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AC	U	RD°
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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 06/08/2024

CI	RTIF	FICATE DOES NO V. THIS CERTIFIC	T AFFIRMATIVELY ATE OF INSURAN	ER OF INFORMATION ONLY AI OR NEGATIVELY AMEND, EX CE DOES NOT CONSTITUTE A THE CERTIFICATE HOLDER.	TEND OR ALTE	R THE COVERAGE A	FFORDED BY THE PO	LICIE	ES		
PROD	UCER					CONTACT NAME: K	dson Barnes				
ALL YOUR NEEDS INSURANCE, INC.					PHONE	PHONE (OFA) 742 OFFO FAX				954-749-3457	
2104 N. UNIVERSITY DR.					E-MAIL INCLIDE CAMPINION DANCE COM						
210		SHIVE ROLL POR.				ADDRESS: IP PRODUCER CUSTOMER ID:	BURLUATINGUICAL	OL.O	ON		
SUN	IRISE	<u> </u>		FL	33322		INSURER(S) AFFO	RDING	COVERAGE		NAIC#
INSUF	ED					INSURER A: L	LOYDS OF LONDON &	VIC	TOR EXCHANGE		
THE	BER	KELEY CONDO	MINIUM ASSOCIATI	ON		INSURER B : F	ORTEGRA SPECIALT	Y INS	URANCE INSURANCE		
C/O	CHA	RLES PATTERSO	ON HOME IMPROVI	EMENT MANAGEMENT		INSURER C :		-			-
109	00 SV	V 104 ST				INSURER D :					
	NTAT			FL	33317	INSURER E :					
1	14.123.1	ION		1.2	55511						
cov	EDA	^E0		CERTIFICATE MUMPER.		INSURER F:		DEM	ISION NUMBER:		
-	ERAC	the state of the s	EPTION OF PROPERTY (CERTIFICATE NUMBER: Attach ACORD 101, Additional Remarks	Schedule if more sr	ace is required)		KEV	ISION NUMBER:		
TH	IS IS T	ED. NOTWITHSTAN CATE MAY BE ISSU	THE POLICIES OF INS NOING ANY REQUIRED NED OR MAY PERTAIN	SURANCE LISTED BELOW HAVE BE MENT, TERM OR CONDITION OF AI I, THE INSURANCE AFFORDED BY CIES. LIMITS SHOWN MAY HAVE B	Y CONTRACT O	R OTHER DOCUMENT V ESCRIBED HEREIN IS S	WITH RESPECT TO WHICH	THIS			***************************************
INSR	CE05	TYPE OF IN		POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YYYY)			COVERED PROPERTY		LIMITS
-	X	PROPERTY						X	BUILDING	s 5,00	0.000
	-	SES OF LOSS	DEDUCTIBLES					-	PERSONAL PROPERTY	\$ 0,00	
	V	BASIC	BUILDING	1				-	BUSINESS INCOME		-
	X	BROAD	10%					-	EXTRA EXPENSE	\$	
	-		CONTENTS					-		5	
	_	SPECIAL		-				-	RENTAL VALUE	\$	
Α		EARTHQUAKE		09-7590193404-S-00		05/10/2024	05/10/2025	_	BLANKET BUILDING	\$	
	X	WIND							BLANKET PERS PROP	\$	
		FLOOD							BLANKET BLDG & PP	s	
								X	DEDUCTIBLE 10%	s	
										S	
		INLAND MARINE		TYPE OF POLICY						s	
	CAUS	SES OF LOSS								s	
		NAMED PERILS		POLICY NUMBER						\$	
										\$	
		CRIME			***************************************					s	
	TVPE	OF POLICY								s	
										s	-
_		BOILER & MACHINE	RY/				1			s	
	-	EQUIPMENT BREAK	DOWN					-		S	
	-					1	+	-	ALL OTHER PERILS	s 8,55	8 850
В	B EXCESS PROPERTY COVERAGE CAT1000401-00		05/10/2024	05/10/2025	-	DEDUCTIBLE \$10,000	\$ 0,000	J,000			
		NOTIONS / OTHER C	OVERAGES (ACORD 161	Additional Remarks Schedule, may be a	ttached if more spa	CANCELLATION	N				
						THE EXPIRATION	ON DATE THEREOF, NOTI	CE W		FORE	
ACO	RD 2	4 (2016/03)		The ACOR	D name and lo	go are registered ma		1995	5-2015 ACORD CORPORA	TION. All	rights reserv

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/08/2024

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 DESPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTAN If SUBROG this certific RODUCER	NTATIVE OR PRODUCER, AND THE CEI IT: If the certificate holder is an ADDITION SATION IS WAIVED, subject to the terms cate does not confer rights to the certificate of the certificat	ONAL I	NSURED, the	policy(les) must have the policy, certain po	olicies may	NAL INSURED require an end	provisions or bo prsement. A sta	e endorsed. tement on		
If SUBROG this certific RODUCER ALL YOUR N 2104 N. UNIN	SATION IS WAIVED, subject to the terms cate does not confer rights to the certifi NEEDS INSURANCE, INC.	and o	onditions of	the policy, certain po	olicies may t(s).	require an end	orsement. A sta	tement on	****	
RODUCER ALL YOUR N 2104 N. UNIN SUNRISE	NEEDS INSURANCE, INC.	icate h	older in lieu o	of such endorsement	(S).					
ALL YOUR N 2104 N. UNIN SUNRISE						141 1 19	1000			
2104 N. UNIV					NAME: RIGSON Darries					2457
SUNRISE	VEDEITY DD				(A/C, No, Ext): (954)-742-0550 (A/C, No): 954-749-3457					
-	VERSITI DR.				ADDRESS: INSURE@AYNINSURANCE.COM					
-					INSURER(S) AFFORDING COVERAGE NA					NAIC#
SURED	SUNRISE FL 33322				INSURER A: JAMES RIVER INSURANCE					
					INSURER B: UNITED STATES LIABILITY INSURANCE COMPANY					
	THE BERKELEY CONDOMINIUM A	SSOCI	ATION		INSURER C: UNITED STATES LIABILITY INSURANCE COMPANY					
	C/O CHARLES PATTERSON HOME			ANAGEMENT	INSURER D:					
10900 SW 104 ST					INSURER E :					
	MIAMI			FL 33176	INSURER F:					
OVERAGES	S CERTI	FICAT	NUMBER:					REVISION NUMBER:		
THIS IS TO	CERTIEV THAT THE POLICIES OF INSURANCE	ELIST	D BELOW HAY	E BEEN ISSUED TO TH	E INSURED I	NAMED ABOVE FO	OR THE POLICY P	ERIOD		
INDICATED.	. NOTWITHSTANDING ANY REQUIREMENT, T TE MAY BE ISSUED OR MAY PERTAIN, THE IN	ERM O	R CONDITION (ICE AFFORDER	OF ANY CONTRACT OR D BY THE POLICIES DES	OTHER DOD SCRIBED HE	UMENT WITH RE REIN IS SUBJECT	SPECI TO WHICH	INIS		
EXCLUSION	NS AND CONDITIONS OF SUCH POLICIES. LI	IMITS SHOWN MAY HAVE BEEN REDUCED BY			PAID CLAIMS.					
NSR LTR	TYPE OF INSURANCE	ADDL	WVD			POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)		LIMITS		
And in case of the last of the	OMMERCIAL GENERAL LIABILITY	1						EACH OCCURRENCE		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000	
								MED EXP (Any one person)	§ EXCLUDED	
A				P0000000676		04/12/2024	04/12/2025	PERSONAL & ADV INJURY	s 1,000,000	
-	GGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000	
	PRO-							PRODUCTS - COMP/OP AGG	s 2,000,000	
									\$	
	THER: OBILE LIABILITY	-						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
-								BODILY INJURY (Per person)	s	
	NY AUTO WNED SCHEDULED					04/40/0004	04/12/2025	BODILY INJURY (Per accident)	s	
A AL	UTOS ONLY AUTOS			P0000000676		04/12/2024	04/12/2023	PROPERTY DAMAGE	s	
X	UTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	s	
									-	
U	MBRELLA LIAB OCCUR							EACH OCCURRENCE	S	
E	CLAIMS-MADE							AGGREGATE	\$	
	ED RETENTION \$							PER OTH-	5	
	RS COMPENSATION PLOYERS' LIABILITY Y/N							STATUTE ER	+	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		NIA				Į.	1	E.L. EACH ACCIDENT	\$	
								E.L. DISEASE - EA EMPLOYEE	\$	
	escribe under PTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	S	
	IMERCIAL CRIME COVERAGE			CR 1554846		04/12/2024	04/12/2025	DEDUCTIBLE - \$2,500	\$50	0,000
		CAP1569271		04/12/2024	04/12/2025	DEDUCTIBLE - \$2,500	\$1,000,000			
ESCRIPTION (OF OPERATIONS / LOCATIONS / VEHICLES (ACORD	101, Ad	ditional Remarks	Schedule, may be attricted	if more space	is (ediman)				
CERTIFICA	TE HOLDER				CANC	ELLATION				
					THE	EXPIRATION DAT		BED POLICIES BE CANCELLED TICE WILL BE DELIVERED IN OVISIONS.	BEFORE	
				MI 48007	AUTHO	RIZED REPORTS HAVE	TIVE			

ACORD 25 (2016/03)

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