



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2025

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> Setnor Byer Insurance & Risk 900 S. Pine Island Road #300  Plantation FL 33324	<b>CONTACT NAME:</b> Custom Unit 1 <b>PHONE (A/C, No, Ext):</b> (954) 382-4350 <b>FAX (A/C, No):</b> (954) 382-2810 <b>E-MAIL ADDRESS:</b> certificates@setnorbyer.com														
<b>INSURED</b> PROMENADE AT BOCA POINTE CONDOMINIUM ASSOCIATION NO. 3, INC. 7169 PROMENADE DR BOCA RATON FL 33433	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: James River Insurance Company</td><td>12203</td></tr><tr><td>INSURER B: Midvale Indemnity Company</td><td>27138</td></tr><tr><td>INSURER C: Technology Insurance Company</td><td>42376</td></tr><tr><td>INSURER D: Coalition Insurance Company</td><td>29530</td></tr><tr><td>INSURER E: StarNet Insurance Company</td><td>40045</td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: James River Insurance Company	12203	INSURER B: Midvale Indemnity Company	27138	INSURER C: Technology Insurance Company	42376	INSURER D: Coalition Insurance Company	29530	INSURER E: StarNet Insurance Company	40045	INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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**COVERAGES****CERTIFICATE NUMBER:** 2025-0421 Master**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			P0000000679	4/21/2025	4/21/2026	<table><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>\$ 0</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>\$ 2,000,000</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)	\$ 0	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
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GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
A	<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			P0000000679	4/21/2025	4/21/2026	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</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>Hired &amp; Non-Owned Auto Liability</td><td>\$ 1,000,000</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	Hired & Non-Owned Auto Liability	\$ 1,000,000				
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PROPERTY DAMAGE (Per accident)	\$																				
Hired & Non-Owned Auto Liability	\$ 1,000,000																				
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PRP-229824000-01-1794739	4/21/2025	4/21/2026	<table><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		\$								
EACH OCCURRENCE	\$ 15,000,000																				
AGGREGATE	\$ 15,000,000																				
	\$																				
C	<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 Y/N <input type="checkbox"/> N/A			TWC4592227	4/21/2025	4/21/2026	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000						
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E.L. DISEASE - POLICY LIMIT	\$ 500,000																				
D	<b>DIRECTORS &amp; OFFICERS</b>			C-4LPM-134664-MLPSME-2025	4/21/2025	4/21/2026	EACH   AGGREGATE \$1M   \$2M														
E	<b>CRIME</b>			QDR0002437-00			EACH   AGGREGATE \$500,000														

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

General Liability: Per form CG20041185, Additional Insured Locations: 7233 Promenade Dr, Boca Raton, FL, 33433-2815, 7225-7217 Promenade Dr, Boca Raton, FL, 33433, & 7209-7201 Promenade Dr, Boca Raton, FL, 33433

Insured - Condominium Unit Owners. Crime: Per form CR25020622, Property Manager included designated agents as employees. Umbrella: Follow form to underlying General Liability, Work Comp, & D&O. Per Florida Statute 45 day Notice of Cancellation except in the event of nonpayment of premium, then 10 day notice.

**CERTIFICATE HOLDER****CANCELLATION**

<b>AKAM</b> 7169 Promenade Dr. Boca Raton, FL 33433	<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>  Jami Lynn Bubnis/JLB
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ACORD 25 (2014/01)

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INS025 (201401)

## COMMENTS/REMARKS

All of the above are subject to policy terms, limitations, exclusions and conditions.



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

04/25/2025

THIS EVIDENCE OF COMMERCIAL 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.

<b>PRODUCER NAME, CONTACT PERSON AND ADDRESS</b> Setnor Byer Insurance & Risk Custom Unit 1 900 S. Pine Island Road #300 Plantation FL 33324		<b>PHONE (A/C, No, Ext):</b> (954) 382-4350	<b>COMPANY NAME AND ADDRESS</b> Slide Insurance Company & Wilshire Insurance Company 4221 W Boy Scout Blvd Ste 200 Tampa FL 33607	<b>NAIC NO:</b> 17227
<b>FAX (A/C, No):</b> (954) 382-2810	<b>E-MAIL ADDRESS:</b> certificates@setnorbyer.com		<b>IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH</b>	
<b>CODE:</b>	<b>SUB CODE:</b>		<b>POLICY TYPE</b> Commercial Property & Difference In Conditions-DIC	
<b>AGENCY CUSTOMER ID #:</b> 00019320			<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> CPFL0000118-01 & IMP400093002
<b>NAMED INSURED AND ADDRESS</b> Promenade at Boca Pointe Condominium Association No. 3, Inc. 7169 Promenade Dr Boca Raton FL 33433-6909			<b>EFFECTIVE DATE</b> 04/21/2025	<b>EXPIRATION DATE</b> 04/21/2026
<b>ADDITIONAL NAMED INSURED(S)</b>			<b>CONTINUED UNTIL TERMINATED IF CHECKED</b> <input type="checkbox"/>	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>				

**PROPERTY INFORMATION** (ACORD 101 may be attached if more space is required) ☒ **BUILDING** OR ☐ **BUSINESS PERSONAL PROPERTY**

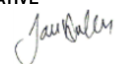
<b>LOCATION / DESCRIPTION</b> 7233 Promenade Dr Boca Raton FL 33433-2815	<b>Loc# 00001/Bldg# 00001 See Overflow</b>
<b>THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT 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.</b>	

<b>COVERAGE INFORMATION</b>	<b>PERILS INSURED</b>	<b>BASIC</b>	<b>BROAD</b>	<b>SPECIAL</b>	<input checked="" type="checkbox"/> Slide: Basic   DIC: Special
<b>COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:</b> \$ 6,112,000		<b>DED:</b> 5,000			
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<b>YES</b> <b>NO</b> <b>N/A</b>	<input checked="" type="checkbox"/>			<b>If YES, LIMIT:</b> Actual Loss Sustained; # of months:
<b>BLANKET COVERAGE</b>	<input checked="" type="checkbox"/>				<b>If YES, indicate value(s) reported on property identified above:</b> \$
<b>TERRORISM COVERAGE</b>	<input checked="" type="checkbox"/>				<b>Attach Disclosure Notice / DEC</b>
<b>IS THERE A TERRORISM-SPECIFIC EXCLUSION?</b>	<input checked="" type="checkbox"/>				
<b>IS DOMESTIC TERRORISM EXCLUDED?</b>	<input checked="" type="checkbox"/>				
<b>LIMITED FUNGUS COVERAGE</b>	<input checked="" type="checkbox"/>				<b>If YES, LIMIT:</b> 15,000 <b>DED:</b> 10,000
<b>FUNGUS EXCLUSION (If "YES", specify organization's form used)</b>	<input checked="" type="checkbox"/>				
<b>REPLACEMENT COST</b>	<input checked="" type="checkbox"/>				
<b>AGREED VALUE</b>	<input checked="" type="checkbox"/>				
<b>COINSURANCE</b>	<input checked="" type="checkbox"/>				<b>If YES, %</b>
<b>EQUIPMENT BREAKDOWN (If Applicable)</b>	<input checked="" type="checkbox"/>				<b>If YES, LIMIT:</b> Insured w/ C-N-A (Dec attached) <b>DED:</b>
<b>ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg</b>	<input checked="" type="checkbox"/>				<b>If YES, LIMIT:</b> Included in Building Limits <b>DED:</b> 10,000
<b>- Demolition Costs</b>	<input checked="" type="checkbox"/>				<b>If YES, LIMIT:</b> Shared \$250k limit with below <b>DED:</b> 10,000
<b>- Incr. Cost of Construction</b>	<input checked="" type="checkbox"/>				<b>If YES, LIMIT:</b> Shared \$250k limit with above <b>DED:</b> 10,000
<b>EARTH MOVEMENT (If Applicable)</b>	<input checked="" type="checkbox"/>				<b>If YES, LIMIT:</b> <b>DED:</b>
<b>FLOOD (If Applicable)</b>	<input checked="" type="checkbox"/>				<b>If YES, LIMIT:</b> Insured w/ Bankers (Dec attached) <b>DED:</b>
<b>WIND / HAIL INCL</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>Subject to Different Provisions:</b>	<input checked="" type="checkbox"/>				<b>If YES, LIMIT:</b> Included in Building Limits <b>DED:</b> 3% CYHD
<b>NAMED STORM INCL</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>Subject to Different Provisions:</b>	<input checked="" type="checkbox"/>				<b>If YES, LIMIT:</b> Included in Building Limits <b>DED:</b> 3% CYHD
<b>PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS</b>	<input checked="" type="checkbox"/>				

## 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

<b>CONTRACT OF SALE</b>	<b>LENDER'S LOSS PAYABLE</b>	<b>LOSS PAYEE</b>	<b>LENDER SERVICING AGENT NAME AND ADDRESS</b>
<b>MORTGAGEE</b>			
<b>NAME AND ADDRESS</b> AKAM 7209 Promenade Dr Boca Raton FL 33433			<b>AUTHORIZED REPRESENTATIVE</b> 

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## ADDITIONAL COVERAGES

<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
	Sinkhole collapse				SINK		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
			10	Percent			
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
	Terrorism Coverage (Certified Acts)				TRIA		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
1	00001, 7233 Promenade Dr, Building, 6,112,000				HURR		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
			3	Percent			
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
2	00001, 7225-7217 Promenade Dr, Building, 9,911,600				BASIC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
9,911,600			5,000	Dollars			
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
2	00001, 7225-7217 Promenade Dr, Building, 9,911,600				HURR		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
			3	Percent			
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
3	00001, 7209-7201 Promenade Dr, Building, 11,330,700				BASIC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
11,330,700			5,000	Dollars			
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
3	00001, 7209-7201 Promenade Dr, Building, 11,330,700				HURR		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
			3	Percent			
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		

**CNA EQUIPMENT BREAKDOWN****Policy Declarations**

<b>Policy Issued by:</b>		Name: VALLEY FORGE INSURANCE COMPANY Address: 151 N Franklin CHICAGO, IL 60606		Policy Number: 7092079561 Renewal of: 7092079561								
<b>Producer's Information:</b>		Name: RSC INSURANCE BROKERAGE INC Address: 900 S PINE ISLAND RD STE 300 PLANTATION, FL 33324		Producer Code: 065972								
<b>1. Named Insured and mailing address:</b>		Name: PROMENADE AT BOCA POINTE CONDOMINIUM ASSOCIATION NO 3, INC.  Address: 7169 PROMENADE DR BOCA RATON, FL 33433-6909										
<b>2. Policy Period:</b>		Effective date from: 04/21/2025 to 04/21/2026 At 12:01 A.M. Standard Time at your mailing address shown above										
<b>3. Premium Surcharges Taxes and Fees at Issuance</b>		<table><tr><td>Total Premium for this Coverage Part</td><td>\$1,587.00</td></tr><tr><td>FL Insurance Guaranty Association Emergency Assessment</td><td>\$15.87</td></tr><tr><td>Total Premium, Surcharges Taxes and Fees for this Coverage Part</td><td>\$1,602.87</td></tr><tr><td>Terrorism Risk Insurance Extension Act for this Coverage Part</td><td>INCLUDED</td></tr></table>			Total Premium for this Coverage Part	\$1,587.00	FL Insurance Guaranty Association Emergency Assessment	\$15.87	Total Premium, Surcharges Taxes and Fees for this Coverage Part	\$1,602.87	Terrorism Risk Insurance Extension Act for this Coverage Part	INCLUDED
Total Premium for this Coverage Part	\$1,587.00											
FL Insurance Guaranty Association Emergency Assessment	\$15.87											
Total Premium, Surcharges Taxes and Fees for this Coverage Part	\$1,602.87											
Terrorism Risk Insurance Extension Act for this Coverage Part	INCLUDED											
<b>4. Described Premises:</b>		See Schedule of Premises										



## CNA EQUIPMENT BREAKDOWN

### Policy Declarations

**5. Limits of Insurance, Deductibles:**

See Schedule of Coverages and Limits

**6. Forms and Endorsements Attached to this Policy at Issuance:**

See Schedule of Forms and Endorsements

These Declarations, along with any attached forms and endorsements shall constitute the contract between the **Insureds** and the Insurer.

IN WITNESS WHEREOF, the Company has caused this Policy to be signed by its Chairman and Secretary.

Chairman of the Board

Secretary



## CNA EQUIPMENT BREAKDOWN

### Schedule of Premises

Schedule of Premises	
<b>Premises Number:</b> 1	<b>Premises Address:</b> 7233 PROMENADE DR  BOCA RATON FL 33433
<b>Occupancy:</b> Apartment Bldgs.	
<b>Premises Number:</b> 2	<b>Premises Address:</b> 7225-7227 PROMENADE DR  BOCA RATON FL 33433
<b>Occupancy:</b> Apartment Bldgs.	
<b>Premises Number:</b> 3	<b>Premises Address:</b> 7209-7201 PROMENADE DR  BOCA RATON FL 33433
<b>Occupancy:</b> Apartment Bldgs.	





## CNA EQUIPMENT BREAKDOWN

### Schedule of Coverages and Limits

#### 5. Limits of Insurance, Deductibles:

Insurance applies to coverage for the Limit of Insurance or number of Days/Hours shown. If 'Included' is shown, then the limit for that coverage is included in the Limit Per Breakdown or the Property Damage Limit, whichever is shown. If 'Not Covered' is shown, then that coverage is not provided.

COVERAGE		LIMIT OF INSURANCE or DAYS/HOURS
Limit Per Breakdown		\$27,454,300
Property Damage		Included
Expediting Expenses		\$25,000
Extra Expense Only		\$100,000
Extended Period of Restoration		5 DAYS
Data or Media		\$25,000
Utility Interruption		\$100,000
- Coverage applies if the interruption of services lasts at least:		24 HOURS
Spoilage Damage		Not Covered
Utility Interruption		Not Covered
- Coverage applies if the interruption of services lasts at least:		Not Covered
Newly Acquired Premises		Included
Number of days of coverage		90 DAYS
Ordinance Or Law		\$100,000
Errors And Omissions		\$100,000
Brands And Labels		Not Covered
Contingent Business Income And Extra Expense Or Extra Expense Only		Not Covered
Contingent Preams		
Civil Authority		Not Covered
Ingress - Egress		Not Covered
Loss Adjustment Expenses		\$25,000
Off Premises Equipment Coverage		Included
Limited Coverage For Fungus, Wet Rot And Dry Rot		
Property Damage		\$15,000
Business Income And Extra Expense Or Extra Expense Only – Number of Days		30 DAYS
Separate Premises Option		No
Increased Cost Of Loss And Related Expenses For Green Upgrades		
Property Damage		\$100,000
Business Income And Extra Expense Or Extra Expense Only – Number of Days		30 DAYS

20020006170620795617577







## CNA EQUIPMENT BREAKDOWN

### Schedule of Coverages and Limits

COVERAGE LIMITATIONS		LIMIT OF INSURANCE
Refrigerant Contamination		\$25,000
Undamaged Stock		\$25,000
Data And Media		\$25,000
Hazardous Substance		\$25,000
Water Damage		\$25,000
<b>OPTIONAL COVERAGES</b>		
Diagnostic Equipment		Excluded
Deductibles apply to coverage for the amount, hours, days, or times daily value shown. If 'Combined' is shown, then the deductible for that coverage is part of the Combined Deductible. If 'Included' is shown, then the deductible is 'Included' with the Property Damage Deductible.		
<b>DEDUCTIBLES</b>		<b>AMOUNTS, HOURS or DAYS</b>
Combined Deductible		Not Applicable
Property Damage		\$10,000
Extra Expense Only		24 HOURS
- Utility Interruption		24 HOURS
Contingent Business Income And Extra Expense Or Extra Expense Only		Not Covered
Spoilage Damage		Not Covered
- Utility Interruption		Not Covered
The deductible for the following coverages are 'Included' with the Property Damage Deductible unless a different amount is shown.		
Refrigerant Contamination		Included
Undamaged Stock		Included
Data And Media		Included
Hazardous Substance		Included
Water Damage		Included
Expediting Expenses		Included



**ASSURANT®**

**American Bankers Insurance Company of Florida  
Scottsdale, AZ**

**Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

**Policy Term: 04/30/2025 (12:01 a.m.) to 04/30/2026 (12:01 a.m.)**

NAIC: 10111

**Policy Number:** 6900090482

**First Mortgagee / Lender Name:**

**Named Insured and Mailing Address:**

PROMENADE AT BOCA POINTE  
7169 PROMENADE DR  
BOCA RATON, FL 33433-6909

**Loan Number:**

**Producer Number:** 67540-00082-000

**Second Mortgagee / Lender Name:**

**Premium Payor:** INSURED

**Property Location:**

7201 - 7233 PROMENADE DR  
7201 PROMENADE DR  
BOCA RATON, FL 33433-2808

**Loan Number:**

**Other / Loss Payee:**

**For Service Please Contact:**

SETNOR BYER BOGDANOFF INC  
SETNOR BYER INSURANCE & RISK  
900 S PINE ISLAND RD STE 300  
PLANTATION, FL 33324-3920  
954-382-4350

**Loan Number:**

**LOCATION AND PROPERTY INFORMATION**

Date of Construction: 01/01/1984

Building Occupancy: Residential Condo Building

Method Used to Determine First Floor Height: FEMA determined

Building Description: Entire Residential Condo Building

Property Description: SLAB ON GRADE, THREE OR MORE FLOORS, MASONRY CONSTRUCTION

Number Of Units: 78

Primary Residence: No

Prior NFIP Claims: 0 claim(s)

First Floor Height: 1.00 ft

Replacement Cost: \$ 32,972,700

*Your property's NFIP flood claims history can affect your premium.*

**COVERAGE AND PREMIUM INFORMATION**

**Rate Category:** FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 12,600,000	\$ 5,000	\$ 7,550.00
Contents	\$ 0	\$ 0	\$ 0.00
Increased Cost of Compliance:			\$ 75.00
Community Rating System Discount:			\$ -1,858.00
<b>Full Risk Premium Excluding Fees and Surcharges:</b>			<b>\$ 5,767.00</b>

**STATUTORY DISCOUNTS**

**Discounted Premium:** \$ 0.00  
\$ 5,767.00

**FEES AND SURCHARGES**

Reserve Fund Assessment: \$ 1,038.00  
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00  
Federal Policy Fee: \$ 1,720.00

**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID** \$ 8,775.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.  
Refer to [www.FloodSmart.gov/floodcosts](http://www.FloodSmart.gov/floodcosts) for more information about flood risk and policy rating.

NFIP POLICY NUMBER: AB00090482