



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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><br>J&A Insurance Services, Inc<br>12918 SW 133 Ct<br>Miami, FL 33186                                 | <b>CONTACT NAME:</b> Alina Jimenez<br><b>PHONE (A/C, No, Ext):</b> 305-233-4288<br><b>FAX (A/C, No):</b> 305-233-4289<br><b>E-MAIL ADDRESS:</b> ajimenez@jainsuranceservice.com                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |  |        |             |                           |       |             |                         |       |             |                                  |       |             |                                      |       |             |                                         |        |             |                                                  |       |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|--------|-------------|---------------------------|-------|-------------|-------------------------|-------|-------------|----------------------------------|-------|-------------|--------------------------------------|-------|-------------|-----------------------------------------|--------|-------------|--------------------------------------------------|-------|
| <b>INSURED</b><br>The Golfview Club At Fontainebleau Park Condominium No #1 Ir<br>7655 NW 50 STThe<br>Doral FL 33166 | <table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>Kinsale Insurance Company</td><td>38920</td></tr><tr><td>INSURER B :</td><td>Selective Insurance Co.</td><td>39926</td></tr><tr><td>INSURER C :</td><td>Great American Insurance Company</td><td>16691</td></tr><tr><td>INSURER D :</td><td>Philadelphia Indemnity Insurance Co.</td><td>18058</td></tr><tr><td>INSURER E :</td><td>Certain Underwriters at Lloyd's, London</td><td>049254</td></tr><tr><td>INSURER F :</td><td>Princeton Excess &amp; Surplus Lines Insurance Compa</td><td>10786</td></tr></table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A : | Kinsale Insurance Company | 38920 | INSURER B : | Selective Insurance Co. | 39926 | INSURER C : | Great American Insurance Company | 16691 | INSURER D : | Philadelphia Indemnity Insurance Co. | 18058 | INSURER E : | Certain Underwriters at Lloyd's, London | 049254 | INSURER F : | Princeton Excess & Surplus Lines Insurance Compa | 10786 |
| INSURER(S) AFFORDING COVERAGE                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAIC #                        |  |        |             |                           |       |             |                         |       |             |                                  |       |             |                                      |       |             |                                         |        |             |                                                  |       |
| INSURER A :                                                                                                          | Kinsale Insurance Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 38920                         |  |        |             |                           |       |             |                         |       |             |                                  |       |             |                                      |       |             |                                         |        |             |                                                  |       |
| INSURER B :                                                                                                          | Selective Insurance Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 39926                         |  |        |             |                           |       |             |                         |       |             |                                  |       |             |                                      |       |             |                                         |        |             |                                                  |       |
| INSURER C :                                                                                                          | Great American Insurance Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 16691                         |  |        |             |                           |       |             |                         |       |             |                                  |       |             |                                      |       |             |                                         |        |             |                                                  |       |
| INSURER D :                                                                                                          | Philadelphia Indemnity Insurance Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 18058                         |  |        |             |                           |       |             |                         |       |             |                                  |       |             |                                      |       |             |                                         |        |             |                                                  |       |
| INSURER E :                                                                                                          | Certain Underwriters at Lloyd's, London                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 049254                        |  |        |             |                           |       |             |                         |       |             |                                  |       |             |                                      |       |             |                                         |        |             |                                                  |       |
| INSURER F :                                                                                                          | Princeton Excess & Surplus Lines Insurance Compa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10786                         |  |        |             |                           |       |             |                         |       |             |                                  |       |             |                                      |       |             |                                         |        |             |                                                  |       |

**COVERAGES****CERTIFICATE NUMBER:****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                                         | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |                                                                  |          | 0100324026-1  | 09/16/2025              | 09/16/2026              | <table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ Excluded</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><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 |  | \$ |
| 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                                                                                                                                                                                                                                                                                                              |                                                                  |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                              |                                           |            |                              |             |                                |              |                   |              |                        |              |  |    |
|                                           | \$                                                                                                                                                                                                                                                                                                                        |                                                                  |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                              |                                           |            |                              |             |                                |              |                   |              |                        |              |  |    |
|                                           | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                         |                                                                  |          |               |                         |                         | <table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>                                                                                                                                             | COMBINED SINGLE LIMIT (Ea accident) | \$                           | BODILY INJURY (Per person)                | \$         | BODILY INJURY (Per accident) | \$          | PROPERTY DAMAGE (Per accident) | \$           |                   | \$           |                        |              |  |    |
| COMBINED SINGLE LIMIT (Ea accident)       | \$                                                                                                                                                                                                                                                                                                                        |                                                                  |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                              |                                           |            |                              |             |                                |              |                   |              |                        |              |  |    |
| BODILY INJURY (Per person)                | \$                                                                                                                                                                                                                                                                                                                        |                                                                  |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                              |                                           |            |                              |             |                                |              |                   |              |                        |              |  |    |
| BODILY INJURY (Per accident)              | \$                                                                                                                                                                                                                                                                                                                        |                                                                  |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                              |                                           |            |                              |             |                                |              |                   |              |                        |              |  |    |
| PROPERTY DAMAGE (Per accident)            | \$                                                                                                                                                                                                                                                                                                                        |                                                                  |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                              |                                           |            |                              |             |                                |              |                   |              |                        |              |  |    |
|                                           | \$                                                                                                                                                                                                                                                                                                                        |                                                                  |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                              |                                           |            |                              |             |                                |              |                   |              |                        |              |  |    |
|                                           | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                                                               |                                                                  |          |               |                         |                         | <table><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>                                                                                                                                                                                                                                                                                                      | EACH OCCURRENCE                     | \$                           | AGGREGATE                                 | \$         |                              | \$          |                                |              |                   |              |                        |              |  |    |
| EACH OCCURRENCE                           | \$                                                                                                                                                                                                                                                                                                                        |                                                                  |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                              |                                           |            |                              |             |                                |              |                   |              |                        |              |  |    |
| AGGREGATE                                 | \$                                                                                                                                                                                                                                                                                                                        |                                                                  |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                              |                                           |            |                              |             |                                |              |                   |              |                        |              |  |    |
|                                           | \$                                                                                                                                                                                                                                                                                                                        |                                                                  |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                              |                                           |            |                              |             |                                |              |                   |              |                        |              |  |    |
|                                           | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                             | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A      |               |                         |                         | <table><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>                                                                                                                                                                                                           | PER STATUTE                         | OTH-ER                       | E.L. EACH ACCIDENT                        | \$         | E.L. DISEASE - EA EMPLOYEE   | \$          | E.L. DISEASE - POLICY LIMIT    | \$           |                   |              |                        |              |  |    |
| PER STATUTE                               | OTH-ER                                                                                                                                                                                                                                                                                                                    |                                                                  |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                              |                                           |            |                              |             |                                |              |                   |              |                        |              |  |    |
| E.L. EACH ACCIDENT                        | \$                                                                                                                                                                                                                                                                                                                        |                                                                  |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                              |                                           |            |                              |             |                                |              |                   |              |                        |              |  |    |
| E.L. DISEASE - EA EMPLOYEE                | \$                                                                                                                                                                                                                                                                                                                        |                                                                  |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                              |                                           |            |                              |             |                                |              |                   |              |                        |              |  |    |
| E.L. DISEASE - POLICY LIMIT               | \$                                                                                                                                                                                                                                                                                                                        |                                                                  |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                              |                                           |            |                              |             |                                |              |                   |              |                        |              |  |    |
| B                                         | Flood Policy                                                                                                                                                                                                                                                                                                              |                                                                  |          | FLD1611570    | 02/02/2026              | 02/02/2027              | <table><tr><td>Building</td><td>\$10,075,000<br/>DEd : \$5000</td></tr></table>                                                                                                                                                                                                                                                                                                                                                     | Building                            | \$10,075,000<br>DEd : \$5000 |                                           |            |                              |             |                                |              |                   |              |                        |              |  |    |
| Building                                  | \$10,075,000<br>DEd : \$5000                                                                                                                                                                                                                                                                                              |                                                                  |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                              |                                           |            |                              |             |                                |              |                   |              |                        |              |  |    |

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

Number of Units:91 Flood Zone:AH

D: Crime Policy No.PCAC000145-0818 09/13/2025 - 09/13/2026 \$100,000 Deductible \$250.00

C: D&amp;O Policy No. EPPF262576 09-13-2025- 09-13-2026 Liability \$1,000,000

Property Address: 9682 Fontainebleau Blvd. Miami, FL 33172

**CERTIFICATE HOLDER****CANCELLATION**

Miami Dade County Department of  
Regulatory and Economic Resources  
111 NW 1st ST, 11th Floor  
Miami, FL 33128

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

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

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



## ADDITIONAL REMARKS SCHEDULE

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

|                                       |           |                                                                                |  |
|---------------------------------------|-----------|--------------------------------------------------------------------------------|--|
| AGENCY<br>J&A Insurance Services, Inc |           | NAMED INSURED<br>The Golfview Club At Fontainebleau Park Condominium No #1 Inc |  |
| POLICY NUMBER                         |           |                                                                                |  |
| CARRIER                               | NAIC CODE | EFFECTIVE DATE: 09/07/2025                                                     |  |

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: \_\_\_\_\_

#### Description of Property

Property Primary Policy # JEM-25-PP-2157 / Effective 09/07/2025 - 09/07/2026

- Building 1 - 9682 Fontainebleau Blvd, Miami, FL 33172  
Building Limit: \$9,634,641 / SPECIAL FORM / RCV / \$10,000 AOP / 5% WIND DED  
ORDINANCE OR LAW COVERAGE A - INCLUDED / WATER DAMAGE DED \$25,000

Property Excess Policy # JEM-25-CI-1108 / Effective 09/07/2025 - 09/07/2026

- Building 1 - 9682 Fontainebleau Blvd, Miami, FL 33172  
Building Limit: \$9,634,641 / SPECIAL FORM / RCV / \$10,000 AOP / 5% WIND DED  
ORDINANCE OR LAW COVERAGE A - INCLUDED / WATER DAMAGE DED \$25,000