CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 5/6/2026

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.

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

License#: 0D69293

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

INSURED
Coral Reef Club Homeowners Association Inc.
C/O Benchmark Property Mgmt.
7932 Wiles Rd
Coral Springs FL 33067

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Slide Insurance Company	17227
INSURER B :	Travelers Casualty and Surety Co of America	31194
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 964829078 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Important Notes for Lenders:
See Attached...

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INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS
A	X **PROPERTY**		CPFL0001002-00	9/30/2025	9/30/2026	X	BUILDING	See Page 3
	CAUSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	$
	BASIC	BUILDING See Remarks					BUSINESS INCOME	$
	BROAD	CONTENTS					EXTRA EXPENSE	$
	X SPECIAL	See Remark					RENTAL VALUE	$
	EARTHQUAKE						BLANKET BUILDING	$
	X WIND	See Remarks					BLANKET PERS PROP	$
	FLOOD						BLANKET BLDG & PP	$
								$
								$
	INLAND MARINE		TYPE OF POLICY					$
	CAUSES OF LOSS							$
	NAMED PERILS		POLICY NUMBER					$
								$
B	X **CRIME**		105778559	5/1/2025	5/1/2028	X	See Remarks	$ See Remarks
	TYPE OF POLICY							$
	CRIME							$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN							$
								$
								$
								$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Proof of Insurance
United States

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

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Arthur J. Gallagher Risk Management Services, LLC	Coral Reef Club Homeowners Association Inc. C/O Benchmark Property Mgmt. 7932 Wiles Rd Coral Springs FL 33067
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 24 **FORM TITLE:** CERTIFICATE OF PROPERTY INSURANCE

DESCRIPTION OF PROPERTY:

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.
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.

Property / Hazard Schedule

Insurance Carrier: Slide Insurance Company
Policy Number: CPFL 0001002-00
Policy Period: Effective Date: 9/30/2025 Expiration Date: 9/30/2026

[ ] Blanket Limit Applies
[X] Replacement Cost [] Special [X] Basic

Additional Wording: Hurricane Percentage Deductible: 5%
Coninsurance : Agreed Value

Building	Location	Limit		# Units	AOP Deductible
		Building	Contents		
1	5600-5670 NW 98th Way, Coral Springs, FL 33076	$1,748,200		8	$2,500
2	9826-9850 NW 57th Mnr, Coral Springs, FL 33076	$1,558,000		7	$2,500
3	9854-9874 NW 57th Mnr, Coral Springs, FL 33076	$1,339,300		6	$2,500
4	5603-5673 NW 99th Way, Coral Springs, FL 33076	$1,748,200		8	$2,500
5	9841-9869 NW 56th Pl, Coral Springs, FL 33076	$1,748,200		8	$2,500
6	9817-9837 NW 56th Pl, Coral Springs, FL 33076	$1,339,300		6	$2,500
7	9804-9832 NW 56th Pl, Coral Springs, FL 33076	$1,748,200		8	$2,500
8	9836-9864 NW 56th Pl, Coral Springs, FL 33076	$1,748,200		8	$2,500
9	9868-9896 NW 56th Pl, Coral Springs, FL 33076	$1,748,200		8	$2,500
10	9902-9930 NW 56th Pl, Coral Springs, FL 33076	$1,748,200		8	$2,500
11	9934-9962 NW 56th Pl, Coral Springs, FL 33076	$1,748,200		8	$2,500
12	9966-9994 NW 56th Pl, Coral Springs, FL 33076	$1,748,900		8	$2,500
13	9955-9983 NW 56th Pl, Coral Springs, FL 33076	$1,748,900		8	$2,500
14	9927-9951 NW 56th Pl, Coral Springs, FL 33076	$1,558,000		7	$2,500
15	5602-5672 NW 99th Way, Coral Springs, FL 33076	$1,748,200		8	$2,500
16	9912-9940 NW 57th Mnr, Coral Springs, FL 33076	$1,748,900		8	$2,500
17	9944-9972 NW 57th Mnr, Coral Springs, FL 33076	$1,748,900		8	$2,500
18	5645-5679 NW 99th Ln, Coral Springs, FL 33076	$1,748,900		8	$2,500
19	5604-5638 NW 99th Ln, Coral Springs, FL 33076	$1,748,900		8	$2,500
20	5644-5678 NW 99th Ln, Coral Springs, FL 33076	$1,748,900		8	$2,500
21	5706-5776 NW 99th Ln, Coral Springs, FL 33076	$1,748,900		8	$2,500
22	9965-9993 NW 57th Mnr, Coral Springs, FL 33076	$1,748,900		8	$2,500
23	9933-9961 NW 57th Mnr, Coral Springs, FL 33076	$1,748,900		8	$2,500
24	9901-9929 NW 57th Mnr, Coral Springs, FL 33076	$1,748,900		8	$2,500
25	9883-9897 NW 57th Mnr, Coral Springs, FL 33076	$1,558,000		7	$2,500
26	9859-9879 NW 57th Mnr, Coral Springs, FL 33076	$1,339,300		6	$2,500
27	9835-9855 NW 57th Mnr, Coral Springs, FL 33076	$1,339,300		6	$2,500
28	9803-9831 NW 57th Mnr, Coral Springs, FL 33076	$1,748,200		8	$2,500
29	5701-5771 NW 98th Way, Coral Springs, FL 33076	$1,748,200		8	$2,500
30	5601-5671 NW 98th Way, Coral Springs, FL 33076	$1,748,200		8	$2,500
30	5601 NW 98th Way, Coral Springs, FL 33076	$170,400		Pool, Deck & Equip	$2,500
30	5601 NW 98th Way, Coral Springs, FL 33076	$53,600		Pool House	$2,500

Crime

Insurance Carrier: Travelers Casualty and Surety Company of America
Policy Number: 105778559
Policy Period: Effective Date: 5/1/2025 Expiration Date: 5/1/2028

Coverages:	Limit	Deductible
Employee Theft	$200,000	$1,000
Forgery or Alteration	$200,000	$1,000
Computer Fraud	$200,000	$1,000
Funds Transfer Fraud	$200,000	$1,000

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/6/2026

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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 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

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 : Westchester Surplus Lines Insurance Company	10172
INSURER B : Zenith Insurance Company	13269
INSURER C : Philadelphia Insurance Company	18667
INSURER D : Midvale Indemnity Company	27138
INSURER E :	
INSURER F :	

INSURED
Coral Reef Club Homeowners Association Inc.
C/O Benchmark Property Mgmt.
7932 Wiles Rd
Coral Springs FL 33067

CORAREE-05

COVERAGES **CERTIFICATE NUMBER:** 1299842803 **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	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [ ] LOC OTHER:			GLWF17813602 003	5/1/2026	5/1/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ $ $ $ $
D	**UMBRELLA LIAB** OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $			PRP-229824000-02-2798673	5/1/2026	5/1/2027	EACH OCCURRENCE AGGREGATE $	$ $ $
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Z135862908	5/1/2026	5/1/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
C	Directors & Officers			PCAP043578-0324	5/1/2026	5/1/2027	D/O Agg	$ 1,000,000

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

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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
See Attached...

CERTIFICATE HOLDER

Proof of Insurance
United States

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

AGENCY CUSTOMER ID: CORAREE-05

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Arthur J. Gallagher Risk Management Services, LLC	Coral Reef Club Homeowners Association Inc. C/O Benchmark Property Mgmt. 7932 Wiles Rd Coral Springs FL 33067
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

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.
9. Separation of Insureds - Included