LECHAROY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/3/2025

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).

PRODUCER Commercial Lines - (305) 669-6000 USI Insurance Services LLC 201 Alhambra Circle, Ste 900 Coral Gables, FL 33134	**CONTACT NAME:** Certificate Department **PHONE (A/C, No, Ext):** 305-443-4886 **FAX (A/C, No):** **E-MAIL ADDRESS:** miagcerts@usi.com
INSURED Le Chateau Royal Condominium Association Inc 3540 S. Ocean Blvd Palm Beach, FL 33480	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Kinsale Insurance Company — 38920 **INSURER B :** See attached **INSURER C :** Valley Forge Insurance Company — 20508 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 758298 **REVISION NUMBER:** See below

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:			01001923603	06/01/2025	6/01/2026	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 $ Excluded $ 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)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y / N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
C	Boiler & Machinry			7092388821	06/01/2025	06/01/2026	Limit per breakdown: $34,680,2 Deductible: $5000	

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

Unit Owner Name: x
Address: x

Description:
master certificate

CERTIFICATE HOLDER

x
x
x

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

This certificate replaces certificate# 758283 issued on 6/3/2025

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: ACE Fire Underwriters Ins. Co.
POLICY NUMBER: ADOFLF1617516A2005
POLICY PERIOD: Effective Date: 6/1/2025 Expiration Date: 6/1/2026
Limit: $ 500,000

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Greenwich Insurance Company
POLICY NUMBER: PDO748721503
POLICY PERIOD: Effective Date: 6/1/2025 Expiration Date: 6/1/2026
Limit: $ 1,000,000
Remark(s):
Property manager is included

LECHAROY

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 6/3/2025

THIS EVIDENCE OF 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.

AGENCY	PHONE (A/C, No, Ext):
Commercial Lines - (305) 669-6000 USI Insurance Services LLC 201 Alhambra Circle, Ste 900 Coral Gables, FL 33134	
FAX (A/C, No):	E-MAIL ADDRESS:
CODE:	SUB CODE:
AGENCY CUSTOMER ID #:	

COMPANY

QBE Insurance Corporation

INSURED

Le Chateau Royal Condominium Association Inc

3540 S. Ocean Blvd

Palm Beach, FL 33480

LOAN NUMBER	POLICY NUMBER
	QFW6267

EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL TERMINATED IF CHECKED
4/1/2025	4/1/2026	☐

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION

see attached for location information.

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.

COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☐ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
see attached for coverage information.		

REMARKS (Including Special Conditions)

Unit Owner Name: x
Address: x

Description:
master certificate

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

NAME AND ADDRESS

x

x

x

☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☐

LOAN #

AUTHORIZED REPRESENTATIVE

758298

This certificate replaces certificate# 758283 issued on 6/3/2025

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: QBE Insurance Corporation
POLICY NUMBER: QFW6267
POLICY PERIOD: Effective Date: 4/1/2025 Expiration Date: 4/1/2026
Business Income: Extra Expense:
[ ] Blanket Limit Applies
[X] Replacement Cost [X] Special [ ] Basic
Remark(s):
Building ordinance coverage - Coverage A included & $500,000 Combined B&C . Building limits represent the 100% replacement cost values reflected in the insurable value appraisal dated 4/14/2023.

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	West building - 3540 S. Ocean Blvd, Palm Beach, FL 33480	$ 14,630,707	72	5%	$ 5,000	Agreed
2	East Building - 3540 S. Ocean Blvd, Palm Beach, FL 33480	$ 13,300,061	64	5%	$ 5,000	Agreed

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WINDSTORM

INSURANCE CARRIER: QBE Insurance Corporation
POLICY NUMBER: QFW6267
[X] Coverage Included in Property/Hazard Policy [X] See Property/Hazard Schedule for Locations & Limits [X] Replacement Cost

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FLOOD

INSURANCE CARRIER: Wright National Flood Ins Co, [X] Replacement Cost, Flood Zone: VE

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
	3540 S. Ocean Blvd, Palm Beach, FL 33480	$ 34,000,000	136	09115195299505	$ 1,250	6/1/2025-6/1/2026

EXCESS FLOOD

Not Covered
