

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

6/20/2024

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).

<b>PRODUCER</b> Commercial Lines - (305) 443-4886 USI Insurance Services LLC 201 Alhambra Circle, Suite 900 Coral Gables, FL 33134	<b>CONTACT NAME:</b> USI Insurance Department <b>PHONE (A/C, No, Ext):</b> 305-443-4886 <b>E-MAIL ADDRESS:</b> miagcerts@usi.com <b>FAX (A/C, No):</b>																					
<b>INSURED</b> 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><b>INSURER A:</b> Axis Surplus Insurance Company</td><td></td><td>26620</td></tr><tr><td><b>INSURER B:</b> See attached</td><td></td><td></td></tr><tr><td><b>INSURER C:</b> Continental Casualty Company</td><td></td><td>20443</td></tr><tr><td><b>INSURER D:</b> Hartford Steam Boiler Inspection and Ins Co</td><td></td><td>11452</td></tr><tr><td><b>INSURER E:</b></td><td></td><td></td></tr><tr><td><b>INSURER F:</b></td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A:</b> Axis Surplus Insurance Company		26620	<b>INSURER B:</b> See attached			<b>INSURER C:</b> Continental Casualty Company		20443	<b>INSURER D:</b> Hartford Steam Boiler Inspection and Ins Co		11452	<b>INSURER E:</b>			<b>INSURER F:</b>		
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**COVERAGES****CERTIFICATE NUMBER:** 737079**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																					
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			P00100071563203	12/31/2023	12/31/2024	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td><td>1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td><td>Excluded</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$</td><td>1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td><td>2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td>2,000,000</td></tr><tr><td></td><td>\$</td><td></td></tr></table>	EACH OCCURRENCE	\$	1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	MED EXP (Any one person)	\$	Excluded	PERSONAL & ADV INJURY	\$	1,000,000	GENERAL AGGREGATE	\$	2,000,000	PRODUCTS - COMP/OP AGG	\$	2,000,000		\$	
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A	<b>AUTOMOBILE LIABILITY</b> <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-001-000715632-03	12/31/2023	12/22/2024	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td>1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$			\$							
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C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	WC611143321	12/31/2023	12/31/2024	<table border="1"><tr><td><input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER</td><td></td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>500,000</td></tr></table>	<input type="checkbox"/> 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									
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D	Property/Hazard Boiler & Machinery			See Attached FBP2218896	See Attach 12/31/2023	See Attach 12/31/2024	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)

KW Property Management & Consulting is Additional Insured with respects to the General Liability, Waiver of Subrogation & Primary Non-Contributory Endorsements apply.

**CERTIFICATE HOLDER****CANCELLATION**

KW Property Management & Consulting, LLC  
8200 NW 33rd Street, Suite 300  
Miami, FL 33122

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-D789981-05  
POLICY PERIOD: Effective Date: 12/31/2023 Expiration Date: 12/31/2024  
Limit: \$ 1,500,000  
Remark(s):  
Deductible: \$5,000

**DIRECTORS & OFFICERS LIABILITY**

INSURANCE CARRIER: Landmark American Insurance Company  
POLICY NUMBER: 0250646973  
POLICY PERIOD: Effective Date: 12/31/2023 Expiration Date: 12/31/2024  
Limit: \$ 1,000,000



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
6/20/2024

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 see attached for location information.
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)

KW Property Management & Consulting is Additional Insured with respects to the General Liability, Waiver of Subrogation & Primary Non-Contributory Endorsements apply.

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 KW Property Management & Consulting, LLC 8200 NW 33rd Street, Suite 300 Miami, FL 33122	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	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	621	5%	\$ 100,000	NIL

FLOOD

INSURANCE CARRIER: QBE Insurance Corporation, [ X ] Replacement Cost, Flood Zone: AE						
Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
1	18011-18050 and 18051-18081 Biscayne Blvd (North and South Towers)	\$ 146,078,000	621	0002134972	\$ 1,250	4/15/2024-4/15/2025

WRAP AROUND

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

EXCESS FLOOD

Not Covered