

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/15/2025

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) 443-4886 USI Insurance Services LLC 201 Alhambra Circle, Suite 900 Coral Gables, FL 33134	CONTACT NAME: USI Insurance Department PHONE (A/C, No, Ext): 305-443-4886 E-MAIL ADDRESS: miagcerts@usi.com FAX (A/C, No):																					
INSURED Plaza Del Prado Condominium Association, Inc. 18071 Biscayne Blvd Aventura, FL 33160	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Axis Surplus Insurance Company</td><td></td><td>26620</td></tr><tr><td>INSURER B: See attached</td><td></td><td></td></tr><tr><td>INSURER C: Continental Casualty Company</td><td></td><td>20443</td></tr><tr><td>INSURER D: Hartford Steam Boiler Inspection and Ins Co</td><td></td><td>11452</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Axis Surplus Insurance Company		26620	INSURER B: See attached			INSURER C: Continental Casualty Company		20443	INSURER D: Hartford Steam Boiler Inspection and Ins Co		11452	INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** 756982**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		P00100071563204	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		P-001-000715632-04	12/31/2024	12/22/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A	WC611143321	12/31/2024	12/31/2025	PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Property/Hazard Boiler & Machinery		See Attached FBP2218896	See Attach 12/31/2024	See Attach 12/31/2025	See Attached Limit \$100,000,000 Deductible \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)Unit Owner Name: .
Address: .**CERTIFICATE HOLDER****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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ACORD 25 (2016/03)

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Hanover Insurance Company
POLICY NUMBER: BDJ-D789981-06
POLICY PERIOD: Effective Date: 12/31/2024 Expiration Date: 12/31/2025
Limit: \$ 1,500,000
Remark(s):
Deductible: \$5,000

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Ascot Insurance Company
POLICY NUMBER: 23373047
POLICY PERIOD: Effective Date: 12/31/2024 Expiration Date: 12/31/2025
Limit: \$ 1,000,000

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

5/15/2025

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 Commercial Lines - (305) 443-4886 USI Insurance Services LLC 201 Alhambra Circle, Suite 900 Coral Gables, FL 33134		PHONE (A/C, No, Ext):		COMPANY Texas Insurance Company	
FAX (A/C, No):		E-MAIL ADDRESS:			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:					
INSURED Plaza Del Prado Condominium Association, Inc. 18071 Biscayne Blvd Aventura, FL 33160		LOAN NUMBER		POLICY NUMBER BRPPWPTFL01110008000903	
		EFFECTIVE DATE 6/1/2024		EXPIRATION DATE 6/1/2025	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION**LOCATION/DESCRIPTION**

Bldg:
Location: See Additional Wording above for Locations
Total # Units: 626

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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: .
Address: .

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 . . .	<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE
	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>			
	LOAN #					
	AUTHORIZED REPRESENTATIVE 					

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: Texas Insurance Company
POLICY NUMBER: BRPPWPTFL01110008000903
POLICY PERIOD: Effective Date: 6/1/2024 Expiration Date: 6/1/2025
Business Income: Extra Expense:
[X] Blanket Limit Applies
[X] Replacement Cost [X] Special [] Basic
Remark(s):
Replacement Cost Valuation = Agreed Value
*Ordinance or Law Coverage: Coverage A Full Limit Coverage B and C combined: \$1,000,000
18011, 18021, 18031, 18041, 18051, 18061, 18071 & 18081 Biscayne Blvd (North & South Towers) North Miami Beach, FL 33160 - The property policy only covers the common elements and up to the unfinished drywall.

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
	See Additional Wording above for Locations	\$ 120,445,822	626	5%	\$ 100,000	NIL

FLOOD

INSURANCE CARRIER: National General Insurance Company, [X] Replacement Cost, Flood Zone: AE						
Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
	See Additional Wording above for Locations	\$ 156,500,000	626	0003202128	\$ 1,250	4/15/2025-4/15/2026

WRAP AROUND

INSURANCE CARRIER: ---
POLICY NUMBER:
POLICY PERIOD: Effective Date: Expiration Date:
[] See Property/Hazard Schedule for Location & Limits [] Special

EXCESS FLOOD

Not Covered