



TURNB-1

OP ID: HH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/11/2023

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 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 The John Galt Insurance Agency 3303 W Commercial Blvd, #200 Ft. Lauderdale, FL 33309 Alan P. Adams		954-440-2800		CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 954-440-2800 FAX (A/C, No): 954-440-2833 E-MAIL ADDRESS: commercial@john-galt.com	
INSURED Turnberry on the Green Condominium Association, Inc. 19501 W. Country Club Drive Aventura, FL 33180				INSURER(S) AFFORDING COVERAGE INSURER A: Kinsale Insurance Company INSURER B: Greenwich Insurance Company INSURER C: Associated Industries Ins., Co INSURER D: Philadelphia Indemnity Ins INSURER E: See Attached INSURER F:	
				NAIC # 38920 22322 23140 18058	

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0100104775-3	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO 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) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ -0-			PPP7492877L23A-03	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	AWC1193387	03/27/2023	03/27/2024	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	DIRECTORS&OFFICERS D&O CLAIMS MADE			PCAP037530-0123	01/01/2023	01/01/2024	D&O AGGR. 1,000,000

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

Residential Condominium Association with 377 Units.

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

NOTEPAD

Turnberry on the Green
INSURED'S NAME Condominium Association, Inc.

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Coverage for the interior of the unit is NOT included. The Unit Owner's are responsible for purchasing their own H06 policy.

Any cancellation notices would be sent to the association as they are the insured. The amount of time would be based upon the reason for cancellation (i.e. 10 days non-payment; 45 days non-renewal, etc.).

Lenders of unit owners cannot be added as loss payee to the association policies as the policy covers common areas.

Property Manger is considered an Employee by definition of Crime Policy. Therefore, covered under this policy while conducting business for the insured association.

Please carefully read all pages to this Certificate of Insurance, specifically, the additional wording sections. If there are additional questions, please email your questions to commercial@john-galt.com or fax to 954-440-2833 as we are unable to provide any verbal coverage details.

Policy limits are written at an Agreed Valued chosen by the insured; therefore, the coinsurance is NIL.

Turnberry on the Green Condominium Association, Inc.

Property / Hazard Schedule

Insurance Carrier: Steadfast Insurance Company

Policy Number: ECL0885975-03

Policy Period: Effective Date: 01/18/2023

Expiration Date: 01/1/2024

☐ Blanket Limit Applies

☒ Replacement Cost

☒ Special

☐ Basic

Additional Wording: \$10,000 All Other Perils Deductible Per Building
 \$10,000 All Other Perils Deductible for BPP
 7.5% Hurricane Deductible Per Occurrence with a \$25,000 Minimum
 Hurricane Deductible Per Occurrence.
 \$25,000 All Other Wind Deductible Per Occurrence.
 Ordinance or Law Full A, 5% B and C Combined.
 Limits are written at an Agreed Value; therefore, the Coinsurance is NIL.
 Unit Owners Responsible for purchasing their own HO6 policy.

Building	Location	Limit		# Units
		Building	Contents	
1	19501 W Country Club Drive Aventura, FL 33180	\$84,725,029	\$100,000	377

Crime

Insurance Carrier: Philadelphia Indemnity Insurance Co.

Policy Number: PCAC017708-0123

Policy Period: Effective Date: 1/1/2023

Expiration Date: 1/1/2024

Coverages:	Limit	Deductible
Employee Theft	\$2,000,000	\$10,000
ERISA Fidelity	\$2,000,000	\$0
Forgery or Alteration	\$750,000	\$250
Inside the Premises	\$25,000	\$250
Outside the Premises	\$25,000	\$250
Computer Fraud and Funds Transfer Fraud	\$2,000,000	\$10,000
Money Orders and Counterfeit Paper Currency	\$25,000	\$250

Boiler & Machinery

Insurance Carrier: Travelers Casualty

Policy Number: 7T168678

Policy Period: Effective Date: 1/1/2023

Expiration Date: 1/1/2024

Location	Limit	# Units	Deductible
19501 W Country Club Drive Aventura, FL 33180	\$70,051,641	377	\$2,500

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