





# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/08/2026

**THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.**

<b>PRODUCER NAME, CONTACT PERSON AND ADDRESS</b> RSC Insurance Brokerage, Inc. Owen Miklinski 13450 W. Sunrise Blvd Sunrise FL 33323		<b>PHONE (A/C, No, Ext):</b>  	<b>COMPANY NAME AND ADDRESS</b> Lloyd's of London 18630 S Sutter Blvd. Suite 100 Morgan Hill CA 95037	<b>NAIC NO:</b> AA1122
<b>FAX (A/C, No):</b>  	<b>E-MAIL ADDRESS:</b> omiklinski@risk-strategies.com		<b>IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH</b>	
<b>CODE:</b> <b>AGENCY CUSTOMER ID #:</b> 00452569	<b>SUB CODE:</b>		<b>POLICY TYPE</b> Commercial Property	
<b>NAMED INSURED AND ADDRESS</b> Garden Patio Villas Association, Inc. 7708 Margate Blvd Margate FL 33063		<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> AMAA0033838	
<b>ADDITIONAL NAMED INSURED(S)</b>		<b>EFFECTIVE DATE</b> 06/01/2026	<b>EXPIRATION DATE</b> 06/01/2027	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>		

**PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTY**

<b>LOCATION / DESCRIPTION</b> 7708 Margate Blvd Margate FL 33063	Loc# 00001/Bldg# 00001
<b>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 EVIDENCE OF PROPERTY INSURANCE 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.</b>	

**COVERAGE INFORMATION** PERILS INSURED BASIC BROAD SPECIAL  Special Form including theft

<b>COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:</b> \$ 262,000	<b>DED:</b> 1,000																																																																																																				
	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>N/A</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE</td> <td></td> <td></td> <td></td> <td>If YES, LIMIT: Actual Loss Sustained; # of months:</td> </tr> <tr> <td>BLANKET COVERAGE</td> <td></td> <td></td> <td></td> <td>If YES, indicate value(s) reported on property identified above: \$</td> </tr> <tr> <td>TERRORISM COVERAGE</td> <td></td> <td></td> <td></td> <td>Attach Disclosure Notice / DEC</td> </tr> <tr> <td>IS THERE A TERRORISM-SPECIFIC EXCLUSION?</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>IS DOMESTIC TERRORISM EXCLUDED?</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LIMITED FUNGUS COVERAGE</td> <td></td> <td></td> <td></td> <td>If YES, LIMIT: DED:</td> </tr> <tr> <td>FUNGUS EXCLUSION (If "YES", specify organization's form used)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>REPLACEMENT COST</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>AGREED VALUE</td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>COINSURANCE</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td>If YES, 80 %</td> </tr> <tr> <td>EQUIPMENT BREAKDOWN (If Applicable)</td> <td></td> <td></td> <td></td> <td>If YES, LIMIT: DED:</td> </tr> <tr> <td>ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg</td> <td></td> <td></td> <td></td> <td>If YES, LIMIT: DED:</td> </tr> <tr> <td>- Demolition Costs</td> <td></td> <td></td> <td></td> <td>If YES, LIMIT: DED:</td> </tr> <tr> <td>- Incr. Cost of Construction</td> <td></td> <td></td> <td></td> <td>If YES, LIMIT: DED:</td> </tr> <tr> <td>EARTH MOVEMENT (If Applicable)</td> <td></td> <td></td> <td></td> <td>If YES, LIMIT: DED:</td> </tr> <tr> <td>FLOOD (If Applicable)</td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td>If YES, LIMIT: DED:</td> </tr> <tr> <td>WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td>If YES, LIMIT: DED: 5%</td> </tr> <tr> <td>NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:</td> <td></td> <td></td> <td></td> <td>If YES, LIMIT: DED:</td> </tr> <tr> <td>PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	N/A		<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE				If YES, LIMIT: Actual Loss Sustained; # of months:	BLANKET COVERAGE				If YES, indicate value(s) reported on property identified above: \$	TERRORISM COVERAGE				Attach Disclosure Notice / DEC	IS THERE A TERRORISM-SPECIFIC EXCLUSION?					IS DOMESTIC TERRORISM EXCLUDED?					LIMITED FUNGUS COVERAGE				If YES, LIMIT: DED:	FUNGUS EXCLUSION (If "YES", specify organization's form used)					REPLACEMENT COST	<input checked="" type="checkbox"/>				AGREED VALUE		<input checked="" type="checkbox"/>			COINSURANCE	<input checked="" type="checkbox"/>			If YES, 80 %	EQUIPMENT BREAKDOWN (If Applicable)				If YES, LIMIT: DED:	ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg				If YES, LIMIT: DED:	- Demolition Costs				If YES, LIMIT: DED:	- Incr. Cost of Construction				If YES, LIMIT: DED:	EARTH MOVEMENT (If Applicable)				If YES, LIMIT: DED:	FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:	WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: DED: 5%	NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				If YES, LIMIT: DED:	PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				
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**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.**

**ADDITIONAL INTEREST**

<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	<b>LENDER SERVICING AGENT NAME AND ADDRESS</b>  
<b>NAME AND ADDRESS</b> Information Only		<b>AUTHORIZED REPRESENTATIVE</b> 

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	Business Personal Property			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
12,000			1,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	POOL			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
40,700			1,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
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