026	PER STATUTE	OTHE- R	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in N/A)						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	Directors & Officers			PCAP043612-0224	5/1/2025	5/1/2026	Aggregate	\$ 1,000,000	

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

CERTIFICATE HOLDER

CANCELLATION

Proof of Insurance

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