



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/01/2025

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 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 a Gallagher Company 3303 W Commercial Blvd, #200 Ft. Lauderdale, FL 33309 Adam Betzold	561-922-6924	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 561-922-6924 FAX (A/C, No): 561-922-6925 E-MAIL ADDRESS: ggb.fl3.certs@ajg.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Ategrity Specialty Insurance C</td> <td></td> </tr> <tr> <td>INSURER B : Technology Insurance Company</td> <td>42376</td> </tr> <tr> <td>INSURER C : Travelers Casualty & Surety Co</td> <td>10647</td> </tr> <tr> <td>INSURER D : See Attached</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Ategrity Specialty Insurance C		INSURER B : Technology Insurance Company	42376	INSURER C : Travelers Casualty & Surety Co	10647	INSURER D : See Attached		INSURER E :		INSURER F :
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INSURED Condominium Association of Valiant House, Inc. Patrick Nolan 801 S Ocean Dr Hollywood, FL 33019															

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:			01-B-GL-P200000131-02	01/18/2025	12/01/2025	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
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-B-GL-P200000131-02	01/18/2025	12/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	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	TWC4614269	05/20/2025	12/01/2025	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	DIRECTORS&OFFICERS D&O CLAIMS MADE			107847300	12/01/2024	12/01/2025	D&O AGGR. \$ 1,000,000 CYBER AGG \$ 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Residential Condominium Association with 63 units.

CERTIFICATE HOLDER 	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 

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 GSB.Ft.Lauderdale-3.Commercial@ajg.com or fax 561-922.6925 as we are unable to provide any information over the phone.

Condominium Association of Valiant House, Inc.

Property/ Hazard Schedule

Insurance Carrier: Wilshire Insurance Company
 Policy Number: IMP4003118 00
 Policy Period: Effective Date: 12/1/2024 Expiration Date: 12/1/2025

Blanket Limit Applies
 Replacement Cost Special Excluding Wind Basic

Additional Wording: Excludes Perils of Windstorm/Hail/Hurricane
 \$10,000 Per Occurrence Deductible.
 \$25,000 Per Occurrence Water Damage & Sprinkler Leakage Deductible.
 Ordinance or Law Coverage A is Included; B&C have a combined sub-limit of \$500,000.
 Policy Limits are written with an 100% Coinsurance/Agreed Values.

Building	Location	Limit		# Units
		Building	Contents	
1	801 S. Ocean Dr., Hollywood, FL 33019	\$15,718,350	\$25,000	63
		\$67,170	\$0	Pool House
		\$65,000	\$0	Pool
		\$22,000	\$0	Spa

Windstorm / Hazard Schedule

Insurance Carrier: Citizens Property Insurance
 Policy Number: 14115401-1
 Policy Period: Effective Date: 12/1/2024 Expiration Date: 12/1/2025

Replacement Cost Windstorm/Hurricane

Additional Wording: 3% Calendar Year Hurricane Percentage Deductible/Per Building.
 1% All Other Windstorm or Hail Deductible with a \$1,000 Minimum.
 Citizens Property Insurance does NOT offer Ordinance or Law Coverages A,B or C.
 Citizens Property Insurance policy forms do not reference Coinsurance; therefore, the coinsurance is NIL.

Building	Location	Limit		# Units
		Building	Contents	
1	801 S. Ocean Dr., Hollywood, FL 33019	\$16,017,000	\$0	63
		\$68,000	\$0	Pool House
		\$65,000	\$0	Pool

Crime

Insurance Carrier: Travelers Casualty and Surety
 Policy Number: 107847300
 Policy Period: Effective Date: 12/1/2024 Expiration Date: 12/1/2025

Insuring Agreements:	Limit	Deductible
Employee Theft	\$150,000	\$1,000
ERISA Fidelity	\$150,000	\$0
Forgery or Alteration	\$150,000	\$1,000
On Premises	\$10,000	\$5,000
In Transit	\$10,000	\$5,000
Computer Fraud	\$150,000	\$1,000
Funds Transfer Fraud	\$150,000	\$1,000
Claim Expense	\$5,000	\$0

Condominium Association of Valiant House, Inc.

Flood

Insurance Carrier: Wright National Flood
Policy Period: Effective Date: 8/15/2025 Expiration Date: 8/15/2026
Flood Zone: AE

Replacement Cost RCBAP General Form Dwelling Form

Additional Wording: This Flood policy cover the master condominium association, it's structures and common areas.
\$2,000 Per Occurrence Deductible for Building; and \$2,000 Per Occurrence Deductible for Contents.

Policy #	Location	Limit		# Units
		Building	Contents	
091150038565	801 S. Ocean Dr., Hollywood, FL 33019	\$13,512,000	\$25,000	63

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A Stock Company
 P.O. Box 33003
 St. Petersburg, FL 33733-8003
 Customer Service: 1-800-820-3242
 Claims: 1-800-725-9472

FFL99.001 1124
 0082212
 7/31/25
 2000 11523 FLD RCBP

FLOOD DECLARATIONS PAGE
RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1150038565 16	1150038565	Residential Condominium Building Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 8/15/25 To: 8/15/26 12:01 am Standard Time	07/31/2025	0082212	1150038565

Insured CONDOMINIUM ASSOC OF VALIANT HOUSE INC 801 S OCEAN DR ATTN OFFICE HOLLYWOOD FL 33019-2126	THE JOHN GALT INSURANCE AGENCY CORP 2255 GLADES RD STE 240W BOCA RATON FL 33431 GGB.FL3.COMMERCIAL@AJG.COM
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Property Location (if other than above)
 801 S OCEAN DR, HOLLYWOOD FL 33019

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine	Flood Risk: AE
Primary Residence: N	First Floor Height: 6.0 ft
Building Occupancy: Residential Condominium Building	Method Used to Determine First Floor Height: Elevation Certificate
Building Description: Entire Residential Condo Building	Date of Construction: 07/01/1973
Property Description: Elevated with enclosure solid foundation walls, 12 floors	Prior NFIP Claims: 0
	Number of Units: 63
	Replacement Cost Value: 13,512,000

Coverage	Deductible	Annual Premium
BUILDING	\$13,512,000	\$2,000
CONTENTS	\$25,000	\$2,000
		\$35,867.00
		\$546.00

Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.

ICC Premium:	\$75.00
Community Rating Discount:	\$7,259.00
FULL RISK PREMIUM:	\$29,229.00
Statutory Discounts	
Annual Increased Cap Discount:	\$7,262.00
DISCOUNTED PREMIUM:	\$21,967.00
Reserve Fund Assessment:	\$3,954.00
Federal Policy Service Fee:	\$1,570.00
HFIAA Surcharge:	\$250.00
TOTAL ANNUAL PAYMENT	\$27,741.00

Coverage limitations may apply. See your Policy Form for details.

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

FFL 99.310 0224 0224 WFL 99.416 1021 1021 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523
 Wright National Flood Insurance Company A stock company
 Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones
 Patricia Templeton-Jones, President

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Agent

