



## 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	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:		

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	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		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	
							\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC							
	OTHER:							
A	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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)	\$	
							\$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$	
	DED <input type="checkbox"/> RETENTION \$						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N / A	WC611143321	12/31/2024	12/31/2025	PER STATUTE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		
						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)

This certificate replaces certificate# 756801 issued on 5/13/2025

**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

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**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

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# EVIDENCE OF PROPERTY INSURANCE

PLAZADEL2

DATE (MM/DD/YYYY)  
5/15/2025

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

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

Bldg:

Location: See Additional Wording above for Locations

Total # Units: 626

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: .

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

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## 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

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## WRAP AROUND

INSURANCE CARRIER: ---

POLICY NUMBER:

POLICY PERIOD:      Effective Date:      Expiration Date:

[ ] See Property/Hazard Schedule for Location & Limits [ ] Special

## EXCESS FLOOD

Not Covered