CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/15/2026

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. 8825 NW 21st Terrace Doral FL 33172	PHONE (A/C, No, Ext): (877) 456-3643	FAX (A/C, No): (208) 694-3848
	E-MAIL ADDRESS: www.eoidirect.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
THE BERKELEY CONDOMINIUM ASSOCIATION INC. 10900 SW 104th St Miami FL 33176	INSURER A : Shield Indemnity Incorporated	16762
	INSURER B : Midvale Indemnity Company	27138
	INSURER C : Zenith Insurance Company	13269
	INSURER D : United States Liability Insurance Company	25895
	INSURER E : Berkley Regional Insurance Company	29580
	INSURER F : Victor Insurance Exchange	17499

COVERAGES **CERTIFICATE NUMBER:** CL2641564960 **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			02CGL21634901	04/12/2026	04/12/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ Included $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			02CGL21634901	04/12/2026	04/12/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ 1,000,000 $ $ $ $
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			PRP-229824000021164490	04/12/2026	04/12/2027	EACH OCCURRENCE AGGREGATE [ ]	$ 5,000,000 $ 5,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Z142688701	05/10/2025	05/10/2026	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
D	Directors and Officers (Claims Made)			CAP1569271B	04/12/2026	04/12/2027	General Aggregate Retention	$1,000,000 $2,500

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

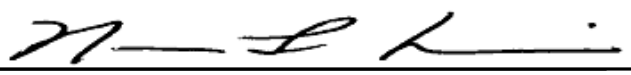
CERTIFICATE HOLDER

Master COI

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.

AUTHORIZED REPRESENTATIVE



AGENCY CUSTOMER ID: 00858561

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY	NAMED INSURED
Brown & Brown Insurance Services, Inc.	THE BERKELEY 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

Residential Condominium - 79 Units
Location: 10900 SW 104th St, Miami, FL 33176

D) Crime
Effective: 4/12/2026- 4/12/2027
Carrier : Berkley Regional Insurance Company
Policy #: BMP109385401
Employee Dishonesty: $500,000
Deductible: $2,500

E) Commercial Property (Equipment Breakdown Included)
Effective: 5/10/2025 - 5/10/2026
ICAT/Underwriters at Lloyd's/Victor Insurance Exchange
Policy #: #097590193404S01
Limit of Insurance $5,000,000
Special Form, including Wind/Hail, Equipment Breakdown and Sinkhole, Replacement Cost, Co-Insurance NIL
Deductibles:
All Other Perils: $10,000
Named Storm: 10% applied by Building, Named Storm $250,000 Minimium applied by Policy
Equipment Breakdown $10,000 applied by Policy
All Other Wind and Hail: $250,000 Minimum applied by Policy
Ordinance or Law Cov A – Included; Ordinance or Law Cov B&C Combined, limited to 10% of Building stated value, not to excess $100,000
Total Insured Values: $14,106,850

F) Excess Property ($9,106,850 excess of $5,000,000)
Effective: 5/10/2025 - 5/10/2026
Policy #: CAT10004011
Fortegra Specialty Insurance Company
Limit of Insurance: $9,106,850 excess of $5,000,000
Equipment Breakdown Excluded on Excess Layer

C) Workers Compensation
Effective : 5/10/2025 - 5/10/2026
The Zenith Insurance Company
Policy #: Z142688701
Limits of Liability
Bodily Injury $1,000,000 Ea. Accident
Bodily Injury $1,000,000 Policy Limit
Bodily Injury $1,000,000 Ea. Employee

G) Bold Legal Defense Insurance Inc.
Effective Date: 5/10/2025 to 5/10/2026
Policy #: 2025050522 /
Limits:Duty to Defend as per policy form.

H) Enviromental Impairment Liability
Effective 5/10/2025 to 5/10/2026
*Claims-Made
Policy #: STC7205782-0090
Limits of Liability: $1,000,000 Ea. Pollution Condition / $1,000,000 Aggregate-All Pollution Condition
Self Insured Retention $5,000

Date of last appraisal: 03/14/2024
- If you need a copy of the appraisal, please contact the property management company.
- Insurance policies – please see Certificate of Insurance. If you need a copy of any of the policies, please contact the unit owner or the property management company.
- Budget Funding Schedules & Financial Reports – please contact property manager.
- Reserve Studies, Building Inspections & Special Assessments – please contact property manager.

Policy Terms & Conditions:
- Building Ordinance or Law Coverage A/B/C Included: YES
- Coinsurance: NO
- Agreed Value: YES
- Waiver of Right of Recovery Against Unit Owners: YES
- Equipment Breakdown Coverage: YES

AGENCY CUSTOMER ID: 00858561

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Brown & Brown Insurance Services, Inc.	THE BERKELEY 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

- Inflation Guard Endorsement: NO
- 100% Replacement Cost Valuation on Property: YES
- Control of Property Clause: YES
- Coverage for Walls In & Interior Improvements: NO
- Severability of Interest/Separation of Interest: YES
- 10 Days Notice of Cancellation: YES
- D&O Liability Includes Property Manages: YES
- Flood Policy written @ Maximum available through NFIP: YES