



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/21/2025

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 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 Acentria Insurance - ASI - Miami 3750 NW 87th Ave Ste 700 Doral FL 33178-2421	CONTACT NAME: Jackie Pena PHONE (A/C, No, Ext): 305-262-5244 FAX (A/C, No): 786-393-6414 E-MAIL ADDRESS:														
License#: L100460 TEN3CON-02	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Westchester Surplus Lines Insurance Company</td><td>10172</td></tr><tr><td>INSURER B : Philadelphia Indemnity Insurance Company</td><td>18058</td></tr><tr><td>INSURER C : MS Transverse Specialty Insurance Company</td><td>41807</td></tr><tr><td>INSURER D : Philadelphia Indemnity Insurance Company</td><td></td></tr><tr><td>INSURER E : Travelers Excess and Surplus Lines Company</td><td>29696</td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Westchester Surplus Lines Insurance Company	10172	INSURER B : Philadelphia Indemnity Insurance Company	18058	INSURER C : MS Transverse Specialty Insurance Company	41807	INSURER D : Philadelphia Indemnity Insurance Company		INSURER E : Travelers Excess and Surplus Lines Company	29696	INSURER F :	
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INSURED TEN30 CONDOMINIUM ASSOCIATION, INC. 300 Aragon Ave Ste 370 Coral Gables FL 33134-5057															

COVERAGES**CERTIFICATE NUMBER:** 24665518**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 B	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ D&O \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			GLWF18119900001 PCAP0474260125	2/8/2025 2/8/2025	2/8/2026 2/8/2026	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 \$ Included Directors & Officers \$ 1,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS			GLWF18119900001	2/8/2025	2/8/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ EXCESS LIAB DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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	☐ A ☒ N				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C D E	Building - 5% Wind/Hail Crime Equipment Breakdown			TSAHPR000650601 PCAC0230230125 8X491301	2/8/2025 2/8/2025 2/11/2025	2/8/2026 2/8/2026 2/11/2026	DED \$10,000 \$10,130,000 DED \$250 \$25,000 \$10,000,000

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

Residential Condominium with 32 units, Building coverage specific per schedule on file with company. Ordinance or Law Coverage A/B/C Combined Limit \$500,000, Equipment Breakdown included, Replacement Cost, Wind and Hail Deductible 5%, Special Form, Severability of interest included, Walls in not included, Common elements are included on the master policy.

CERTIFICATE HOLDER**CANCELLATION**

Miami Dade County
11805 SW 26th Street
Miami FL 33175

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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