



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/14/2025

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		CONTACT NAME: EOI Direct PHONE (A/C, No, Ext): (877) 456-3643 FAX (A/C, No): E-MAIL ADDRESS: help@eoidirect.com	
Brown & Brown Insurance Services, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309		INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company NAIC # 41297	
INSURED Plaza Del Prado Condominium Association, Inc. 18071 Biscayne Blvd Aventura FL 33160		INSURER B: Sutton Specialty Insurance Company 16848 INSURER C: Transportation Insurance Company 20494 INSURER D: INSURER E: INSURER F:	

COVERAGES		CERTIFICATE NUMBER: 25-27 Master Cert		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	<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input type="checkbox"/>  <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC  OTHER:	BCS2003407	12/31/2025	05/31/2027	<input checked="" type="checkbox"/> EACH OCCURRENCE \$ 1,000,000 <input checked="" type="checkbox"/> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 <input checked="" type="checkbox"/> MED EXP (Any one person) \$ Excluded <input checked="" type="checkbox"/> PERSONAL & ADV INJURY \$ 1,000,000 <input checked="" type="checkbox"/> GENERAL AGGREGATE \$ 2,000,000 <input checked="" type="checkbox"/> PRODUCTS - COMP/OP AGG \$ 2,000,000 <input checked="" type="checkbox"/> Hired/Non Owned Auto \$ 1,000,000			
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>	EXCESSTBD	12/31/2025	05/31/2027	<input checked="" type="checkbox"/> COMBINED SINGLE LIMIT (Ea accident) \$ <input checked="" type="checkbox"/> BODILY INJURY (Per person) \$ <input checked="" type="checkbox"/> BODILY INJURY (Per accident) \$ <input checked="" type="checkbox"/> PROPERTY DAMAGE (Per accident) \$  \$			
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A	WC611143321	12/31/2025	12/31/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER <input checked="" type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 <input checked="" type="checkbox"/> E.L. DISEASE - EA EMPLOYEE \$ 500,000 <input checked="" type="checkbox"/> E.L. DISEASE - POLICY LIMIT \$ 500,000		

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

Residential Condominium located at:  
18011, 18021, 18031, 18041, 18051, 18061, 18071, 18081 Biscayne Blvd, Aventura, FL 33160

## CERTIFICATE HOLDER

## CANCELLATION

Plaza Del Prado Condominium Association, Inc.  
18071 Biscayne Blvd.

Aventura

FL 33160

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



## ADDITIONAL REMARKS SCHEDULE

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED Plaza Del Prado Condominium Association, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

## PROPERTY

Policy Term: 5/31/2025 – 5/31/2026

Valuation: Replacement Cost except Actual Cash Value to roof or roof covering older than 12 years / Cause of Loss: Special / Coinsurance: NIL / Ordinance or Law: Coverage A is included, Coverage B &amp; C combined limit is \$2,500,000

Deductibles: All Other Perils - \$10,000 / Convective Storm - \$100,000 / Named Storm – 5% of the total value per insured location, subject to \$100,000 minimum

Total Insurable Value: \$138,108,280 – See below:

Building 18011, 18021, 18031, 18041 - \$63,794,395

Building 18051, 18061, 18071, 18081 - \$64,089,199

Parking Garage - \$7,743,330

Guardhouse Building - \$68,300

Outdoor Property - \$2,413,056

## Property Layers - Carriers &amp; Policy Numbers:

\$10,000,000 Part of \$20,000,000 Primary

AXIS Surplus Insurance Company – Policy # P-001-001657338-01

\$10,000,000 Part of \$20,000,000 Primary

Certain Underwriters at Lloyd's, London – Policy # AQS-251537

\$5,000,000 Excess of \$20,000,000

Nautilus Insurance Company – Policy # ZB861Q25A000

\$25,000,000 Excess of \$25,000,000 (Excludes wind)

Wilshire Insurance Company – Policy # IMP4003728 00

\$17,500,000 Part of \$25,000,000 Excess of \$25,000,000 (Wind Only)

James River Insurance Company – Policy # 00164061-0

\$5,000,000 Part of \$25,000,000 Excess of \$25,000,000 (Wind Only)

Endurance American Specialty Insurance Company – Policy # ESP30088656600

\$2,500,000 Part of \$25,000,000 Excess of \$25,000,000 (Wind Only)

Arch Specialty Insurance Company – Policy # ESP1057951-00

\$19,054,100 Part of \$38,108,280 Excess of \$50,000,000

Certain Underwriters at Lloyd's, London – Policy # B1230AP01955A25

\$15,000,000 Part of \$50,000,000 Excess of \$50,000,000

Wilshire Insurance Company – Policy # IMP4003727 00

\$10,000,000 Part of \$50,000,000 Excess of \$50,000,000

Certain Underwriters at Lloyd's, London – Policy # TX250501QDQ6

\$19,054,100 Part of \$38,108,280 Excess of \$100,000,000

AXIS Surplus Insurance Company – Policy # P-001-001676254-01

## DIRECTORS &amp; OFFICERS - PRIMARY

Policy #: MLNP251000177202

Policy Term: 12/31/2025 – 05/31/2027

Carrier: Ascot Specialty Insurance Company / NAIC #45055

Limit: \$2,000,000

## DIRECTORS &amp; OFFICERS - EXCESS

Policy #: MMX0012431225

Policy Term: 12/31/2025 – 05/31/2027

Carrier: Homeland Insurance Company of New York / NAIC #34452

Limit: \$3,000,000 Excess of \$2,000,000



AGENCY CUSTOMER ID: 00873870

LOC #: \_\_\_\_\_

## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_\_ of \_\_\_\_\_

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED Plaza Del Prado Condominium Association, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE		EFFECTIVE DATE:

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes****CRIME**

Policy #: BDJD78998107

Policy Term: 12/31/2025 – 05/31/2027

Carrier: Hanover Insurance Company / NAIC #22292

Employee Theft Limit: \$1,500,000 / Retention: \$5,000

**BOILER & MACHINERY**

Policy #: 8035053297

Policy Term: 12/31/2025 – 05/31/2027

Carrier: The Continental Insurance Company / NAIC #35289

Limit per Breakdown: \$100,000,000 / Deductible: \$10,000