



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2017

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).

PRODUCER Commercial Lines - (305) 443-4886 Wells Fargo Insurance Services USA, Inc. 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133	CONTACT NAME: Wells Fargo Insurance Services, USA PHONE (A/C, No, Ext): 305-428-0015 FAX (A/C, No): 305-443-0154 E-MAIL ADDRESS: miag_certs@wellsfargo.com														
INSURED Meadows On the Green Condominium Association 100 Meadows Circle Boynton Beach, FL 33436	<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>INSURER A: Rockhill Insurance Company</td> <td>28053</td> </tr> <tr> <td>INSURER B: See attached</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Rockhill Insurance Company	28053	INSURER B: See attached		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Rockhill Insurance Company	28053														
INSURER B: See attached															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 489647

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"/> 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 <input type="checkbox"/> OTHER:			THB000553105	8/3/16	8/03/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 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 <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"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Property/Hazard			see attached	05/31/17	05/31/18	see attached

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
 Meadows on the Green
 Condominium Association, Inc.
 100 Meadows Circle
 Boynton Beach, FL 33436
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.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

This certificate replaces certificate# 475320 issued on 4/19/2017

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Travelers Casualty and Surety Co. of America
POLICY NUMBER: 105659692
POLICY PERIOD: Effective Date: 8/3/2016 Expiration Date: 8/3/2017
Limit: \$ 500,000

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Travelers Casualty and Surety Co. of America
POLICY NUMBER: 105976867
POLICY PERIOD: Effective Date: 8/10/2016 Expiration Date: 8/10/2017
Limit: \$ 1,000,000

**EVIDENCE OF PROPERTY INSURANCE**DATE (MM/DD/YYYY)
7/11/2017

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 Coastal Insurance Co	
FAX (A/C, No):		E-MAIL ADDRESS:			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:				LOAN NUMBER	
INSURED Meadows On the Green Condominium Association 100 Meadows Circle Boynton Beach, FL 33436				POLICY NUMBER AMC3401400	
		EFFECTIVE DATE 5/31/2017		EXPIRATION DATE 5/31/2018	
				<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/aDescription:
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	MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/>	<input type="checkbox"/>
Meadows on the Green Condominium Association, Inc. 100 Meadows Circle Boynton Beach, FL 33436	LOSS PAYEE	LOAN #
	AUTHORIZED REPRESENTATIVE	<i>Jeanne Brandon</i>

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: American Coastal Insurance Co
 POLICY NUMBER: AMC3401400
 POLICY PERIOD: Effective Date: 5/31/2017 Expiration Date: 5/31/2018
 Business Income: Extra Expense:
 Blanket Limit Applies
 Replacement Cost Special Basic

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	101-120 Meadows Circle Boynton Beach, FL 33436	\$ 1,508,700	20	2%	\$ 2,500	Agreed Value
2	201-220 Meadows Circle Boynton Beach, FL 33436	\$ 1,508,700	20	2%	\$ 2,500	Agreed Value
3	301-320 Meadows Circle Boynton Beach, FL 33436	\$ 1,508,700	20	2%	\$ 2,500	Agreed Value
4	401-420 Meadows Circle Boynton Beach, FL 33436	\$ 1,508,700	20	2%	\$ 2,500	Agreed Value
5	501-520 Meadows Circle Boynton Beach, FL 33436	\$ 1,508,700	20	2%	\$ 2,500	Agreed Value
6	601-620 Meadows Circle Boynton Beach, FL 33436	\$ 1,508,700	20	2%	\$ 2,500	Agreed Value
7	701-720 Meadows Circle Boynton Beach, FL 33436	\$ 1,508,700	20	2%	\$ 2,500	Agreed Value
8	801-820 Meadows Circle Boynton Beach, FL 33436	\$ 1,508,700	20	2%	\$ 2,500	Agreed Value
9	901-920 Meadows Circle Boynton Beach, FL 33436	\$ 1,508,700	20	2%	\$ 2,500	Agreed Value
10	1001-1020 Meadows Circle Boynton Beach, FL 33436	\$ 1,508,700	20	2%	\$ 2,500	Agreed Value
11	1101-1120 Meadows Circle Boynton Beach, FL 33436	\$ 1,508,700	20	2%	\$ 2,500	Agreed Value
12	1201-1220 Meadows Circle Boynton Beach, FL 33436	\$ 1,508,700	20	2%	\$ 2,500	Agreed Value
14	1401-1437 Meadows Circle West Boynton Beach, FL 33436	\$ 2,957,600	34	2%	\$ 2,500	Agreed Value
15	1501-1537 Meadows Circle West Boynton Beach, FL 33436	\$ 2,957,600	34	2%	\$ 2,500	Agreed Value
16	1601-1637 Meadows Circle West Boynton Beach, FL 33436	\$ 2,957,600	34	2%	\$ 2,500	Agreed Value
17	1701-1737 Meadows Circle West Boynton Beach, FL 33436	\$ 2,957,600	34	2%	\$ 2,500	Agreed Value
18	1801-1837 Meadows Circle West Boynton Beach, FL 33436	\$ 2,957,600	34	2%	\$ 2,500	Agreed Value

WINDSTORM

INSURANCE CARRIER: Multi Layer Policy Insure
 POLICY NUMBER: See Property/Hazard Schedule

Coverage Included in Property/Hazard Policy See Property/Hazard Schedule for Locations & Limits Replacement Cost

FLOOD

INSURANCE CARRIER: Lloyd's of London, Replacement Cost, Flood Zone: X

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
ALL	All Condominium Buildings 100-1837 Meadows Circle	\$ 2,500,000	410	FLR722511001	\$ 5,000	8/3/2016-8/6/2017

WRAP AROUND

Not Covered

EXCESS FLOOD

Not Covered