



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/28/2023

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 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133	CONTACT NAME: USI Insurance Services National, Inc PHONE (A/C, No. Ext): 305-428-0015 E-MAIL ADDRESS: miagcerts@usi.com FAX (A/C, No):																					
INSURED South Bay Club Condominium Assn. 800 West Ave Miami Beach FL 33139	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Colony Insurance Company</td><td>39993</td></tr><tr><td>INSURER B:</td><td>See attached</td><td></td></tr><tr><td>INSURER C:</td><td>Greenwich Insurance Company</td><td>22322</td></tr><tr><td>INSURER D:</td><td>Zenith Insurance Company</td><td>13269</td></tr><tr><td>INSURER E:</td><td>Travelers Excess and Surplus Lines Co</td><td>29696</td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Colony Insurance Company	39993	INSURER B:	See attached		INSURER C:	Greenwich Insurance Company	22322	INSURER D:	Zenith Insurance Company	13269	INSURER E:	Travelers Excess and Surplus Lines Co	29696	INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Colony Insurance Company	39993																				
INSURER B:	See attached																					
INSURER C:	Greenwich Insurance Company	22322																				
INSURER D:	Zenith Insurance Company	13269																				
INSURER E:	Travelers Excess and Surplus Lines Co	29696																				
INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: 724214

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			BINDER22237442	12/31/2023	12/31/2024	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	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			BINDER22237442	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			BINDER115154112	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
D	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	N/A	Z134249808	12/31/2023	12/31/2024	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
E	Boiler & Machinery			3X45361A	12/31/2023	12/31/2024	\$55,233,990 Deductible:\$2,500

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

Castle Management Group, LLC is named as Additional Insured per the policy wording.

CERTIFICATE HOLDER

CANCELLATION

Castle Management Group, LLC
800 W Ave
Miami Beach, FL 33139

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

The ACORD name and logo are registered marks of ACORD © 1988-2015 ACORD CORPORATION. All rights reserved.

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Philadelphia Indemnity Insurance Company
POLICY NUMBER: PCAC002207-0618
POLICY PERIOD: Effective Date: 12/31/2023 Expiration Date: 12/31/2024
Limit: \$ 2,500,000
Remark(s):
Property Manager endorsement is included.

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Accredited Surety & Casualty Co Inc
POLICY NUMBER: 1SKNFL0146212100
POLICY PERIOD: Effective Date: 12/31/2023 Expiration Date: 12/31/2024
Limit: \$ 1,000,000

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

12/28/2023

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 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133		PHONE (A/C, No, Ext):		COMPANY QBE Specialty Insurance Company	
FAX (A/C, No):		E-MAIL ADDRESS:			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:					
INSURED South Bay Club Condominium Assn. 800 West Ave Miami Beach FL 33139		LOAN NUMBER		POLICY NUMBER QFE1897	
		EFFECTIVE DATE 5/31/2023		EXPIRATION DATE 5/31/2024	
				☐ CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION Bldg: 1 Location: 800 West Ave Miami Beach FL 33139 347 Residential and 6 Commercial Units Total # Units: 353
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 INFORMATIONPERILS INSURED ☐ BASIC ☐ BROAD ☐ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
see attached for coverage information.		

REMARKS (Including Special Conditions)

Unit Owner Name: South Bay Club Address: 800 W Ave Miami Beach, FL 33139
--

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 Castle Group 800 W Ave Miami Beach, FL 33139	☐ ADDITIONAL INSURED	☐ LENDER'S LOSS PAYABLE	☐ LOSS PAYEE
	☐ MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE 			

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: QBE Specialty Insurance Company
POLICY NUMBER: QFE1897
POLICY PERIOD: Effective Date: 5/31/2023 Expiration Date: 5/31/2024
Business Income: Extra Expense:
[] Blanket Limit Applies
[X] Replacement Cost [X] Special [] Basic
Remark(s):
Ordinance or Law Limit: A=Included and Limit B&C= Combined 2.5MM

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	800 West Ave Miami Beach FL 33139 347 Residential and 6 Commercial Units	\$ 38,347,754	353	3%	\$ 5,000	NIL

WINDSTORM

INSURANCE CARRIER: ---
POLICY NUMBER:
[X] Coverage Included in Property/Hazard Policy [X] See Property/Hazard Schedule for Locations & Limits [] Replacement Cost

FLOOD

INSURANCE CARRIER: National General Insurance Company, [X] Replacement Cost, Flood Zone: AE

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
1	800 West Ave Miami Beach FL 33139 347 Residential and 6 Commercial Units	\$ 69,621,000	353	0002894999	\$ 5,000	12/31/2023-12/31/2024

WRAP AROUND

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

EXCESS FLOOD

Not Covered