ACORD, EVIDENCE OF PROPERTY	Y INSURANC	E	DATE 02/09/2024	
THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOV RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.	V HAS BEEN ISSUED, I	S IN FORCE, AND CC	NVEYS ALL THE	
PRODUCER PHONE (A/C, No, Ext): (561) 276-5221	COMPANY			
The Plastridge Agency, Inc	Citizens Property In	surance Co		
820 NE 6th Ave	6676 Corporate Ctr P	arkway		
Delray Beach, FL 33483-5735	Jacksonville, FL 32	216-6105		
Fax: (561) 276-5244				
CODE: AGENCY CUSTOMER ID#: (AKEHAR-03		m(0)r		
Lake Harbour Towers South Condominium Assoc. Inc.	N/A	POLICY NUMBER		
c/o .	EFFECTIVE DATE	EXPIRATION DATE	ONITINI IED LINITII	
301 Lake Shore Drive	12/31/2023 12		ONTINUED UNTIL ERMINATED IF CHECKED	
West Palm Beach , FL 33403	THIS REPLACES PRIOR EVIDENCE	DATED:		
PROPERTY INFORMATION				
LOCATION/DESCRIPTION				
Loc # 1, Bldg # 1, 301 Lake Shore Dr, Lake Park, FL 33403, 8 S	tory 84 unit condo towe	r		
COVERAGE INFORMATION				
COVERAGE INFORMATION COVERAGE/PERILS/FORMS		AMOUNT OF INSUR	ANCE DEDUCTIBLE	
Loc # 1, Bldg # 1		AMOUNT OF INCOM	ANGE DEDOCTIBLE	
Building, Wind Only, Basic, Replacement Cost, Co Ins: NIL		\$22,275,000		
5% Wind/Hail Calendar Year, 1% WINOANER WINDOWN COLOR				
to Order a Valid				
Certificate of Insurance				
REMARKS (Including Special Conditions)				
Special Conditions: SEE ATTACHED ACORD 101				
Property X Wind Certain Underwriters at Lloyds #WKFCC-05054	-01			
12/31/23-12/31/2024				
301 Lake Shore Drive, West Palm Beach, FL 33403				
\$10,000,000 Primary Limit;				
Building \$2,784,800				
Carport #1 \$475,500, Carport #2 \$475,500				
CANCELLATION				
THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND POLICY BE TERMINATED, THE COMPANY WILL GIVE THE AD WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF AN INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OF AN INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OF AN INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OF AN INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OF AN INTEREST.	DITIONAL INTEREST ID Y CHANGES TO THE	ENTIFIED BELOW POLICY THAT WOULI	30 DAYS	
ADDITIONAL INTEREST	MODTO: ST	ADDITIONAL WISHEST		
*** For Information Only *** Visit www.eoidirect.com to order a valid certificate of Insurance,	— /	ADDITIONAL INSURED Unit Owner's Mortgag	ee	
Loan Number: N/A	AUTHORIZED REPRESENTATIVE			

ACORD 27 (3/93) © ACORD CORPORATION 1993

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Plastridge Insurance Agency		NAMED INSURED Lake Harbour Towers South Condominium Association Inc 301 Lake Shore Drive
POLICY NUMBER		West Palm Beach, FL 33403
08653714 - 2		
CARRIER	NAIC CODE	
Citizens Property Insurance Co	10064	EFFECTIVE DATE: 12/31/2023

ADDITIONAL REMARKS

FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

Special Conditions:
Carport #3 \$226,500
Pool \$62,500
Entrance Gates/Fencing \$127,800
Lighting \$70,200
Concrete Pool Deck \$38,500
Shade Structure \$9,500

Flagpole \$3,500 TIV \$293,940,300

AOP Deductible \$10,000

Property X Wind Certain Underwriters at Lloyds #B231264A-1010 12/31/22-12/31/2023 301 Lake Shore Drive, West Palm Beach, FL 33403 \$13,940,300 Excess of \$10,000,000 AOP Deductible \$10,000

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

Equipment Breakdown Travelers E&S #BME1-3X45353A-TXS-23 12/31/2023 - 12/31/2024 Limit \$23,940,300 \$5,000 Deductible



CCARRICO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/18/2024

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).

PRODUCER	CONTACT NAME:			
Plastridge Insurance Agency	PHONE (A/C, No, Ext): (561) 630-4955 FAX (A/C, No		, No):(561) 630-4966	
10337 N. Military Trail Palm Beach Gardens, FL 33410	E-MAIL ADDRESS: palmbeachdocs@plastridge.com			
	INSURER(S) AFFORDING COVERAGE		NAIC#	
	INSURER A: Trisura Specialty Insurance Cor	npany	16188	
INSURED	INSURER B: Greenwich Insurance Company		22322	
Lake Harbour Towers South Condominium Association Inc	INSURER C: Technology Insurance Company	y	42376	
301 Lake Shore Drive	INSURER D :			
West Palm Beach, FL 33403	INSURER E :			
	INSURER F:			

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.

	XCLUSIONS AND CONDITIONS OF SUCH							
INSR LTR	TYPE OF INSURANCE	ADDL SUBI	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			(, ,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		CIUCAP404526-00	12/31/2023	12/31/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
						MED EXP (Any one person)	\$	5,000
						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:						\$	
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO		CIUCAP404526-00	12/31/2023	12/31/2024	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
В	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	10,000,000
	X EXCESS LIAB CLAIMS-MADE		PPP7492646L23A-01	12/31/2023	12/31/2024	AGGREGATE	\$	
	DED X RETENTION\$					Aggregate	\$	10,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	TWC4336642	12/31/2023	12/31/2024	E.L. EACH ACCIDENT	\$	500,000
	OFFICER/MEMBER EXCLUDED?	11/2				E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	500,000
Α	Crime		CIUCAP404526-00	12/31/2023	12/31/2024	Prop Mgr Included		250,000
Α	D&O Liability		CIUCAP404526-00	12/31/2023	12/31/2024	PER OCC/AGG		1,000,000
				1	1			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Residential Condominum Association - 84 Units

Separation Insureds Applicable to General Liability per form CG0001 04/13

CERTIFICATE HOLDER	CANCELLATION
SEE HOLDER ON ATTACHED ACORD 27	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
	MAG



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 1021 0087062 1/08/24 2000 11523 FLD RCBP

FLOOD DECLARATIONS PAGE

National Flood Insurance Policy

[Policy Number	NFIP Policy Number	Product Type:
	09 1151068024 10	1151068024	Residential Condominium Building Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 2/03/24 To:2/03/25 12:01 am Standard Time	01/08/2024	0087062	1151068024

Insured LAKE HARBOUR TOWERS S 301 LAKE SHORE DR WEST PALM BEACH FL 33403-3575

THE PLASTRIDGE AGENCY INC 820 NE 6TH AVE DELRAY BEACH FL 33483-5735

DELRAYDOCS@PLASTRIDGE.COM

Property Location (if other than above) 301 LAKE SHORE DR, LAKE PARK FL 33403

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine

Primary Residence: N

Building Occupancy: Residential Condominium Building Building Description: Entire Residential Condo Building

Building Description. Entire Residential Condo Bui

Property Description: Slab on Grade, 8 floors

Flood Risk: AE

First Floor Height: .8 ft

Method Used to Determine First Floor Height: Elevation Certificate

Date of Construction: 01/01/1973

Prior NFIP Claims: Number of Units: 84

Replacement Cost Value: 26,176,000

TOTAL WRITTEN PREMIUM AND FEES:

		Annual Premium	
BUILDING \$21,000,000 CONTENTS \$100,000	\$1,250 \$1,250	\$11,611.00 \$249.00	
Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.	ICC Premium: Community Rating Discount: FULL RISK PREMIUM: DISCOUNTED PREMIUM: Reserve Fund Assessment: Federal Policy Service Fee: HFIAA Surcharge:	\$75.00 \$2,348.00 \$9,587.00 \$9,587.00 \$1,726.00 \$1,780.00 \$250.00	

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

FFL 99.310 0120 0120 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, President



\$13,343.00