

WOODSL

DATE (MM/DD/YYYY) 6/25/2025

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.

	DUCER Office of Associate			CONTACT Patricia	Penn	FAX		
4915	rance Office of America 5 West Cypress Street			I (A/C No Evt). (O I J)	_{):} (813) 6	37-8484		
Tam	pa, FL 33607		E-MAIL ADDRESS: Patsy.F	enn@ioaus	a.com			
						RDING COVERAGE		NAIC #
						Insurance Company		10190
INSU	RED Harwood "D" Condominium A	A coooli	otion Inc	INSURER B : Green	wich Insura	nce Company		22322
	C/O East Coast Maintenance			INSURER C:				<u> </u>
	410 S. Military Trail		.	INSURER D:				
	Deerfield Beach, FL 33442			INSURER E :				<u> </u>
				INSURER F:				<u> </u>
			TE NUMBER:			REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIE: IDICATED. NOTWITHSTANDING ANY RE							
CI	ERTIFICATE MAY BE ISSUED OR MAY	PERTAI	N, THE INSURANCE AFFOR	DED BY THE POLI	CIES DESCRIE	BED HEREIN IS SUBJECT		
E) INSR	XCLUSIONS AND CONDITIONS OF SUCH F							
<u>LTR</u>		ADDL SUI INSD WV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	LIM	ITS	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		20592189	7/1/2025	7/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
						MED EXP (Any one person)	\$	10,000
						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	\$ \$	1,000,000
	OTHER:					HIRED NON OWNED	\$	1,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per acciden	t) \$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$					DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYE	E \$	
В	DÉSCRIPTION OF OPERATIONS below Directors & Officers		PDO7503507	7/1/2025	7/1/2026	E.L. DISEASE - POLICY LIMIT Per Claim/Aggregate	\$	1,000,000
Ь	Directors & Officers		PD0/30330/	7/1/2025	7/1/2020	rei Ciaiii/Aggregate		1,000,000
# of	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL certificate regarding coverage for Harw Units 80 t of insurance figure is total for all sched					red) nolder in regard to:	attached	l Acord

SEE ATTACHED ACORD 101	
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.
Bank of America, N.A. P.O. Box 7265 Springfield, OH 45501-7265	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED			
Insurance Office of America		Harwood "D" Condominium Association, Inc. C/O East Coast Maintenance & Management			
POLICY NUMBER		410 S. Military Trail Deerfield Beach, FL 33442			
SEE PAGE 1		Broward			
CARRIER	NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SFF PAGF 1			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,	
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance	

Description of Operations/Locations/Vehicles: Policy includes Separation of Insureds Endorsement

Unit Owner :- Luis Castro

Unit Location :- 3035 Harwood D Deerfield Beach, FL 33442-3431



WOODSL

DATE (MM/DD/YYYY) 6/25/2025

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 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.

	f SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on his certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRO	RODUCER					CONTACT Patricia Penn					
	nsurance Office of America 915 West Cypress Street						PHONE (A/C, No, Ext): (813) 262-2502 FAX (A/C, No): (813) 6				
Tampa, FL 33607					E-MAIL ADDRE	_{ss:} Patsy.Pe	nn@ioaus	a.com			
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
						INSURE	R A : Southe	rn-Owners	Insurance Company		10190
INSU	IRED					INSURE	R в : Greenw	ich Insurai	nce Company		22322
		Harwood "D" Condominium C/O East Coast Maintenanc			•	INSURE	R C :				
		410 S. Military Trail	e ox IV	ıanaç	jement	INSURER D:					
		Deerfield Beach, FL 33442				INSURE	RE:				
						INSURE	RF:				
CO	VERAGE	S CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN Cl	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,										
EX INSR		S AND CONDITIONS OF SUCH		CIES. SUBR		BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER			(MM/DD/YYYY)	LIMITS	3	
Α	Х сом	MERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$ 1,000	0,000
		CLAIMS-MADE X OCCUR			20592189	7/1/2025	7/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	0,000
								MED EXP (Any one person)	\$ 10	0,000
								PERSONAL & ADV INJURY	\$ 1,000	0,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000	0,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 1,000	0,000
		OTHER:						HIRED NON OWNED	\$ 1,000	0,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
	WOR AND	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
		datory in NH)	,,,					E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
В	Dire	ectors & Officers			PDO7503507	7/1/2025	7/1/2026	Per Claim/Aggregate	1,000	0,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
This certificate regarding coverage for Harwood "D" Condominium Association, Inc. is issued to the certificate holder in regard to:

Limit of insurance figure is total for all scheduled items. Individual limits apply per schedule on file. Blanket limits are not provided /see attached Acord 101.

5	
Property Manager is Additionally Insured	
SEE ATTACHED ACORD 101	
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.
CrossCountry Mortgage, LLC 2160 Superior Avenue Cleveland, OH 44114	AUTHORIZED REPRESENTATIVE MUSICAL CONTROL OF THE PROPERTY OF

ACORD 25 (2016/03)

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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	NAMED INSURED			
Insurance Office of America	Harwood "D" Condominium Association, Inc. C/O East Coast Maintenance & Management			
POLICY NUMBER	410 S. Military Trail Deerfield Beach, FL 33442			
SEE PAGE 1	Broward			
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SFF PAGF 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Policy includes Separation of Insureds Endorsement

Unit Owner: Monique Maher

Unit Location: 3027 Harwood D, Deerfield Beach, FL, 33442



WOODSL

DATE (MM/DD/YYYY) 6/25/2025

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.

lf	SU	PRTANT: If the certificate holder IBROGATION IS WAIVED, subject certificate does not confer rights to	t to	the	terms and conditions of the tight if the terms and conditions of the terms and the terms are the terms and the terms are the terms and the terms are the terms are the terms are the terms and the terms are the terms and conditions of the terms and conditions of the terms and conditions of the terms are the ter	he po	licy, certain p lorsement(s).	oolicies may			
PRO	DUCI	ER				CONTAI NAME:	^{c⊤} Patricia F	Penn			
	Insurance Office of America 4915 West Cypress Street				PHONE (A/C, No	o, Ext): (813) 2	62-2502	FAX (A/C	(;, _{No):} (813	3) 637-8484	
		FL 33607				E-MAIL ADDRE	_{ss:} Patsy.Pe	nn@ioausa	a.com		
							INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A : Souther	n-Owners	Insurance Compa	any	10190
INSU	RED					INSURE	R в : Greenw	ich Insurar	nce Company		22322
		Harwood "D" Condominium C/O East Coast Maintenance				INSURE	RC:				
		410 S. Military Trail	CX IVI	anaç		INSURE	RD:				
		Deerfield Beach, FL 33442				INSURE	RE:				
						INSURE	RF:				
CO	VEF	RAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBE	R:	
IN C E	IDIC ERT	IS TO CERTIFY THAT THE POLICIE FATED. NOTWITHSTANDING ANY RI FIFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH F	EQUI PER POLIO	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE E	OF A	NY CONTRAC 7 THE POLICI REDUCED BY F	OT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH R	RESPECT	TO WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		20592189		7/1/2025	7/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence	ce) \$	300,000
									MED EXP (Any one perso	on) \$	10,000
									PERSONAL & ADV INJUR	RY \$	1,000,000
	_	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP		1,000,000
		OTHER:							HIRED NON OWN	\$	1,000,000
	ΑU	TOMOBILE LIABILITY							COMBINED SINGLE LIMI (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per pers	rson) \$	
		OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per acc	cident) \$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION \$							1000	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER O'STATUTE E	TH- :R		
	ANY	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
		CICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPL	OYEE \$	
_	DÉS	SCRIPTION OF OPERATIONS below			DD07500507		7/4/0005	7/4/0000	E.L. DISEASE - POLICY L		4 000 000
В	Dir	ectors & Officers		1	PDO7503507		7/1/2025	7/1/2026	Per Claim/Aggrega	aτe	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
This certificate regarding coverage for Harwood "D" Condominium Association, Inc. is issued to the certificate holder in regard to:

East Coast Maintenance & Management	ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE				
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
CERTIFICATE HOLDER	CANCELLATION				
SEE ATTACHED ACORD 101					
Property Manager is Additionally Insured					
# of Units 80 Limit of insurance figure is total for all scheduled items. Individual limits apply per schedule on file. Blanket limits are not provided /see attached Acord 101.					



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED		
Insurance Office of America		Harwood "D" Condominium Association, Inc. C/O East Coast Maintenance & Management		
POLICY NUMBER		410 S. Military Trail Deerfield Beach. FL 33442		
SEE PAGE 1		Broward		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL REMARKS				

	1	4 T T T T T T T T T T T T T T T T T T T
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1
ADDITIONAL REMARKS	<u> </u>	SEE PAGE I
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,	
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liabil		
Description of Operations/Locations/Vehicles: Policy includes Separation of Insureds Endorsement		
Certificate Holder is included as an Additional Insured	with regard	to General Liability per written contract.



DATE (MM/DD/YYYY) 6/25/2025

WOODSL

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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

tl	nis certificate does not confer rights to	the t	certi	ficate holder in lieu of su	ıch end	lorsement(s)					
PRC	DUCER				CONTA NAME:	ст Patricia I	Penn				
	rance Office of America				PHONE (A/C, No, Ext): (813) 262-2502 FAX (A/C, No): (813) 637-8484						
	5 West Cypress Street ppa, FL 33607				E-MAIL	ss: Patsy.Pe	nn@ioausa		` '		
					ADDILL			RDING COVERAGE		NAIC #	
					INCLIDE			Insurance Company		10190	
INICI	JRED							nce Company		22322	
INS	Harwood "D" Condominium	Asso	ociati	ion. Inc.			icii ilisulai	ice Company		ZZJZZ	
	C/O East Coast Maintenance				INSURE					+	
	410 S. Military Trail				INSURE					+	
	Deerfield Beach, FL 33442				INSURE						
					INSURE	RF:					
				NUMBER:				REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R										
С	ERTIFICATE MAY BE ISSUED OR MAY	PER ³	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLICI	ES DESCRIB				
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN F						
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			20592189		7/1/2025	7/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	10,000	
								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	\$	1,000,000	
	OTHER:							HIRED NON OWNED	s	1,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
В	Directors & Officers			PDO7503507		7/1/2025	7/1/2026	Per Claim/Aggregate		1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	101. Additional Remarks Schedu	ıle. mav b	e attached if mor	e space is requir	red)			
This	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI certificate regarding coverage for Harv	vood	"D" (Condominium Association	, Inc. is	issued to the	certificate h	older in regard to:			
# of	Units 80										
	t of insurance figure is total for all sche	duled	d iten	ns. Individual limits apply	per sch	edule on file.	Blanket limit	s are not provided /see a	ttache	d Acord 101.	
_											
Pro	perty Manager is Additionally Insured										
SEE	ATTACHED ACORD 101										
CE	RTIFICATE HOLDER				CANO	ELLATION					
							FUE ABOVE S	E00DIDED DO: 10150 55 0	A NICE:	. ED DEEGSE	
								ESCRIBED POLICIES BE C. EREOF, NOTICE WILL			
								Y PROVISIONS.	5.		

ACORD 25 (2016/03)

First Federal Bank 3010 Royal Blvd S., Ste 230 Alpharetta, GA 30022

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AUTHORIZED REPRESENTATIVE



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	NAMED INSURED					
Insurance Office of America	Harwood "D" Condominium Association, Inc. C/O East Coast Maintenance & Management 410 S. Military Trail Deerfield Beach. FL 33442					
POLICY NUMBER						
SEE PAGE 1	Broward					
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SFF PAGE 1				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Policy includes Separation of Insureds Endorsement

Unit Owner: Ginger Boucher

Unit Location: 1043 Harwood D, Deerfield Beach, FL 33442

WOODSL



DATE (MM/DD/YYYY)

6/25/2025

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 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.

		BROGATION IS WAIVED, sertificate does not confer rig				ch end	lorsement(s)		require an endorsem	ent. A	A statement on	
PROI	DUCE	R				CONTAI NAME:	ст Patricia I	Penn				
		ce Office of America				PHONE (A/C, No	Ext): (813) 2	262-2502	FAX (A/C. N	o):(81	813) 637-8484	
		est Cypress Street FL 33607				E-MAIL ADDRE	ss: Patsy.Pe	nn@ioausa	a.com	-, \	-	
							NAIC #					
						INSURE	R A : Southe	rn-Owners	Insurance Compan	У	10190	
INSURED							R в : Greenw	rich Insurar	nce Company		22322	
		Harwood "D" Condomir				INSURE	RC:					
		C/O East Coast Mainten 410 S. Military Trail	ance & M	lanaç	gement	INSURE	RD:					
		Deerfield Beach, FL 334	42			INSURE	RE:					
		•				INSURE	RF:					
CO	VER	AGES	CERTIFIC	CATE	NUMBER:				REVISION NUMBER:		'	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIREMENTS OF MAY BE ISSUED OR MAY PEREXCLUSIONS AND CONDITIONS OF SUCH POLICIES.					ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RES	PECT	TO WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS			MITS			
Α	Х	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR			20592189		7/1/2025	7/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
									MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	VL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	Х	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	G \$	1,000,000	
		OTHER:							HIRED NON OWNED	\$	1,000,000	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per persor	1) \$		
		OWNED SCHEDULED AUTOS)						BODILY INJURY (Per accide			
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	-	7.0.000.00		1								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
This certificate regarding coverage for Harwood "D" Condominium Association, Inc. is issued to the certificate holder in regard to:

PDO7503507

Limit of insurance figure is total for all scheduled items. Individual limits apply per schedule on file. Blanket limits are not provided /see attached Acord 101.

Property Manager is Additionally Insured

SEE ATTACHED ACORD 101

UMBRELLA LIAB

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

Directors & Officers

RETENTION \$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

EXCESS LIAB

DED

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.

EACH OCCURRENCE

PER STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT

Per Claim/Aggregate

OTH-FR

1,000,000

AGGREGATE

FIRSTBANK PUERTO RICO D/B/A FIRSTBANK FLORIDA C/O OVERBY-SEAWELL COMPANY P.O. BOX 622 Kennesaw, GA 30144

OCCUR

CLAIMS-MADE

N/A

AUTHORIZED REPRESENTATIVE

7/1/2025

7/1/2026



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Insurance Office of America		NAMED INSURED Harwood "D" Condominium Association, Inc. C/O East Coast Maintenance & Management			
POLICY NUMBER	410 S. Military Trail Deerfield Beach, FL 33442				
SEE PAGE 1	Broward				
CARRIER	NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Policy includes Separation of Insureds Endorsement

Unit Owner: Irvin Casiano

Unit Location: 2036 Harwood D # 2036 Deerfield Beach FI 33442



WOODSL

DATE (MM/DD/YYYY) 6/25/2025

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.

				,									
If	SU	BROGATION IS V	۷AI	VED, subje	ct to	the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of su	the po	licy, certain i	policies may			
PRO	DUCE	ER .						CONTA	ст Patricia	Penn			
	nsurance Office of America							NAME: PHONE (A/C, No, Ext): (813) 262-2502 FAX (A/C, No): (813) 637-848					
		est Cypress Street FL 33607						E-MAIL	ss: Patsy.Pe	nn@ioaus		`	
	,							ADDICE			RDING COVERAGE		NAIC #
								INSURE	R A : Southe	rn-Owners	Insurance Company		10190
INSU	RED							INSURE	R в : Greenw	ich Insura	nce Company		22322
		Harwood "D"					,	INSURE	R C :				
		C/O East Coa 410 S. Militar			e & M	lanaç	gement	INSURE	R D :				
		Deerfield Bea						INSURE	RE:				
								INSURE	RF:				
СО	VER	RAGES		CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C E: INSR	DIC/ ERTI	ATED. NOTWITHST IFICATE MAY BE IS USIONS AND CONDI	TAN SSU TIO	DING ANY R ED OR MAY NS OF SUCH	PER POLIC ADDL	REMITAIN, CIES.	SURANCE LISTED BELOW HENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	OED BY	ANY CONTRAC Y THE POLICI REDUCED BY POLICY EFF	CT OR OTHER IES DESCRIB PAID CLAIMS POLICY EXP	R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT	ECT T FO AL	O WHICH THIS
LTR A	Х	TYPE OF INSUF			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI		1,000,000
^	^	COMMERCIAL GENER		OCCUR			00500400		7/4/0005	7/4/0000	DAMAGE TO RENTED	\$	300.000
		CLAIMS-MADE	X	OCCUR			20592189		7/1/2025	7/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000
											MED EXP (Any one person)	\$	1,000,000
											PERSONAL & ADV INJURY	\$	2,000,000
		N'L AGGREGATE LIMIT A	PPL								GENERAL AGGREGATE	\$	1,000,000
	X	POLICY PRO- JECT	L	LOC							PRODUCTS - COMP/OP AGG HIRED NON OWNED	\$	1,000,000
		OTHER:									COMBINED SINGLE LIMIT	\$	1,000,000
	AUT	TOMOBILE LIABILITY									(Ea accident)	\$	
		ANY AUTO OWNED	sc	HEDULED							BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY		HEDULED ITOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		HIRED AUTOS ONLY	ÄÙ	N-OWNED ITOS ONLY							(Per accident)	\$	
												\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION									PER OTH-	\$	
	WOF AND	RKERS COMPENSATION EMPLOYERS' LIABILITY	1	Y/N							STATUTE ER		
	OFF	PROPRIETOR/PARTNER	/EXI	ECUTIVE 1/1	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)									E.L. DISEASE - EA EMPLOYEE	\$	

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

Maryse Mozny

PDO7503507

This certificate regarding coverage for Harwood "D" Condominium Association, Inc. is issued to the certificate holder in regard to:

Limit of insurance figure is total for all scheduled items. Individual limits apply per schedule on file. Blanket limits are not provided /see attached Acord 101.

7/1/2025

7/1/2026

Property Manager is Additionally Insured

If yes, describe under DESCRIPTION OF OPERATIONS below

B Directors & Officers

SEE ATTACHED ACORD 101	
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.
LoanDepot.com PO Box 7114 Troy, MI 48007-7114	AUTHORIZED REPRESENTATIVE MUSICAL CONTROL OF THE PROPERTY OF

E.L. DISEASE - POLICY LIMIT

Per Claim/Aggregate

1,000,000



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED					
Insurance Office of America		Harwood "D" Condominium Association, Inc. C/O East Coast Maintenance & Management 410 S. Military Trail Deerfield Beach, FL 33442					
POLICY NUMBER							
SEE PAGE 1		Deerneid Beach, FL 33442					
CARRIER	NAIC CODE						
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1					

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Policy includes Separation of Insureds Endorsement

Unit Owner: Maryse Mozny

Unit Location: 1034 Harwood D, Deerfield Beach, FL 33442



ACORD°

CERTIFICATE OF LIABILITY INSURANCE

WOODSL

DATE (MM/DD/YYYY) 6/25/2025

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).

tl	nis certificate does not confer rights to	the	certi	ficate holder in lieu of su							
	DUCER				CONTAC NAME:	^{C⊤} Patricia F	Penn				
Insurance Office of America 4915 West Cypress Street						PHONE (A/C, No, Ext): (813) 262-2502 FAX (A/C, No): (813) 637-8484					
	npa, FL 33607				E-MAIL ADDRES	_{ss:} Patsy.Pe	nn@ioausa	a.com			
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Souther	n-Owners	Insurance Cor	npany		10190
INSU	JRED				INSURE	R в : Greenw	ich Insurar	nce Company			22322
	Harwood "D" Condominium			,	INSURE	RC:		•			
	C/O East Coast Maintenance 410 S. Military Trail	& M	anag	jement	INSURE						
	Deerfield Beach, FL 33442										
					INSURER E: INSURER F:						1
	VERAGES CERT		`	NUMBER:	INSUKE	KF.		REVISION NUM	IDED.		
	HIS IS TO CERTIFY THAT THE POLICIES				UAVE D	EEN ISSUED T					U ICV PERIOD
II C	NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	H RESPE	CT TC	WHICH THIS
INSR LTR			SUBR WVD			POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	חפאו	WVD	102.01 ((0.112.1)		(MIM/DD/TTTT)	(101101/10171111)	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			20592189		7/1/2025	7/1/2026	DAMAGE TO RENTE PREMISES (Ea occu	D (\$ \$	300,000
				20002100		77172020	77172020			*	10,000
								MED EXP (Any one p	- /	\$	1,000,000
								PERSONAL & ADV I		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	1,000,000
	X POLICY PRO-							PRODUCTS - COMP		\$	1,000,000
	OTHER:							COMBINED SINGLE		\$	1,000,000
	AUTOMOBILE LIABILITY							(Ea accident)	LIIVIII	\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Pe	r person)	\$	
	AUTOS ONLY AUTOS							BODILY INJURY (Pe	r accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
								E.L. EACH ACCIDEN	IT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
В	Directors & Officers			PDO7503507		7/1/2025	7/1/2026	Per Claim/Agg		•	1,000,000
DEC	COURTION OF OBERATIONS // OCATIONS //CHICK	EQ /4	COBE	101 Additional Remarks School	lo mov b	o attached if man	o engeo la ragilla	l			
This	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL certificate regarding coverage for Harw	ood	"D" C	Condominium Association	, Inc. is	issued to the	certificate h	older in regard to) :		
# of	Units 80										
	บกแร อง it of insurance figure is total for all sched	duled	d iten	ns. Individual limits apply	per sch	edule on file.	Blanket limit	s are not provide	ed /see at	tache	d Acord 101.
	•										
Pro	perty Manager is Additionally Insured										
SEE	ATTACHED ACORD 101										
CE	RTIFICATE HOLDER				CANC	ELLATION					

PO BOX 202028 |Florence, SC 29502

ACORD 25 (2016/03)

United Wholesale Mortgage, LLC

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



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Insurance Office of America		NAMED INSURED Harwood "D" Condominium Association, Inc. C/O East Coast Maintenance & Management			
POLICY NUMBER	410 S. Military Trail Deerfield Beach, FL 33442				
SEE PAGE 1	Broward				
CARRIER	NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Policy includes Separation of Insureds Endorsement

Unit Owner: Magdeline Joseph

Unit Location: 1043 Harwood drive unit 1043, Deerfield Beach, Florida, 33442