

## UNIT ARCHITECTURAL CONSTRUCTION APPROVAL

DATE: \_\_\_\_\_

REQUEST FOR UNIT RENOVATION / PAINTING / HANDYMAN / COSMETIC REPAIRS / MODIFICATION

 DATE OF APPLICATION: \_\_\_\_\_ UNIT NO. \_\_\_\_\_ MASTER PERMIT # \_\_\_\_\_  
☐ N/A
GENERAL SCOPE OF WORK *(Detail plans and specifications included in the application set as needed)*

- ☐ Complete Unit Renovation/Remodeling - *Complete Architectural plan set included with this application.*  
☐ Kitchen Remodeling  
☐ Bedroom(s) Remodeling  
☐ Bathroom(s) Remodeling  
☐ Flooring  
☐ Balcony/Terrace Flooring  
☐ HVAC  
☐ Windows & Doors  
☐ Marina Boat Slip Alteration  
☐ Painting w/ Drywall Repairs

**SCOPE OF WORK:** *\* Use Additional Sheet for extended description*

## JOB INCLUDES THE FOLLOWING ALTERATIONS OR REPAIRS

- ☐ ELECTRICAL  
  
☐ SIGNED & SEALED ARCHITECTURAL, M.E.P. SHOP DRAWING & PLAN SET (CITY JOB COPY)

☐ MECHANICAL  
  
☐ SIGNED & SEALED ARCHITECTURAL, M.E.P. SHOP DRAWING & PLAN SET (CITY JOB COPY)

☐ PLUMBING  
  
☐ SIGNED & SEALED ARCHITECTURAL, M.E.P. SHOP DRAWING & PLAN SET (CITY JOB COPY)

☐ FIRE/LIFE-SAFETY  
  
☐ SIGNED & SEALED ARCHITECTURAL, M.E.P. SHOP DRAWING & PLAN SET (CITY JOB COPY)

☐ N/A  
  
☐ N/A

Resident / Owner Name \_\_\_\_\_

Contact No. \_\_\_\_\_

Contractor Name \_\_\_\_\_

Contact No. \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

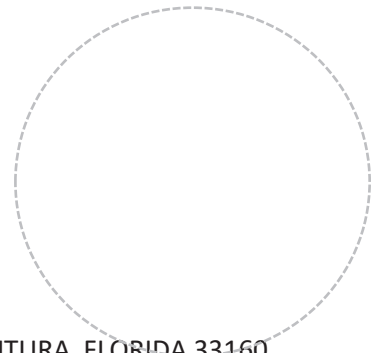
**For Office Use only**
 Association Approved subject to all applicable Terms & Conditions in this Contractor.  
 Package / Application.

Approved By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Portal Ref # \_\_\_\_\_



**TERMS & CONDITIONS**

UNIT No. \_\_\_\_\_

LICENSE \_\_\_\_\_

General and Subcontractors must be Licensed.

☐ Copy of the License Provided**CONTRACTOR INSURANCE** (use this sheet for individual sub-contractors if not covered under GC)

General and Subcontractors must carry Liability &amp; Workman Comp Insurance.

Note the following information for the Insurance Certificate:

|               |                                                                               |
|---------------|-------------------------------------------------------------------------------|
| Name Insured: | Plaza Del Prado Condominium<br>18071 Biscayne Blvd<br>Aventura, FLORIDA 33160 |
|---------------|-------------------------------------------------------------------------------|

☐ Certificate Provided      General Liability Coverage at minimum:      \$1,000,000☐ Certificate Provided      Workman Compensation Coverage:      \$1,000,000

*\*Construction crew working onsite must be covered under the Workman Comp Insurance and listed for Condo Association verification and ID. If Exempt, the Contractor must provide evidence of ownership in the Company.*

☐ **ACTIVE HOMEOWNER'S INSURANCE** (for Association Verification)**DEPOSITS & FEE** (Deposit checks are not cashed, and refundable if there is no damage claim by the Association)**DEPOSITS – Applicable to construction projects that will continue over Two Weeks.**☐ ELEVATOR DEPOSIT OF \$500.00☐ CONSTRUCTION SECURITY DEPOSIT OF \$1,500.00**CONSTRUCTION FEE** \* Read Annexure A-2.1 for an explanation regarding fees.**12 WEEKS + \$1,500.00**☐ **PARKING** Monthly \$200/Space. Max 2 spaces☐ FIREWATCH, LIFE SAFETY & RISER DRAINING      ☐ N/A

IF CHECKED, CONTACT THE CONDO MANAGEMENT FOR FEE AMOUNT

**CONSTRUCTION DEBRIS DISPOSAL** (Remember! Plan to call and reserve the Elevator)☐ ONISTE 20 YARD ROLL-OFF CONTAINER \$1,900 / PER FULL LOAD.☐ PAY EACH TIME FOR PART LOADS AS BILLED BY THE MANAGEMENT.☐ WILL DISPOSE DEBRIS OFF-SITE.

INITIALS: \_\_\_\_\_ Owner \_\_\_\_\_ Contractor

## CONTRACTORS AND UNIT CONSTRUCTION

### **ALTERATIONS: Renovation / Remodeling / Repair / Maintenance**

**1. Definition** - Renovations, remodeling, repair, maintenance, and handyman services planned in part or whole for a Unit, other than a day visit by a professional engineer, technician, architect, or designer to do a walkthrough inspection, discuss, troubleshoot, or investigate issues with appliances, electronics, electrical, internet, IT, air conditioning unit, locksmith services, or any other emergency service that is critical in nature, shall strictly comply as follows.

**3. Application** - All Alterations shall require prior written approval from the Association, which shall be availed through an application process. Before planning or committing to any alteration (as defined above) project, the resident/owner must consult with the management office to check dates and availability and apply for review and approval. For any application to be considered, the unit owner must have a valid and active Homeowner's Insurance (HO6) with the Association named as the additional insured.

**4. Maximum Allowance** – Only Two Units per Tower will be allowed for construction activity at any time. All other approved applications will wait to commence work until the next opening. The management may consider an exception on a case basis.

**5. Security Deposit**—A refundable security deposit of \$1,000.00 will be required before work proceeds. The deposit shall be in the form of a check written on an account at a Miami bank, a cashier's or bank check, or a money order. The check must be made to the order of "Plaza Del Prado Condominium Association, Inc. "

**6. City Permits** – As applicable, the Owner / Contractor is responsible for securing a work permit issued by the City / County. A copy must be submitted to the management office for the record, along with other project-related documents, including an approved set of plans. A copy of the permit must always be displayed on the unit door for inspection and the project's duration until the project is completed and decommissioned. No work may commence before you obtain the permit(s).

**7. Engineering Review** – Unit renovation plans submitted with the application may be subject to further engineering review if the architectural / alteration plan involves reconfiguring the unit layout or if the changes involve any questionable structural, plumbing, electrical, or mechanical modification. The Association's EOR (Engineer Of Record) charges the Association a fee for such reviews, which will be a passthrough charge to the owner/contractor.

**8. License & Insurance** - GC Company/Crew/Individual performing such Alteration shall provide proof of valid licensure, Worker's Compensation insurance, and general liability insurance to Management to consider approval of the application. The General Liability insurance shall be for at least \$1,000,000.00 coverage per occurrence, naming the Association as additional insured and identifying the insurer's agent. Proof of Worker's Compensation insurance shall specify that all sub-contractors hired by the insured are covered under the subject policy.

**9. Days of Work & Timing** – Construction work inside the unit is only allowed from Monday to Friday (excluding building-observed holidays). Contractor Crew may not enter the building before 9 AM and not start any noise activity before 9:30 AM. All construction activity in the unit must stop at 4 PM, and the crew must leave the unit and the building by 4:30 PM and the Plaza Del Prado property by 5 PM.

Contractor vehicles seen parked anywhere on Plaza Del Prado will be towed off the property without warning. **NO EXCEPTIONS** unless an emergency is reported to the management or the building security personnel on duty.

Emergency repairs may always be performed, provided they are approved by Management.

**10. Protection of Common Areas** — Contractors shall protect all common elements, including but not limited to the exterior of the unit door, hallway, elevator landing flooring, and elevator entrance on the work floor. Floor protection shall only be adhesive plastic sheeting, and Unit Owners and Contractors shall not create trip hazards in any Common Area. Unit Owners and Contractors shall also take reasonable care to protect the walls of all Common Areas. All cleaning, repair, or remediation procedures performed by the Association or Management's personnel relating to, or arising from, an Alteration shall be charged to the Unit Owner.

**11. Violations** - Any fine or penalty imposed upon the Association by the City or Miami-Dade County relating to, or arising from, an Alteration shall be charged to the Unit Owner.

**12. Breach of Policies & Rules / Damages** - Any material deviation from the specifications and guidelines published by the Association shall subject the Unit Owner to a **fine of \$100.00** per occurrence per day, as applicable. This fine may be abated in whole or part at Management's discretion upon showing reasonable cause for the deviation.

Any Damage caused due to the contractor's negligence or action to the Association property or other units that may not qualify for recovery through the contractor's insurance, the contractor will become financially responsible for the damage repair/restoration to the building's approved standards. Until the damage is cured, all work activity in the unit will be stopped unless the contractor is simultaneously engaged in the corrective work. Any work that remains stopped for one to two weeks for this or any other reason will risk cancellation of the approved application by the management.

**13. Contractor Vehicles: \$50 /Transponder (Mandatory)**—The GC will purchase an entry gate transponder from the management office for each vehicle expected to arrive on the property regularly for the entire duration of the project. The cost of the transponder is \$50. The GC / Contractor must provide the vehicle information, including license tag and insurance, to have a transponder issued. The Transponder issued must always be displayed properly in the vehicle (hang tag on the rare-view mirror) for inspection and verification. Any vehicle without the transponder displaying will be towed or booted at the vehicle owner's expense and without notification.

Contractor Vehicles issued a Transponder must use the resident lane to come through the property.

**14. Contractor Vehicle Parking (unit construction)** – Plaza Del Prado is not responsible for providing parking spaces to the contractors hired by the unit owners for their unit projects. There are no designated parking spaces for the contractors. Suppose the unit owner has an outdoor parking space available. In that case, the owner may authorize their contractor to park in their parking space (not for oversized vehicles) by informing the management office and getting a special pass. Covered parking spaces are further restricted to the height and size of vehicles.

If available, the contractor may lease parking spaces from the association for \$200/ month or \$10/day for shorter-term parking. Contractor vehicles parked in any unauthorized space on the property will be towed at the owner's expense.

**15. Water Shutdown Requests: \$200** — For any planned water shutdown request that requires temporary shutdown of the building riser, the contractor/owner will be charged \$200 per shutdown as part of the unit renovation modifications or upgrades. The fee must be paid 48 hours (2 days) ahead of the scheduled date.

\* All apartment units have an independent set of valves inside the unit that can shut off the water supply to any of the water risers without having to pay for the main riser shutoff. It is a violation of the building code to conceal these valves behind drywall or any other finishing, including built-up cabinetry. The owner has the choice to correct this violation by making these valves accessible and installing access panels for future use.

#### **16. Elevator Use [ Deliveries / Debris Removal] –**

- Contractors must make a reservation to use the elevator to transport Material to or from the project unit.
- Elevator reservations must be made at least 2 – 3 days before the planned use. Contractors who do not secure reservations will not be allowed to use the elevator. If any contractor or delivery person is caught transporting construction material, debris, furniture pieces, or any other item that requires an authorized reservation, they will be stopped and turned away, and the contractor will be fined \$150 for each attempted violation. The project approval will be canceled for repeat offenses.
- Contractors must use construction bins to transport debris or construction material to and from the unit. No construction material or bags may be placed on the floor or dragged across. Contractors are responsible for cleaning after themselves and maintaining cleanliness in all the common areas, including floor/carpet protection outside the unit door. By the end of the workday, the hallway where the project unit is located must be left clean and clear of any dirt/debris.
- All Construction Debris removed from the apartment must be removed from the Plaza Del Prado Property. The property's security cameras monitor it extensively. Dumping construction garbage, debris, or material waste on the property will result in fines and immediate project suspension. Repeat offenders will not be allowed back on the property.

**17. Crew Presence and Bathroom Use** - Once inside the building, the crew must limit their presence to the work unit and not extend their staging or presence in the common areas of the building or hang around at the pool deck or the cafeteria space. The use of the apartment bathroom should be discussed with the resident/owner. Plaza Del Prado's common area bathrooms are not for contractor use.

**18. Balconies / Terrace Areas** – Balconies / Terrace spaces of the apartment unit are not to be used for storage or staging tools, cutting tiles, or conducting any other work unless the work involves the balcony. If a unit balcony has any top finishing (tiles, decking, other covering) and is removed, the only restoration allowed for the balcony floor will be a concrete finish with waterproofing. The owner may opt for finishes like quartz or epoxy finishing, including stamped micro concrete. No re-tiling will be permitted per the 40-year recertification plan and future maintenance.

Balcony/Terrace doors may not be left open as they create negative air pressure in the hallway. The wind will blow dust and debris into the hallway from the underside of the unit door or when the unit door is opened. To control dust conditions, we recommend that rolled-up towels be placed under the door to close the gap inside the unit. At the end of the workday, close and lock all windows and balcony sliding glass doors.

## CONTRATISTAS Y CONSTRUCCIÓN DE UNIDADES

### MODIFICACIONES: Renovación/Remodelación/Reparación/Mantenimiento

**1. Definición:** las renovaciones, remodelaciones, reparaciones, mantenimiento y servicios de mantenimiento planificados en parte o en su totalidad para una unidad, que no sean una visita de un día de un ingeniero, técnico, arquitecto o diseñador profesional para realizar una inspección, analizar, solucionar problemas o investigar problemas con electrodomésticos, dispositivos electrónicos, electricidad, Internet, TI, unidad de aire acondicionado, servicios de cerrajería o cualquier otro servicio de emergencia que sea de naturaleza crítica, deberán cumplir estrictamente con lo siguiente.

**3. Solicitud:** todas las modificaciones requerirán la aprobación previa por escrito de la Asociación, que se obtendrá a través de un proceso de solicitud. Antes de planificar o comprometerse con cualquier proyecto de modificación (según se define anteriormente), el residente/propietario debe consultar con la oficina de administración para verificar las fechas y la disponibilidad y solicitar la revisión y aprobación. Para que se considere cualquier solicitud, el propietario de la unidad debe tener un seguro de vivienda válido y activo (HO6) con la Asociación nombrada como asegurado adicional.

**4. Máximo permitido:** solo se permitirán dos unidades por torre para la actividad de construcción en cualquier momento. Todas las demás solicitudes aprobadas esperarán hasta la próxima apertura para comenzar el trabajo. La administración puede considerar una excepción según el caso.

**5. Depósito de garantía:** se requerirá un depósito de garantía reembolsable de \$1,000.00 antes de que comience el trabajo. El depósito se realizará en forma de cheque emitido en una cuenta en un banco de Miami, un cheque de caja o bancario, o un giro postal. El cheque debe hacerse a nombre de "Plaza Del Prado Condominium Association, Inc."

**6. Permisos de la ciudad:** según corresponda, el propietario/contratista es responsable de obtener un permiso de trabajo emitido por la ciudad/condado. Se debe enviar una copia a la oficina de administración para el registro, junto con otros documentos relacionados con el proyecto, incluido un conjunto de planos aprobados. Siempre se debe exhibir una copia del permiso en la puerta de la unidad para inspección y la duración del proyecto hasta que se complete y desmantele. No se puede comenzar ningún trabajo antes de obtener el/los permiso(s).

**7. Revisión de ingeniería:** los planos de renovación de la unidad presentados con la solicitud pueden estar sujetos a una revisión de ingeniería adicional si el plano arquitectónico o de modificación implica la reconfiguración del diseño de la unidad o si los cambios implican alguna modificación estructural, de plomería, eléctrica o mecánica cuestionable. El EOR (ingeniero de registro) de la Asociación cobra a la Asociación una tarifa por dichas revisiones, que será un cargo de transferencia al propietario/contratista.

**8. Licencia y seguro:** la empresa/equipo/individuo de GC que realice dicha modificación deberá proporcionar prueba de licencia válida, seguro de compensación para trabajadores y seguro de

INICIALES DEL PROPIETARIO \_\_\_\_\_

INICIALES DEL CONTRATISTA \_\_\_\_\_

responsabilidad civil general a la Gerencia para que considere la aprobación de la solicitud. El seguro de responsabilidad civil general deberá tener una cobertura de al menos \$1,000,000.00 por ocurrencia, nombrando a la Asociación como asegurado adicional e identificando al agente de la aseguradora. La prueba del seguro de compensación para trabajadores deberá especificar que todos los subcontratistas contratados por el asegurado están cubiertos por la póliza en cuestión.

**9. Días de trabajo y horarios:** los trabajos de construcción dentro de la unidad solo se permiten de lunes a viernes (excepto los días festivos del edificio). El personal del contratista no puede ingresar al edificio antes de las 9 a. m. ni comenzar ninguna actividad que genere ruido antes de las 9:30 a. m. Toda actividad de construcción en la unidad debe finalizar a las 4 p. m. y el personal debe abandonar la unidad y el edificio a las 4:30 p. m. y la propiedad de Plaza Del Prado a las 5 p. m. Los vehículos del contratista que se estacionen en cualquier lugar de Plaza Del Prado serán remolcados fuera de la propiedad sin previo aviso. SIN EXCEPCIONES, a menos que se informe una emergencia a la administración o al personal de seguridad del edificio de turno.

Siempre se pueden realizar reparaciones de emergencia, siempre que estén aprobadas por la administración.

**10. Protección de las áreas comunes:** los contratistas deben proteger todos los elementos comunes, incluidos, entre otros, el exterior de la puerta de la unidad, el pasillo, el piso del rellano del ascensor y la entrada del ascensor en el piso de trabajo. La protección del piso solo debe ser una lámina de plástico adhesiva, y los propietarios de unidades y los contratistas no deben crear peligros de tropiezo en ninguna área común. Los propietarios de unidades y los contratistas también deberán tomar las precauciones razonables para proteger las paredes de todas las áreas comunes. Todos los procedimientos de limpieza, reparación o remediación realizados por la Asociación o el personal de la Administración relacionados con, o que surjan de, una Alteración se cobrarán al propietario de la unidad.

**11. Infracciones:** cualquier multa o sanción impuesta a la Asociación por la Ciudad o el Condado de Miami-Dade relacionada con, o que surja de, una Alteración se cobrará al propietario de la unidad.

**12. Incumplimiento de políticas y reglas / Daños:** cualquier desviación material de las especificaciones y pautas publicadas por la Asociación someterá al propietario de la unidad a una multa de \$100.00 por ocurrencia por día, según corresponda. Esta multa puede ser anulada en su totalidad o en parte a discreción de la Administración al demostrar una responsabilidad razonable.

INICIALES DEL PROPIETARIO \_\_\_\_\_

INICIALES DEL CONTRATISTA \_\_\_\_\_



## Contractor Guidelines & Code of Conduct

Welcome to Plaza Del Prado. We appreciate the work you do for our residents and value your contributions. To ensure a harmonious living environment for all residents, please adhere to the following guidelines while working on the property.

**Parking:** Parking is limited, and the Association does not guarantee availability of parking spaces. Available parking is a shared resource and limits one contractor parking per unit.

**Parking Pass:** Parking Permit issued, must display it on the vehicle dashboard.

**Designated Areas:** Park only in the areas designated for contractors (North Sandlot). Vehicles parked elsewhere will be towed without notice at the vehicle owner's expense.

**Resident Privacy:** Always respect the privacy of residents and their property. Avoid entering areas that are not directly related to your work

**Noise Awareness:** Be mindful of personal noise levels when on condominium property. No noise nuisance will be tolerated.

### Use of Common Areas

- **Resident Property:** The chairs and tables located in common areas and towers are for residents' use only. Contractors should not use these amenities, including common area restrooms.
- **Breaks and Meals:** The Café shop on the pool deck level may only be visited to purchase food / items and leave. No contractors are allowed to sit or lounge for breaks or eat anywhere on the pool deck, including Café sitting areas. The area is strictly for resident use only, and no contractors should be seen hanging around in these areas, including elevator lobbies or other amenity facilities. Contractors are expected to be either in the unit they are working, or at the garage level coming in or leaving.

### Elevator Use

**Reservation Required:** Other than general use of traveling to or from the subject unit, contractors must reserve the elevator time with the management to transport construction material, heavy/ bulky tools and equipment. Without making elevator reservation, the contractors will be stopped and not allowed the use of the elevators. The management needs at 48hours advance notice to take a reservation request (subject to availability).

### Conclusion

Thank you for your cooperation and understanding. Your adherence to these guidelines helps maintain a respectful and peaceful environment for all residents. If you have any questions or need further clarification, please do not hesitate to contact the management office.

### Management Office

305-931-5643 [management@plazadelprado.net](mailto:management@plazadelprado.net)

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Company

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Name of Contractor

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Date of Acknowledgement



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   |                                           |             |  |        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------|-----------------|-----------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|------------------------------------|---------------------------------------------------|-------------------------------------------|-------------|--|--------|--|
| CERTIFICATE OF LIABILITY INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    | Date (MM/DD/YYYY)<br><br>(Must have current date) |                                           |             |  |        |  |
| 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 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<br>Name: John Smith - SAMPLE                                                                                                                          |          |               |                                    |                                                   |                                           |             |  |        |  |
| Name of Company<br>Company Address                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                              |                 |                 |       | Phone<br>(A/C. no ext): 000-000-0000                                                                                                                          |          |               | Fax<br>(A/C. no ext): 000-000-0000 |                                                   |                                           |             |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                              |                 |                 |       | E-mail<br>Address:                                                                                                                                            |          |               |                                    |                                                   |                                           |             |  |        |  |
| INSURED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            |                              |                 |                 |       | INSURER A:                                                                                                                                                    |          |               | NAIC #                             |                                                   |                                           |             |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                              |                 |                 |       | INSURER B:                                                                                                                                                    |          |               |                                    |                                                   |                                           |             |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                              |                 |                 |       | INSURER C:                                                                                                                                                    |          |               |                                    |                                                   |                                           |             |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                              |                 |                 |       | INSURER D:                                                                                                                                                    |          |               |                                    |                                                   |                                           |             |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                              |                 |                 |       | INSURER E:                                                                                                                                                    |          |               |                                    |                                                   |                                           |             |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                              |                 |                 |       | INSURER F:                                                                                                                                                    |          |               |                                    |                                                   |                                           |             |  |        |  |
| COVERAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   |                                           |             |  |        |  |
| CERTIFICATE NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   |                                           |             |  |        |  |
| 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 |                 |                 |       | Y                                                                                                                                                             |          | 3B5576616     | (Must have current date)           | (Must have current date)                          | EACH OCCURRENCE                           | \$1,000,000 |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                              | CLAIMS-MADE     | X               | OCCUR |                                                                                                                                                               |          |               |                                    |                                                   | DAMAGE TO RENTED PREMISES (Ea Occurrence) | \$100,000   |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | **BLANKET ADDL INSURED**                                   |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   | MED EXP (Any one person)                  | \$5,000     |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | GEN'L AGGEGATE LIMIT APPLIES PER                           |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   | Personal & ADV INJURY                     | \$1,000,000 |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | X                                                          | POLICY                       |                 | PROJ ECT        | LOC   |                                                                                                                                                               |          |               |                                    |                                                   | GENERAL AGGREGATE                         | \$2,000,000 |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OTHER                                                      |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   | PRODUCTS – COMP/OP AGG                    | \$2,000,000 |  |        |  |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AUTOMOBILE LIABILITY                                       |                              |                 |                 |       |                                                                                                                                                               |          | CA160059      | (Must have current date)           | (Must have current date)                          | COMBINED SINGLE LIMIT (Ea accident)       | \$1,000,000 |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ANY AUTO                                                   |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   | BODILY INJURY (Per Person)                | \$          |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ALL OWED AUTOS                                             |                              | X               | SCHEDULED AUTOS |       |                                                                                                                                                               |          |               |                                    |                                                   | BODILY INJURY (Per accident)              | \$          |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | HIRED AUTOS                                                |                              | NON-OWNED AUTOS |                 |       |                                                                                                                                                               |          |               |                                    |                                                   | Property Damage                           | \$          |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   |                                           | \$          |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | UMRELLA LIAB                                               |                              | OCCUR           |                 |       |                                                                                                                                                               |          |               |                                    |                                                   | EACH OCCURRENCE                           | \$          |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EXCESS LIAB                                                |                              | CLIAIMS-MADE    |                 |       |                                                                                                                                                               |          |               |                                    |                                                   | AGGREGATE                                 | \$          |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DED                                                        |                              | RETENTION \$    |                 |       |                                                                                                                                                               |          |               |                                    |                                                   |                                           | \$          |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   |                                           |             |  |        |  |
| B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N          |                              |                 |                 |       | N/A                                                                                                                                                           |          | AWC1055740    | (Must have current date)           | (Must have current date)                          | X                                         | PER STATUTE |  | OTH ER |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? N |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   | E.L EACH ACCIDENT                         | \$1,000,000 |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Mandatory in NH)                                          |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   | E.L DISEASE – EA EMPOLEE                  | \$1,000,000 |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | If yes, describe under DESCRIPTION OF OPERATIONS below     |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   | E.L DISEASE – POLICY LIMIT                | \$1,000,000 |  |        |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Acord 101, Additional Remarks Schedule, may be attached if more space is required)                                                                                                                                                                                                                                                                                                                                                     |                                                            |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   |                                           |             |  |        |  |
| **As required by contractor**                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   |                                           |             |  |        |  |
| Certificate Holder is named additional insured included products and completed operations for general liability per GC License.                                                                                                                                                                                                                                                                                                                                                          |                                                            |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   |                                           |             |  |        |  |
| Certificate Holder is extended to read: Plaza Del Prado Condominium Association, Inc. in care of Akam, Inc.                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   |                                           |             |  |        |  |
| 18071 Biscayne Blvd, Aventura, FL 33160                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                              |                 |                 |       |                                                                                                                                                               |          |               |                                    |                                                   |                                           |             |  |        |  |
| CERTIFICATE HOLDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                              |                 |                 |       | CANCELLATION                                                                                                                                                  |          |               |                                    |                                                   |                                           |             |  |        |  |
| PLAZA DEL PRADO CONDOMINUM ASSOCIATION, INC.<br>c/o KW PROPERTY MANAGEMENT & CONSULTING , LLC.<br>18071 BISCAYNE BLVD<br>AVENTURA, FL 33160                                                                                                                                                                                                                                                                                                                                              |                                                            |                              |                 |                 |       | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEROF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |          |               |                                    |                                                   |                                           |             |  |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                              |                 |                 |       | AYTHORIZED REPRESENTATIVE                                                                                                                                     |          |               |                                    |                                                   |                                           |             |  |        |  |