



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/17/2024

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> The John Galt Insurance Agency a Gallagher Company 3303 W Commercial Blvd, #200 Ft. Lauderdale, FL 33309 Ashley Koffman	<b>954-440-2800</b>	<b>CONTACT NAME:</b> Certificate Department <b>PHONE (A/C, No, Ext):</b> 954-440-2800 <b>FAX (A/C, No):</b> 954-440-2833 <b>E-MAIL ADDRESS:</b> commercial@john-galt.com
	<b>INSURED</b> Pine Ridge at Delray Beach HOA Inc. John Amatanfelo 13751 Oneida Dr Delray Beach, FL 33446	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Evanston Insurance Co. <b>INSURER B:</b> Philadelphia Insurance Company <b>INSURER C:</b> SEE ATTACHED <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**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"/> PROJECT <input type="checkbox"/> LOC OTHER:			3AA829876	10/01/2024	10/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
	<b>AUTOMOBILE LIABILITY</b> <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>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <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? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N 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 \$
B	<b>DIRECTORS&amp;OFFICERS</b> <b>**Claims Made**</b>			PCAP036254-0322	10/01/2024	10/01/2025	<b>AGGREGATE</b> \$ 1,000,000

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

<b>CERTIFICATE HOLDER</b>  	<b>CANCELLATION</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>AUTHORIZED REPRESENTATIVE</b> 

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](mailto:commercial@john-galt.com) or fax to 954-440-2833 as we are unable to provide any verbal coverage detials.

# Pine Ridge at Delray Beach Association, Inc.

## Crime

Insurance Carrier: Philadelphia Indemnity Insurance Co.  
Policy Number: PCAC017069-0322  
Policy Period: Effective Date: 9/30/2024      Expiration Date: 9/30/2025

Coverages: Insuring Agreements	Limit	Deductible
Employee Theft	\$250,000	\$250
ERISA Fidelity	\$250,000	\$0
Forgery or Alteration	\$250,000	\$250
Computer Fraud and Funds Transfer Fraud	\$250,000	\$250

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Follows Certificate of Insurance for Pine Ridge at Delray Beach Association, Inc.