ACORD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/28/2026

**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**
Arthur J. Gallagher Risk Management Services, LLC
2255 Glades Rd Ste 240W
Boca Raton FL 33431

License#: 0D69293
RIVETER-07

**CONTACT NAME:** Certificates Department
**PHONE (A/C, No, Ext):** 561-922-6924 **FAX (A/C, No):**
**E-MAIL ADDRESS:** certrequests@ajg.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Berkley Specialty Insurance Company | 31295 |
| INSURER B : LUBA Casualty Insurance Company | 12472 |
| INSURER C : Travelers Casualty and Surety Co of America | 31194 |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**
Riverside Terrace Condo Inc.
The Wright Community Mgmt.
1079 Shotgun Rd
Sunrise FL 33326

**COVERAGES** **CERTIFICATE NUMBER:** 1799932983 **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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X **COMMERCIAL GENERAL LIABILITY** | | | ASP505846800 | 8/28/2026 | 8/28/2027 | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ EXCLUDED |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | OTHER: | | | | | | | $ |
| A | **AUTOMOBILE LIABILITY** | | | ASP505846800 | 8/28/2026 | 8/28/2027 | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | **UMBRELLA LIAB** OCCUR | | | | | | EACH OCCURRENCE | $ |
| | **EXCESS LIAB** CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED RETENTION $ | | | | | | | $ |
| B | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N | | | WC307-0124991-2026A | 8/28/2026 | 8/28/2027 | X PER STATUTE OTH-ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N / A | | | | | E.L. EACH ACCIDENT | $ 500,000 |
| | **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 500,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 500,000 |
| C | Directors & Officers **Claims Made** | | | 107691024 | 8/28/2026 | 8/28/2027 | AGGREGATE | $ 1,000,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**
Residential Condominium Association 41 Units

Important Notes for Lenders:
1. A checklist of coverage will not be provided as we are unable to provide anything other than a Certificate of Liability and Certificate of Property.
2. Replacement Cost Value/Replacement Cost Estimate or Appraisal will not be provided to third parties as we are unable to provide anything other than a Certificate of Liability and Certificate of Property.
See Attached...

**CERTIFICATE HOLDER**

Proof of Insurance

**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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AGENCY CUSTOMER ID: RIVETER-07

LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Arthur J. Gallagher Risk Management Services, LLC | Riverside Terrace Condo Inc.<br>The Wright Community Mgmt.<br>1079 Shotgun Rd<br>Sunrise FL 33326 |
| POLICY NUMBER | |
| CARRIER / NAIC CODE | EFFECTIVE DATE: |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

3. Values are based upon most recent appraisal on file.
4. Coverage for the interior of the unit is NOT included. The Unit Owners are responsible for purchasing their own H06 policy.
5. Any cancellation notices will 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.).
6. Lenders of unit owners cannot be added as a loss payee to the association policies as the policy covers common areas.
7. Property Manager is considered an Employee by definition of Crime Policy. Therefore, covered under this policy while conducting business for the insured association.
8. 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 certrequests@ajg.com as NO information will be provided over the phone.



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