CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/14/2026

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	CONTACT NAME:	www.eoidirect.com	
The Liberty Company Insurance Brokers	PHONE (A/C, No, Ext):	(877) 456-3643	FAX (A/C, No):
License #L045347	E-MAIL ADDRESS:	help@eoidirect.com	
900 S Pine Island Rd, Ste 205			
Plantation FL 33324			

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Majestic Isles Association, Inc.	INSURER A : Superior Specialty Insurance Company	16551
c/o Castle Group	INSURER B : Midvale Indemnity Company	27138
10860 Imperial Seas Blvd	INSURER C : Zenith Insurance Co.	13269
Boyton Beach FL 33437	INSURER D : Arch Specialty ins Co	21199
	INSURER E : Wright National Flood Insurance Company	11523
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL2651350743 **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: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			TLUHOA503631-01	05/01/2026	05/01/2027	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 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			TLUHOA503631-01	05/01/2026	05/01/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ 1,000,000 $ $ $ $
B	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 0			PRP229824000023319317	05/01/2026	05/01/2027	EACH OCCURRENCE AGGREGATE 	$ 25,000,000 $ 25,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Z138444005	05/01/2026	05/01/2027	[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
A	Directors and Officers Liability			TLUHOA503631-01	05/01/2026	05/01/2027	Aggregate: Per Claim Limit: Deductible:	$1,000,000 $1,000,000 $1,000

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

CERTIFICATE HOLDER

****PROOF OF COVERAGE ONLY****

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: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY	NAMED INSURED
The Liberty Company Insurance Brokers	Majestic Isles Association, Inc.
POLICY NUMBER Various Policies	
CARRIER Various Carriers — **NAIC CODE**	**EFFECTIVE DATE:** 05/01/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

A) Crime/Fidelity - Superior Speciality Ins Co; Policy# TLUHOA50363101; Effective: 5/01/2026 to 5/01/2027

Limit: $1,900,000

Property Manager is covered under on the Crime/Fidelity Bond.

A) Outdoor Property - Superior Speciality Ins Co; Policy# TLUHOA50363101; Effective: 5/01/2026 to 5/01/2027

Special Form; Replacement Cost; Coinsurance - Agreed Amount
Deductibles: 2% Named Storm, Per Occurrence; $2,500 All Other Perils

Common Areas Only

TIV: $1,593,970

D) Property - Arch Specialty Ins Co; Policy#WKFCC-12103-00; Effective: 5/01/2026 to 5/01/2027

Special Form; Replacement Cost;
Deductibles: 5% Named Windstorm; $50,000 All Other Windstorm and Hail; $10,000 All Other Perils

Walls Out Coverage
Ordinance or law Included
Equipment Breakdown Included

Common Areas Only

TIV: $3,412,813

450 Units

E) Flood - Wright National Flood Ins Co - Policy #09115166102307 - Effective 08/29/2025 to 08/29/2026 -Flood Zone: X

Address: 10860 Imperial Seas Blvd, Boynton Beach, FL 33437

Building Limit: $500,000 Deductible: $1,250
Contents: $500,000 Deductible: $1,250

Note: Separation of Insured is included.

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10 day notice of cancellation will be sent for nonpayment of premium

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RISK PLACEMENT SERVICES

Risk Placement Services
P.O. Box 33003
St. Petersburg, FL 33733-8003
Customer Service: 1-800-432-3072 X 3
Claims: 1-800-725-9472

FFL99.001 1124
7064801
7/29/25
2000 11523 FLD RGLR

FLOOD DECLARATIONS PAGE

RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1151661023 07	1151661023	General Property Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 8/29/25 To: 8/29/26 12:01 am Standard Time	07/29/2025	7064801	60102935472017

Agent (818)914-3960
THE LIBERTY COMPANY INSURANCE
BROKERS LLC
5955 DE SOTO AVE STE 250
WOODLAND HILLS CA 91367-5190
AGENCY@MIGINS.COM

MAJESTIC ISLES ASSOCIATION INC
C/O CASTLE GROUP
10860 IMPERIAL SEAS BLVD
BOYNTON BEACH FL 33437-4280

Property Location (if other than above) **Address may have been changed in accordance with USPS standards.**
10860 IMPERIAL SEAS BLVD, BOYNTON BEACH FL 33437

Rating Information

Rate Category: Rating Engine
Primary Residence: N
Building Occupancy: Non-Residential Building
Building Description: Other (Non-Residential)
Building Description Detail:

Property Description: Slab on Grade, 2 floors

Flood Risk: X
First Floor Height: 2.3 ft
Method Used to Determine First Floor Height: FEMA Determined
Date of Construction: 01/01/1997
Prior NFIP Claims: 0

Replacement Cost Value: 2,780,800

Coverage		Deductible	Annual Premium
BUILDING	$500,000	$1,250	$515.00
CONTENTS	$500,000	$1,250	$280.00

Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.

ICC Premium:	$15.00
Mitigation Discount:	$31.00
Community Rating Discount:	$146.00
FULL RISK PREMIUM:	$633.00
DISCOUNTED PREMIUM:	$633.00
Reserve Fund Assessment:	$114.00
Federal Policy Service Fee:	$47.00
HFIAA Surcharge:	$250.00
TOTAL ANNUAL PAYMENT	$1,044.00

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

WFL 99.415 1021 1021 FFL 99.310 0224 0224 WFL 99.118 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

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Company