



# 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
Brown & Brown Insurance Services, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale		PHONE (A/C, No, Ext): (954) 776-2222 FAX (A/C, No): (954) 776-4446 E-MAIL ADDRESS: help@eoidirect.com
INSURED		INSURER(S) AFFORDING COVERAGE INSURER A: See Remarks Page
Plaza Del Prado Condominium Association, Inc. 18071 Biscayne Blvd Aventura		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
FL 33309		NAIC #
FL 33160		

COVERAGES		CERTIFICATE NUMBER:		25-26 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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						OTHER:	\$
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO							
	OWNED AUTOS ONLY						<input type="checkbox"/> SCHEDULED AUTOS	
	Hired AUTOS ONLY						<input type="checkbox"/> NON-OWNED AUTOS ONLY	
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						<input type="checkbox"/> OCCUR	
							<input type="checkbox"/> CLAIMS-MADE	
	DED <input type="checkbox"/>						RETENTION \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTHR-
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						<input type="checkbox"/> Y / N	
	If yes, describe under DESCRIPTION OF OPERATIONS below							

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



AGENCY CUSTOMER ID: \_\_\_\_\_  
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**

#### 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 & 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 & 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